



## Federal Update for June 15 - 19, 2015



### ***Study May Help Department of Veterans Affairs Find Patients With High-Risk of Suicide***

Clinicians are challenged every day to make difficult decisions regarding patients' suicide risk. Using Veterans Health Administration (VHA) health system electronic medical record data, Veterans Affairs (VA) and National Institute of Mental Health (NIMH) scientists were able to identify very small groups of individuals within the VHA's patient population with very high, predicted suicide risk -- most of whom had not been identified for suicide risk by clinicians. Such methods can help the VHA to target suicide prevention efforts for patients at high risk, and may have more wide-ranging benefits.

John McCarthy, Ph.D., M.P.H, director of the Serious Mental Illness Treatment Resource and Evaluation Center in the VA Office of Mental Health Operations, Robert Bossarte, Ph.D., director of epidemiology in the VA Office of Public Health, Ira Katz, M.D., senior consultant for mental health program analysis in the VA Office of Mental Health Operations, and colleagues report their findings today in the online issue of American Journal of Public Health. This paper is the result of a collaboration between the VA and NIMH, which is part of the National Institutes of Health.

Dr. McCarthy and colleagues developed their suicide-risk algorithm by studying the VHA patient population from fiscal years 2009-2011. Data on manner of death came from the National Death Index, and predictors of suicide and other types of death came from VHA clinical records. Dividing randomly the patient population in half, the team used data from one half to develop the predictive model, and then tested the model using data from the other half. Each of the two study samples included 3,180 suicide cases and 1,056,004 control patients. Researchers compared predicted suicide risk to actual mortality to assess the performance of the predictive model.

"As the largest health care provider in the U.S., VA has the responsibility to continuously examine how our extensive suicide prevention efforts are working, and to identify critical opportunities for improvement in service to our nation's Veterans," said Dr. Caitlin Thompson, Deputy Director for Suicide Prevention for VA. "This collaborative effort with NIMH provides us with unprecedented information that will allow us to design and implement innovative

strategies on how to assess and care for those Veterans who may be at high risk for suicide. This model will advance the care provided to Veterans through VA's suicide prevention programs to allow us to better tailor our suicide prevention efforts so that we can ensure that ALL Veterans remain safe."

The VHA care system identifies patients as being at high-risk of suicide based on information assessed during clinical encounters. Researchers found that their predictive model was more sensitive than this clinical flagging, in the sense that, even in groups with the highest predicted suicide risk based on the model, less than one-third of patients had been identified clinically. "This is valuable, because it gives the VA more extensive information about suicide risk," said Michael Schoenbaum, Ph.D., senior advisor for mental health service, epidemiology and economics at NIMH and one of the co-authors of the report. "If the VA can identify small groups of people with a particularly high-risk of suicide, then they can target enhanced prevention and treatment services to these highest-risk individuals."

"It's particularly encouraging that these analyses use the types of data available to any large health care system," said NIMH Director Thomas Insel, M.D. "These methods could help us prevent civilian as well as veteran suicides."

In addition to identifying suicide risk, the team looked at deaths among people identified as highest risk for suicide in 2010. The team found that this group had both very high suicide and non-suicide death rates over the next 12 months. "This finding reinforces the idea that using this process to target suicide risk interventions may have wide benefits across an extended span of time," concluded Dr. Schoenbaum.

#### **Reference:**

McCarthy J.F., et al., Predictive Modeling and Concentration of the Risk of Suicide: Implications for Preventive Interventions in the US Department of Veterans Affairs. American Journal of Public Health (in press)

**About the National Institute of Mental Health (NIMH):** *The mission of the NIMH is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery and cure. For more information, visit <http://www.nimh.nih.gov>.*

**About the National Institutes of Health (NIH):** *NIH, the nation's medical research agency, includes 27 Institutes and Centers and is a component of the U.S. Department of Health and Human Services. NIH is the primary federal agency conducting and supporting basic, clinical, and translational medical research, and is investigating the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit <http://www.nih.gov>.*

**About the Department of Veterans Affairs:** *The VA is the second largest Federal department with close to 300,000 employees. The Department's mission is to serve America's veterans and their families with dignity and compassion and to be their principal advocate in ensuring that they receive the care, support and recognition earned in service to this Nation.*

## ***VA Launches Community-Based Employment Service for Homeless Veterans***

WASHINGTON – The Department of Veterans Affairs today announced a new employment program aimed at helping job-ready Veterans exiting homelessness, and those on the brink of homelessness, gain stable and long-term employment.

The new program, Homeless Veteran Community Employment Services (HVCES), relies on Community Employment Coordinators (CECs) who know their communities and can work with local employers to identify suitable jobs based on a Veteran’s skills and abilities.

“Securing long-term, stable and fulfilling employment is important for Veterans who are exiting homelessness or are at-risk of becoming homeless,” said VA Secretary Robert A. McDonald. “We know that finding gainful employment can change the life of a Veteran. This new program is a key component of the overall strategy to prevent and end Veteran homelessness.”

Each VA Medical Center (VAMC) will have a dedicated CEC who will be responsible for connecting homeless and at-risk Veterans to appropriate VA and community-based employment services. The goal is to establish relationships with employers who may be able to hire Veterans while VA provides the necessary support services to ensure each Veteran’s transition back into the workforce is successful.

CECs also will work with existing VA employment programs and local workforce development organizations to identify other employment-related resources for this subset of the Veteran population. Veterans exiting homelessness offer a diverse skillset that is applicable to many different fields and leadership roles within organizations. VA offers a variety of wraparound services including health care, housing assistance and other VA supports to increase the likelihood of on-the-job success.

