



**Federal Update  
for  
June 22 - 26, 2015**



**VA Women Vet Programs ► Women Veterans  
Campaign**

The Department of Veterans Affairs (VA) will conduct a series of one-day events to raise awareness and celebrate the stories of women Veterans. The events, to be held in five locations across the country, will provide an overview of services and benefits available to women Veterans. Experts will be available to answer Veterans’ questions, and exhibitors will share information on their many resources. “We have found that our women Veterans often put the needs of others’ first,” said Elisa Basnight, Director of VA’s Center for Women Veterans (CWV). “We encourage them to make themselves a priority, to learn about the benefits and services which they’ve earned through their dedicated service. We are bringing our experts to them, where they are.”

VA staff, as well as local community supporters and agencies that assist women Veterans, will be available for face-to-face interaction. All VA facilities are encouraged to participate in activities to celebrate and honor the women who answered the nation’s call. The scheduled events and local activities are part of a new national VA campaign, Women Veterans: Celebrating Our Stories of Service, which launched in late March 2015. The vision for the national VA campaign was born out of the realization that when our women Veterans from all eras and generations surrender the uniform, they retain the intangible—that combination of resolute resilience and the unbeatable skills they will incorporate into their reintegration and readjustment process. Through this campaign, CWV will be engaged in going to these women Veterans to raise the awareness of VA’s commitment to them, and to facilitate the conversation around what more needs to be done in serving the unique needs of women Veterans. The sessions for women Veterans will be held between June and September at the following locations:

- St. Petersburg, FL – June 12, 2015
- San Diego (Oceanside), CA – July 10, 2015
- Houston, TX – August 7, 2015
- Minneapolis/St. Paul, MN – September 14, 2015
- Washington, DC – September 22, 2015

Women Veterans represent one of the fastest growing segments of the Veterans population—about 9.2 percent of the total Veterans population. Today there are an estimated 2 million women Veterans nationwide. VA continues to improve benefits and services for women Veterans and is diligently transforming its culture to embrace this growing population, through other collaborative initiatives with Federal/state/local governmental and non-governmental stakeholders. For more information about VA's Women Veterans Campaign and VA's commitment to women Veterans <http://www.va.gov/womenvet>. [Source: VA News Release | June 02, 2015 ++]

## **Homeless Vets Update ► VA-DOL-HUD Heads Back Off Goal**

Heads of the departments of Veterans Affairs, Housing and Urban Development, and Labor on 1 JUN backed off the White House's stated goal of ending veterans homelessness by the start of 2016, instead emphasizing "sustainable" plans to permanently end the problem as soon as possible. "I think all of us are fixated on getting to the goal eventually and not whether it's Dec. 31 or Jan. 1," said VA Secretary Bob McDonald. "We want to build a system that is sustainable because we know there will be variation over time." The three Cabinet officials joined Interagency Council on Homelessness Executive Director Matthew Doherty in Houston for the start of a three-city tour to highlight partner efforts to get veterans off the streets — a goal outlined by White House officials five years ago. Since then, the number of homeless veterans has been reduced by more than 25,000 individuals, but between 40,000 and 50,000 veterans are believed to still be struggling with homelessness. Advocates have acknowledged that reaching the goal of getting all of those veterans into housing by year's end — the White House's original goal — will be difficult.

Monday's event in Houston was designed as a celebration of advances that city officials have made to reduce their homeless veterans population and of systems already in place that officials say over time will find housing for every troubled veteran in their city. Already, officials in New Orleans, Salt Lake City and Phoenix have announced they've hit "functional zero" on their homeless veteran population. But Houston, with the fourth largest metropolitan population in the country, would be the largest city so far to solve the problem of how to help those veterans.

The functional zero designation doesn't mean veterans in an area won't ever become homeless, but instead means city services have enough beds to quickly shelter homeless veterans and systems in place for effective outreach to them. "If Houston can do this, it means that any other big city can do this," said HUD Secretary Julian Castro. "We're going to reach that goal." Whether officials can reach the goal of zero homeless veterans by the end of 2015 won't be known until well into 2016. Officials use the annual federal point-in-time count each January as a marker for the effort, and that data typically isn't finalized until the fall. That means that despite the deadline in seven months, the estimate of homeless veterans at the start of 2016

won't be available for about another 15 months. [Source: MilitaryTimes | Leo Shane | June 02, 2015 ++]

## ***GI Bill Update ► Benefit Transfer to Family Member Rules***

Congress may tighten rules for troops who want to share Post-9/11 GI Bill benefits with their family members. Tucked into the Senate version of the annual defense authorization bill is a provision that recommends defense officials review current policy in that area