Employers who are interested in hiring a job-ready Veteran exiting homelessness should contact a local CEC who can work with them to find local Veteran candidates with applicable skillsets. Visit [www.va.gov/homeless/cec-contacts.asp](http://www.va.gov/homeless/cec-contacts.asp) for a list of the CECs in your local area. More information about VA’s homeless programs is available at [www.va.gov/homeless](http://www.va.gov/homeless). If you know a Veteran who is homeless or at imminent risk of becoming homeless, refer him or her to a local VAMC, where homeless coordinators are ready to help. Veterans and their families can also call 1-877-4AID-VET to get connected to VA services.

## ***VA Health Care: Improvements Needed to the Monitoring of Antidepressant Use for Major Depressive Disorder and the Accuracy of Suicide Data***

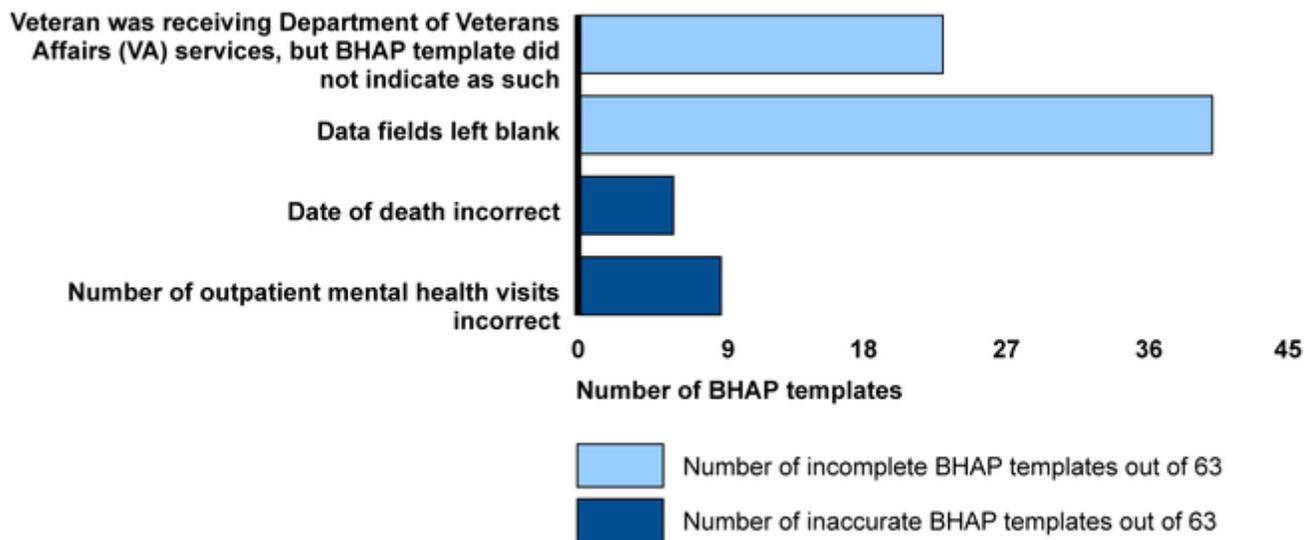
## What GAO Found

Department of Veterans Affairs (VA) policy states that antidepressant treatment must be consistent with VA's current clinical practice guideline (CPG) for major depressive disorder (MDD); however, GAO's recent review of 30 veterans' medical records found that most contained deviations. For example, although the CPG recommends that veterans' depressive symptoms be assessed at 4-6 weeks after initiation of antidepressant treatment using a standardized assessment tool, 26 of the 30 veterans were not assessed in this manner within this time frame. Additionally, 10 veterans did not receive follow up within the time frame recommended in the CPG. GAO found that VA (1) does not have a system-wide process in place to identify and fully assess the extent to which veterans with MDD who have been prescribed antidepressants are receiving care as recommended in the CPG and (2) does not know whether appropriate actions are being taken by VA medical centers (VAMC) to mitigate potentially significant risks to veterans. GAO also found that VA's data may underestimate the prevalence of MDD among veterans being treated through VA as a result of imprecise coding by clinicians, further complicating VA's ability to know if veterans with MDD are receiving care consistent with the CPG.

GAO's recent work has found that the demographic and clinical data that VA collects on veteran suicides were not always complete, accurate, or consistent. VA's Behavioral Health Autopsy Program (BHAP) is a quality initiative to improve VA's suicide prevention efforts by identifying information that VA can use to develop policy to help prevent future suicides. The BHAP templates are a mechanism by which VA collects suicide data from VAMCs' review of veteran medical records. GAO's review of the 63 completed BHAP templates at five VAMCs found that (1) over half of the templates that VAMCs submitted to VA had incomplete or inaccurate data, and (2) VAMCs submitted inconsistent information because they interpreted VA's guidance differently. Lack of complete, accurate, and consistent data—coupled with GAO's finding of poor oversight of the review of BHAP templates—can inhibit VA's ability to identify, evaluate, and improve ways to better inform its suicide prevention efforts.

Number of Behavioral Health Autopsy Program (BHAP) Post-Mortem Chart Analysis Templates with Incomplete or Inaccurate Data:

### Incomplete and inaccurate data from BHAP templates



Source: GAO analysis of VA data. | GAO-15-648T

### Why GAO Did This Study

In 2013, VA estimated that about 1.5 million veterans required mental health care, including for MDD. MDD is a debilitating mental illness related to reduced quality of life and increased risk for suicide. VA also plays a role in suicide risk assessment and prevention.

This testimony addresses the extent to which (1) veterans with MDD who are prescribed an antidepressant receive recommended care and (2) VAMCs are collecting information on veteran suicides as required by VA. The testimony is based on GAO's November 2014 report, *VA Health Care: Improvements Needed in Monitoring Antidepressant Use for Major Depressive Disorder and in Increasing Accuracy of Suicide Data* (GAO-15-55). For that report GAO analyzed VA data, interviewed VA officials, and conducted site visits to six VAMCs selected based on geography and population served. GAO also reviewed randomly selected medical records for five veterans from each of the six VAMCs, for veterans diagnosed with MDD and prescribed an antidepressant in 2012, as well as all completed BHAP templates. The results cannot be generalized across VA. GAO followed up in May 2015 to determine the status of GAO's previous recommendations.

### What GAO Recommends

GAO recommended that VA implement processes to assess deviations from recommended care; identify and address MDD coding issues; and implement processes to improve veteran suicide data. VA has made progress on these recommendations and has fully implemented one.

## **VA Campaign Encourages Public to Help Raise PTSD Awareness**

WASHINGTON – As the country recognizes Posttraumatic Stress Disorder (PTSD) Awareness Month, the VA National Center for PTSD (NCPTSD) is inviting the public to participate in its “PTSD Awareness: June 2015” campaign, which began June 1. This year’s goal is to help more Veterans, their families, caregivers and community members understand what PTSD is and know that there are specific treatments that can help improve and save lives.

“Raising PTSD awareness is essential to overcoming the myth, misinformation and stigma that too often prevents Veterans from seeking help,” said VA Secretary Robert A. McDonald. “VA is one of the largest integrated mental health systems in the United States that provides specialized treatment for PTSD, so we know that care works. We encourage everyone to join us in this important effort to share important information about PTSD and help Veterans receive care they need.”

This year’s campaign focuses on online materials and encourages the general public to “learn, connect, and share” to raise PTSD awareness. Anyone can “learn” how PTSD treatment can help, “connect” by reaching out to someone, and “share” what they learn by spreading the word.

June 27 also has been designated by VA as PTSD Awareness Day for the fourth consecutive year. For more information on PTSD and the ways to raise awareness throughout the year, professionals and members of the public can visit the National Center for PTSD website, [www.ptsd.va.gov/about/PTSD-awareness/](http://www.ptsd.va.gov/about/PTSD-awareness/). This site offers resources such as:

[PTSD Coach Online](#) and the award-winning [PTSD Coach mobile app](#), which provide symptom-management strategies. The app is always with you when you need it.

[Continuing Education](#) (CE) and continuing medical education (CME) opportunities for providers, including PTSD 101 Courses, on the best practices in PTSD treatment (CEs/CMEs offered).

[AboutFace](#): An online video gallery of Veterans talking about PTSD and how treatment can turn your life around.

[Whiteboards](#): Short animated videos to learn about PTSD and effective treatments.

[Subscribe to the PTSD Monthly Update](#) – Stay up to date on new information about PTSD and trauma year round.

## ***VA’S Treatment of PTSD***

The health and well-being of the courageous men and women who have served in uniform is the highest priority for VA.

VA is one of the largest integrated mental health systems in the United States that provides specialized treatment for PTSD.

From October 1, 2001, to December 31, 2014, nearly 400,000 Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn Veterans were seen for potential PTSD at VA facilities following their return from these overseas deployments.

In fiscal year 2014, more than 535,000 of the nearly 6 million Veterans who sought care at VA healthcare facilities received treatment for PTSD.

As of September 2014, more than 5,900 VA mental health staff members have received training in Prolonged Exposure and/or Cognitive Processing Therapy, the most effective known therapies for PTSD.

### **About the National Center for PTSD**

The National Center for PTSD is the center of excellence for research and education on the prevention, understanding, and treatment of PTSD. Its seven divisions across the country provide expertise on all types of trauma - from natural disasters, terrorism, violence and abuse, to combat exposure.

Although the Center provides no direct clinical care, its purpose is to improve the well-being and understanding of individuals who have experienced traumatic events, with a focus on American Veterans. The Center conducts cutting edge research and applies the findings to advance the science of traumatic stress and promote its understanding.

## ***VA Expands Disability Benefits for Air Force Personnel Exposed to Contaminated C-123 Aircraft***

WASHINGTON – The Department of Veterans Affairs (VA) today published a new regulation that expands eligibility for some benefits for a select group of Air Force Veterans and Air Force Reserve personnel who were exposed to the herbicide Agent Orange through regular and repeated contact with contaminated C-123 aircraft that had been used in Vietnam as part of Operation Ranch Hand (ORH).

VA published this regulation as an interim final rule so that it could immediately begin providing benefits to eligible Air Force veterans and Air Force Reserve personnel who submit a disability compensation claim for any of the 14 medical conditions that have been determined by VA to be related to exposure to Agent Orange.

Secretary of Veterans Affairs Robert A. McDonald made the decision to expand benefits following receipt of a 2015 report by the National Academy of Sciences Institute of Medicine (IOM) on [Post-Vietnam Dioxin Exposure in Agent Orange-Contaminated C-123 Aircraft](#). This VA-requested report found evidence that as many as 1,500 to 2,100 Air Force and Air Force

Reserve personnel who served as flight, medical and ground maintenance crew members on ORH C-123 aircraft previously used to spray Agent Orange in Vietnam were exposed to the herbicide.

“Opening up eligibility for this deserving group of Air Force veterans and reservists is the right thing to do,” said Secretary McDonald. “We thank the IOM for its thorough review that provided the supporting evidence needed to ensure we can now fully compensate any former crew member who develops an Agent Orange-related disability.”

Under this new rule, Air Force and Air Force Reserve flight, medical and ground maintenance crewmembers who served on the contaminated ORH C-123s are presumed to have been exposed to herbicides during their service, thus making it easier for them to establish entitlement for some VA benefits if they develop an Agent Orange-related presumptive condition. In addition, for affected Air Force Reserve crew members, VA will presume that their Agent Orange-related condition had its onset during their Reserve training. This change ensures that these reservists are eligible for VA disability compensation and medical care for any Agent Orange-related presumptive condition, and that their surviving dependents are eligible for dependency and indemnity compensation and burial benefits.

The interim final rule can be found on the Federal Register: [www.federalregister.gov/public-inspection](http://www.federalregister.gov/public-inspection). VA will immediately begin processing claims and issuing benefits to eligible Air Force crew members.

VA encourages reservists who were assigned to flight, ground or medical crew duties at Lockbourne/Rickenbacker Air Force Base in Ohio (906<sup>th</sup> and 907<sup>th</sup> Tactical Air Groups or 355<sup>th</sup> and 356<sup>th</sup> Tactical Airlift Squadron), Westover Air Force Base in Massachusetts (731<sup>st</sup> Tactical Air Squadron and 74<sup>th</sup> Aeromedical Evacuation Squadron) or Pittsburgh, Pennsylvania, International Airport (758<sup>th</sup> Airlift Squadron) during the period 1969 to 1986, and developed an Agent Orange-related disability to file a disability compensation claim online through the joint VA-Department of Defense web portal, eBenefits (<https://www.ebenefits.va.gov/>).

VA also has identified several active duty locations where ORH C-123 aircraft may have been used following their service in Vietnam. Active duty personnel who served in a regular USAF unit location where a contaminated C-123 was assigned and who had regular and repeated contact with the aircraft through flight, ground or medical duties during the period 1969 to 1986, and who develop an Agent Orange-related disability, also are encouraged to apply for benefits. For more information on applying for these benefits, including the affected units, Air Force Specialty Codes and dates of service for affected crew members, and a listing of Agent Orange-related conditions, visit [www.benefits.va.gov/compensation/agentorange-c123.asp](http://www.benefits.va.gov/compensation/agentorange-c123.asp). In order to avoid unnecessary delay of benefits, claimants should annotate “(C-123)” after each Agent Orange related disability in *Part II, Block 14* of [VA Form 21-526](#) or *Section I, Block 11* of VA Form [VA Form 21-526EZ](#) when filing on eBenefits. Example: Diabetes (C-123). If claimants have any of the following documents, they should be attached to their application:

- Discharge, separation papers, (DD214 or equivalent)
- USAF Form 2096 (unit where assigned at the time of the training action)
- USAF Form 5 (aircraft flight duties)
- USAF Form 781 (aircraft maintenance duties)
- Dependency records (marriage & children's birth certificates)
- Medical evidence (doctor & hospital reports)

VA will process all claims related to C-123 exposure at the St. Paul, Minnesota, VA Regional Office. Claims not filed through eBenefits should be mailed to the following address (or faxed to 608-373-6694):

Department of Veterans Affairs  
 Claims Intake Center  
 Attention: C123 Claims  
 PO Box 5088  
 Janesville, WI 53547-5088

Individuals with specific benefit questions related to herbicide exposure on C-123s may call VA's special C-123 Hotline at 1-800-749-8387 (available 8 a.m. – 9 p.m. EST) or e-mail [VSCC123.VAVBASPL@va.gov](mailto:VSCC123.VAVBASPL@va.gov).

## **Commissary Funding ► House Appropriators Restore \$322M**

Battle lines may be forming between the House and the Senate over the future of commissaries. House appropriators on 2 JUN restored \$322 million that defense officials sought to cut from the Defense Commissary Agency budget for 2016. A budget reduction of that size would force most commissaries to cut operating days and hours. The House appropriations bill next goes to the full House, which in May rejected the Pentagon's proposed cuts to commissary funding as part of its version of the 2016 defense authorization bill. However, the Senate Armed Services Committee, in its draft version of the authorization bill, agreed to cut that \$322 million from the commissary system's annual \$1.4 billion budget. That provision would allow the Defense Department to raise prices to cover operating costs. Under current law, all commissary products must be sold at cost.

That sets up a potentially divisive discussion to be reconciled in coming weeks when House and Senate lawmakers push ahead to finalize next year's defense budget. The Senate Armed Services Committee also took the first step toward privatizing commissaries in its authorization bill, requiring DoD to submit a plan on privatizing stores, and then requiring the plan to be tested on at least five commissaries in the largest markets. House congressional aides earlier noted that even if funding is restored to the stores in the final version of next year's defense bill, DoD still would have authority to cut hours and days of commissary operation without

lawmakers' approval. Senate appropriators have not yet marked up their version of next year's defense spending bill. Differences in the House and Senate versions of both the defense authorization and appropriations bills must be reconciled in conference before final versions are approved and sent to the president to sign into law.

House appropriators also asked for a report regarding commissary costs by 1 DEC, detailing any savings that could be squeezed out of air transportation contracts, and the potential effects on the funding needed to ship products to overseas stores. Those costs are paid by taxpayer dollars so prices in overseas stores will be the same as those in continental U.S. stores. DoD asked for authority to raise prices to cover the cost of shipping those groceries overseas, while noting that the costs would be paid by customers worldwide, so that overseas patrons would not have to bear all the burden. Officials have said the overall price increase would be about 2 percent. House appropriators directed DoD to defer any policy that would raise prices to pay for those overseas charges until 30 days after they submit the required report on commissary costs to the congressional defense committees. That study would come on top of another study being conducted as a provision of the 2015 defense budget, designed to evaluate the effects of various cost-saving initiatives on military resale and morale, welfare and recreation benefits. [Source: MilitaryTimes | Karen Jowers | June 02, 2015 ++]

## ***Military Retirement System Update ► Pentagon Proposal for 2018***

The Pentagon is supporting major changes to the military retirement system that would result in a less generous pension for career service members, but potentially greater overall retirement benefits. The Defense Department's proposal advocates a blended retirement system composed of a defined benefit and greater participation in the Thrift Savings Plan, the government's 401(k)-type program, with the aim of creating a better mix of benefits and retention rates. The plan, which the department sent to Capitol Hill on 10 JUN, is similar to the changes recommended by the nine-member independent Military Compensation and Retirement Modernization Commission. Under the proposal, which would take effect in January 2018:

- Approximately 85 percent of service members would receive some kind of retirement benefit. Members who serve for 20 years would receive 80 percent of their pension "as well as the opportunity to achieve nearly equivalent or better retirement benefits when they reach retirement age," according to the white paper outlining the recommended changes. A summary of the proposal called the current defined benefit within the military's retirement system "a significant incentive to retaining a career military force" that "has served us well for decades." The proposal is "a momentous change to a tried and true system," the white paper said. The Pentagon began looking at switching to a blended retirement system in 2011, and shared many of its ideas with the Military Compensation and Retirement Modernization Commission.

- The Pentagon would automatically enroll new troops into the Thrift Savings Plan at 3 percent of their pay with a 1 percent government match, similar to the way it works now for federal civilian employees. Vesting would occur after two years of service. Military members currently can contribute to the TSP, but are not enrolled automatically and do not receive a matching contribution from the government. The government match could go as high as 5 percent, if the service member contributed that amount. “This change to a blended retirement system is a key step in modernizing the department's ability to recruit, retain and maintain the talent we require of our future force,” said Pentagon spokesman Lt. Cmdr. Nate Christensen. “We know that future service members will require more choice and flexibility in compensation and retirement. Furthermore, these changes provide additional options for the department to attract and manage a military force that requires ever increasing diverse and technical skill sets in an evolving global economy.”
- Current military retirees, active-duty members and reserve troops would be grandfathered into the current retirement system, but could opt into the new blended program. The Pentagon would not make any changes to disabled retired pay under the plan. Now, personnel who serve less than 20 years—about 83 percent—do not receive a defined benefit, which some believe is unfair given their multiple deployments during the wars in Iraq and Afghanistan. Those who do spend a career in the military can hit the 20-year mark relatively early, retire from service in their 40s or 50s, draw a pension and work elsewhere for a while. About 17 percent serve 20 years or more in the military.
- The Defense proposal would allow each military service to determine when, to whom, and how much continuation pay – an incentive to encourage members to stay in the military – to offer to service members. The individual services could offer the special pay any time between eight and 16 years of service, which is more flexibility than the House fiscal 2016 Defense authorization bill offers. That legislation, which the House passed in May, included a provision to provide continuation pay after 12 years of service at specific amounts.

The Military Officers Association of America offered tepid praise for the Defense proposal without endorsing it, saying it was "encouraged that the Pentagon corrected some of the commission's shortfalls" on its recommendations. "We are thankful the Pentagon provided its recommendations early enough so that House and Senate leaders can consider them in conference this year," said retired Navy Vice Adm. Norb Ryan, president and CEO of MOAA. "However, let's be clear, the current system provides great predictability and the TSP's rate of return is at the whim of market fluctuation. We still have concerns that the 20-percent reduction in a service member's retired pay will fail to draw members to 20 years of service and beyond. [Source: GovExec.com | Kellie Lunney | June 11, 2015++]

## ***USS Gabrielle Giffords ► Named After Wounded Congresswoman***

The U.S. Navy on 13 JUN will christen one of its littoral combat ships after former Rep. Gabrielle Giffords (D-AZ). "The christening of the future USS Gabrielle Giffords marks the beginning of what is certain to be a long life for this great ship," Navy Secretary Ray Mabus said in a statement 11 JUN. "It is also a celebration of the skill and dedication of the men and women who have built LCS 10 and the courage of her namesake. This ship truly embodies the Navy motto of Semper Fortis — Always Courageous," he added.

Giffords was shot in the head and nearly lost her life in a mass shooting in 2011 that killed six people and seriously injured 11 others. She stepped down in 2012 to focus on her recovery. Former Rep. Ron Barber (D-AZ), who was also wounded in the shooting, succeeded Giffords in the House, but lost the seat in a close election of 2014 to Rep. Martha McSally (R-AZ). Vice President Biden's wife, Jill, the ship's sponsor, will break a bottle of sparkling wine across the bow at the Austal USA shipyard in Mobile, Ala., to formally christen the ship in a time-honored Navy tradition, according to the Defense Department. [Source: The Hill | Martin Matishak | June 11, 2015 ++]

## **POW/MIA Recoveries**

"Keeping the Promise", "Fulfill their Trust" and "No one left behind" are several of many mottos that refer to the efforts of the Department of Defense to recover those who became missing while serving our nation. The number of Americans who remain missing from conflicts in this century are: World War II (73,515) Korean War (7,852), Cold War (126), Vietnam War (1,627), 1991 Gulf War (5), and Libya (1). Over 600 Defense Department men and women -- both military and civilian -- work in organizations around the world as part of DoD's personnel recovery and personnel accounting communities. They are all dedicated to the single mission of finding and bringing our missing personnel home. For a listing of all personnel accounted for since 2007 refer to <http://www.dpaa.mil/> and click on 'Our Missing'. If you wish to provide information about an American missing in action from any conflict or have an inquiry about MIAs, contact:

- Mail: Public Affairs Office, 2300 Defense Pentagon, Washington, D.C. 20301-2300, Attn: External Affairs
- Call: Phone: (703) 699-1420
- Message: Fill out form on <http://www.dpaa.mil/Contact/ContactUs.aspx>

### **Vietnam**

The Department of Defense POW/MIA Accounting Agency (DPAA) announced 11 JUN that the remains of three servicemen, missing from the Vietnam War, have been identified and will be buried with full military honors. Army Chief Warrant Officers 3 James L. Phipps of Mattoon, Illinois, and Rainer S. Ramos of Wiesbaden, Germany, were the pilots of a UH-1C Iroquois (Huey) helicopter gunship that was shot down in Quang Tin Province, South Vietnam. Also aboard the aircraft were door gunners Staff Sgt. Warren Newton of Eugene, Oregon, and Spc. Fred J. Secrist of Eugene, Oregon. The crew was assigned to Troop C, 7th Squadron, 17th Cavalry Regiment, 14th Aviation Group, 1st Aviation Brigade. The crew will be buried, as a

group, on June 17 at Arlington. On Jan. 9, 1968, the crew was on a mission over Quang Tin Province (now part of Quang Nam Province), South Vietnam, when the Huey was struck by ground fire, causing it to crash and explode in a North Vietnamese bunker and trench system. The crew was declared missing in action. On Jan. 20, 1968, a U.S. led team recovered the body of Secrist and he was returned to his family for burial. Between August 1993 and August 2011, U.S.-Socialist Republic of Vietnam (S.R.V.) teams surveyed and/or excavated the site three times. From Aug. 6-21, 2011, a joint US-S.R.V. team recovered human remains and personal effects. In the identification of the recovered remains, scientists from DPAA and the Armed Forces DNA Identification Laboratory (AFDIL) analyzed circumstantial evidence and used forensic identification tools, to include mitochondrial DNA, which matched Secrist's sister and brother. Remains not individually identified represent the entire crew and will be buried as a group.

## **Korea**

None

## **World War II**

The Department of Defense POW/MIA Accounting Agency (DPAA) announced 11 JUN that a U.S. serviceman, missing from World War II, has been identified and is being returned to his family for burial with full military honors. Army Air Force 2nd Lt. Jimmie D. Collins III, 22, of Sylacauga, Ala., will be buried June 29, in his hometown. On June 21, 1944, Collins was the co-pilot of a B-24H Liberator that crashed near Hoofddorp, Netherlands, while returning from a bombing mission against German forces near Berlin. Also aboard the aircraft were nine other servicemen. During the crash one of the servicemen was able to parachute from the Liberator, was captured by German forces, and later returned to U.S. custody. All other servicemen, including Collins, were reported as killed in action. After the war, analysis of captured German records revealed the remains of seven American servicemen were recovered from the crash site and buried in a cemetery in Hoofddorp. The U.S. Army Graves Registration Services (AGRS) personnel exhumed the remains, and identified the seven servicemen, leaving only Collins and the one other serviceman unaccounted for. Between February 1946 and July 1947, the AGRS conducted investigations in the vicinity of the crash. No additional remains were recovered at that time. On Sept. 20, 1950, an Army Graves Registration Command (AGRC) review board declared the remains to be non-recoverable. In September 1992, a brother of one of the crew visited the Netherlands to learn more about the crash, where he spoke to a third party researcher who believed remains of the missing crew men may still be present at the site. A grave registration team from the United States Army Memorial Affairs Activity-Europe visited the possible crash site near a village in Vijfhuizen, Haarlemmermeer, Netherlands, and located large metal objects underground using metal detectors. Due to policy within the Netherlands, a Royal Netherlands Air Force Recovery Service (RNLAf) salvage team carried out the excavation of the site in April 1997 with oversight from the Central Identification Laboratory in Hawaii. They were able to recover remains and personal effects. To identify Collins' remains, scientists from the Armed Forces DNA Identification Laboratory (AFDIL) used circumstantial evidence and

forensic identification tools including mitochondrial DNA (mtDNA), which matched his aunt and uncle. [Source: <http://www.dpaa.mil> | June 14, 2015 ++]

## **Traumatic Brain Injury Update ► Assisted Living Pilot Program**

The Department of Veterans Affairs today 2 JUN the award of 20 contracts for the Assisted Living Pilot Program for Veterans with Traumatic Brain Injury (AL-TBI). Originally slated to end in 2014, the Veterans Access, Choice, and Accountability Act of 2014 (“VACAA”) extended this program through October 2017. “We are pleased to extend this valuable program and provide specialized assisted living services to eligible veterans with traumatic brain injury that will enhance their rehabilitation, quality of life and community integration,” said Dr. Carolyn Clancy, VA’s interim Under Secretary for Health. “TBI is one of the prevalent wounds of the recent wars in Iraq and Afghanistan and VA remains committed to taking care of those veterans suffering from TBI.”

Under the AL-TBI program, veterans meeting the eligibility criteria are placed in private-sector TBI residential care facilities specializing in neurobehavioral rehabilitation. The program offers team-based care and assistance in areas such as speech, memory and mobility. Approximately 202 veterans participated in the AL-TBI Pilot Program in 47 facilities located in 22 states. Currently, 101 veterans participate in the pilot as VA continues to accept new eligible patients into the program. In October, VA issued a request for proposal for vendors wishing to participate in the program. In accordance with the RFP, VA has awarded 20 contracts to facilities located in 27 states. The contracts went into effect on 1 APR. The program is effective through October 2017, in accordance with VACAA. For more information about the TBI program, visit <http://www.polytrauma.va.gov>. For information about VA’s work to implement the Veterans Access, Choice, and Accountability Act of 2014, see <http://www.va.gov/opa/choiceact/documents/FactSheets/Progress-Report-March-2015-Fact-Sheet.pdf>. [Source: The Journal Times | Racine CVSO | June 02, 2015 ++]

## **VA Blast Study ► Blast Impact on Aging**

VA scientists have discovered signs of early aging in the brains of Iraq and Afghanistan war veterans caught near roadside bomb explosions, even among those who felt nothing from the blast. Years after coming home from war, veterans are showing progressive damage to the brain's wiring, according to a study published online Monday in *Brain, A Journal of Neurology*. "Generally as we age, the connections (in the brain) deteriorate. But with those people with blast exposure it appears as though it's happening faster," said Benjamin Trotter, a bio-medical engineer with the Department of Veterans Affairs and lead author of the study.

Regina McGlinchey, a Harvard Medical School professor of psychology, VA scientist and study co-author, said the concern is that "what we generally see in older people in terms of declines in executive function, memory and planning would be happening at an earlier age." Equally

troubling is the lack of awareness of a blast injury. Many veterans studied said they never felt concussion-like symptoms such as dizziness, headaches or loss of consciousness. Others complained of those symptoms, but eventually saw them go away and military doctors concluded they had fully recovered. Yet in both cases, brain scans years later showed signs of degeneration and early aging.

If symptoms of Alzheimer's disease or other dementia-like illnesses appear five or 10 years earlier in a large group of people, "this would have tremendous consequences for society," said William Milberg, a Harvard Medical School professor of psychology, VA scientist and study co-author. "We would have to figure out on a much larger scale ways of taking care of people."

The results expand on VA research published in November that reported a lack of communication between areas of the brain according to scans taken of troops who had been within 30 feet of an explosion. "The most important message of these two studies is that they show for the first time in a large cohort of (Iraq and Afghanistan) veterans that exposure to explosions in combat affects the brain whether or not the soldier showed symptoms of a concussion at the time of the explosion," Milberg said.

An estimated 2.7 million Americans served in Iraq and Afghanistan. Nearly 1.9 million are now veterans, about 60% of whom have or are receiving VA treatment, according to the agency. An undetermined number of Americans were exposed to up to 47,000 IED bomb attacks in Iraq and Afghanistan, according to the U.S. military's Joint Improvised Explosive Device Defeat Organization. More than 3,000 troops were killed by IEDs in Iraq and Afghanistan and 10 times that number required medical treatment. Many troops wearing body armor and traveling in armored vehicles reported getting "blown up," or surviving bomb blasts that occurred close by. Many veterans say that over the course of several deployments the number of explosions they survived rose into double digits.

John Cove, 41 — an Army reservist from Leicester, Mass., who served a year in Iraq — suffered a concussion during a 2008 training exercise in the U.S. when a simulated bomb exploded just a few feet from him. "You could say I was dazed and confused, walking around kind of blurry-eyed," Cove said. He is among 450 veterans and servicemembers in the New England area who agreed to participate in the VA's study on traumatic brain injury and stress disorders, from which data were collected for the study released Monday. Cove said the results of the study are sobering for soldiers like him who have been impacted by a blast. "I kind of figured eventually I'd get to the point where I'm not going to remember much, cause I'm already starting to have memory loss," Cove said. "I get angry. I get frustrated. I have outbursts. I'm on medication to help me with my moods." [Source: USA TODAY | Gregg Zoroya | June 01, 2015 ++]

## ***VA Fiduciary Program Update ► OIG Testifies Problems Persist***

Despite years of restructuring, a Department of Veterans Affairs financial management program still lacks enough oversight to prevent fiduciaries from stealing millions from vulnerable veterans, according to testimony 11 JUN in front of a Congressional committee. Through the program, the VA appoints and oversees fiduciaries to help veterans who are ill, injured or mentally incapacitated handle their benefits. A VA Inspector General report in 2010 found that fiduciaries had stolen nearly \$15 million from veterans between 1998 and 2010, and a more recent review found persistent problems with the program and millions more stolen. The review found that the Veterans Benefits Administration failed to meet its own deadlines to conduct field examinations of fiduciaries in 42 percent of cases, putting more than \$800 million in benefits and estate values at risk.

Testimony from the VA Inspector General's office also highlighted egregious examples of fraud. In one case, a Houston attorney who served as a guardian for 54 veterans conspired with his wife to steal more than \$2 million from veterans' bank accounts. Some of the cases detailed in written testimony from the VA Inspector General describe fiduciaries stealing from incapacitated relatives, including a New Hampshire woman who was incarcerated for a year after stealing hundreds of thousands of dollars from her father. "Without more effective controls, including more consistent and timely completion of some of the program's most important functions, unacceptable risks to the general well-being and VA benefits of some of VA's most vulnerable beneficiaries will remain," Deputy Assistant VA Inspector General Gary Abe wrote in testimony submitted to the House Committee on Veterans Affairs Subcommittee on Disability Assistance and Memorial Affairs.

A particular area of concern is widespread mismanagement found in the Eastern Fiduciary Hub in Indianapolis, which oversees the program in 14 states. An Inspector General's audit found that officials failed to investigate nearly 90 percent of allegations of fiduciary misuse of funds within 14 days as required, and that it took an average of 162 days instead. Auditors also found more than 3,000 pieces of mail, some "time critical," that had not been processed within five days as required. Instead, the processing of correspondence, including allegations of fiduciary malfeasance, took from 11 to 486 days. Rep. Ralph Abraham (R-LA) said he was incensed that the VA's Eastern Area Hub manager failed to appear at the hearing despite being requested to answer questions. "This appears to be another example of the VA's failure to follow through on Secretary McDonald's promise of improved VA transparency and accountability," he said. "Our nation's veterans deserve better than the status quo."

While the VA has made significant improvements in the program, it has struggled to keep up with an aging veterans population and a growing demand for the program, which remains understaffed, VA Acting Deputy Under Secretary for Disability Assistance David McLenachen said in written testimony. "Despite the VA's successful implementation of many program enhancements over the past few years, challenges remain," he said. But Rep. Bill Johnson (R-OH) said he was frustrated at the slow pace of changes three years after a congressional inquiry uncovered similar problems with the program. "It was clear then that the (Veterans Benefits Administration) fiduciary program was in dire need of reform and I have to tell you, it sounds

like there might be an echo in the room, because here we are three years later and we're still talking about some of the same issues," he said.

The VA is reeling from a national scandal that has embroiled the second-largest federal agency for more than a year. What started as a veterans health care crisis that cost former VA Secretary Eric Shinseki his job has grown to envelop nearly every facet of the department, with new mismanagement regularly surfacing and lawmakers growing increasingly impatient with the pace of reforms within the agency. [Source: Stars & Stripes | Heath Druzin | June 11, 2015 ++]

## ***Hundreds of Veterans to Participate in National Veterans Wheelchair Games***

WASHINGTON – More than 600 of America's best wheelchair athletes, all disabled U.S. military Veterans, are arriving in Dallas, Texas, for the 35<sup>th</sup> National Veterans Wheelchair Games being held there June 21–26, 2015. The Wheelchair Games is occurring this year during the Department of Veterans Affairs' (VA) ["Summer of Service,"](#) an initiative designed to build upon existing partnerships to grow the number of individuals and organizations serving Veterans in their communities.

"The Wheelchair Games is a great example of courage and athleticism," said VA Secretary Robert A. McDonald. "If you want to see grit, determination and some of the finest athletes on the planet, this week in Dallas is the place to do it. These Veterans have overcome obstacles, they've trained, they've persevered, and now they're ready to compete on the world's stage." VA and Paralyzed Veterans of America present the Games each year. The multi-event sports rehabilitation program is open to U.S. military Veterans who use wheelchairs for sports competition due to spinal cord injuries, amputations or certain neurological problems, and who receive care at VA medical facilities or military treatment centers.

"For 35 years now the National Veterans Wheelchair Games have provided a venue for veterans to experience the life-changing power of adaptive sports," said Al Kovach Jr., national president of Paralyzed Veterans of America. "We're proud to partner with the Department of Veterans Affairs each year to present the Games, and encourage the Dallas community to come out and support our veteran athletes."

VA research and clinical experience verify that physical activity is important to maintaining good health, speeding recovery and improving overall quality of life. For many injured Veterans, the Games provide their first exposure to wheelchair athletics. Veterans competing in the Games come from nearly every state, as well as Puerto Rico and Great Britain.

Opening ceremonies will be held at the Kay Bailey Hutchison Convention Center Main Arena, 650 S. Griffin St., where many of the week's competitive events will be held. The closing

ceremonies will be held at the Sheraton Downtown Dallas Ballroom, 400 N. Olive St. Other events will be held at Southern Methodist University, Victory Plaza, Fair Park, McKinnish Park, Ellis County Sportsman Club and many more venues around the Dallas metroplex.

For a complete schedule of events and additional information about the National Veterans Wheelchair Games visit [www.wheelchairgames.org](http://www.wheelchairgames.org). For more information about the Summer of Service initiative, visit [www.va.gov/opa/pressrel/pressrelease.cfm?id=2706](http://www.va.gov/opa/pressrel/pressrelease.cfm?id=2706).

## ***VA Partners with Richmond International Raceway to Increase Veterans' Access to Benefits***

RICHMOND, Va. – The Department of Veterans Affairs (VA) today announced a partnership with the Richmond International Raceway (RIR) to promote greater access and awareness to VA benefits and services at the upcoming NASCAR races on Sept. 11 and 12 in Richmond. The partnership with RIR is part of VA's "Summer of Service" initiative designed to encourage and grow the number of individuals and organizations serving Veterans in their communities. As part of a series of activities beginning this summer to reach Veterans, Servicemembers and their families, VA will honor past and present military members during the Pole Qualifying and Federated Auto Parts 400 NASCAR Sprint Cup Series. VA's Mobile Vet Center will be onsite with a team of health and benefits experts who can answer Veterans' questions, share information and help Veterans and family members' access VA benefits and services. As part of the collaboration, RIR will offer Veterans and their families a 70-percent discount on tickets for the Sept. 11 race, as well as their traditional military discount on tickets for the Sept. 12 race. "The best way to reach Veterans is to involve partners that engage Veterans in the communities where they live," said Secretary of Veterans Affairs Robert A. McDonald. "Through innovative partnerships like this and our Summer of Service initiative, we have the opportunity to reach Veterans and their families who may not realize they are entitled to VA benefits and services or who may not know where to go for assistance," said McDonald.

Prior to the Richmond race, VA and RIR will hold a "Driving VA Benefits and Services Home" event Sept. 10 at the Richmond VA Medical Center featuring NASCAR drivers, RIR representatives, VA benefits and services outreach staff, and a NASCAR pace car. These outreach events are part of the larger MyVA initiative, which is dedicated to improving the Veteran experience and increasing customer-service access points in communities where Veterans live.

"Richmond International Raceway is proud to partner with such an important organization as the Department of Veterans Affairs," said RIR President, Dennis Bickmeier. "NASCAR is a very patriotic sport, and we pride ourselves on supporting the men and women who have served and are currently serving our country. There's no better way to do that than by partnering with VA to set the field for the Federated Auto Parts 400 'Last Race to Make the Chase.'"

These outreach activities at NASCAR events expands VA's community footprint and increases awareness of benefits and services available to Veterans, Servicemembers and their families.

As the number one spectator sport in the country, NASCAR has more than 75 million race fans, one third of which are active duty Servicemembers or Veterans.

In addition to the upcoming RIR activities, VA participated in six other NASCAR events and will conduct outreach at three more during the remaining 2015 race season. VA's health and benefits experts will be onsite to bring VA benefits and services directly into the community. Look for VA at Michigan International Speedway (Aug. 15-16), Darlington Raceway (Sept. 5-6) and Chicagoland Speedway (Sept. 18-20).

For more information about tickets and to learn more about the September RIR event, visit [www.benefits.va.gov/benefits/nascar-outreach](http://www.benefits.va.gov/benefits/nascar-outreach).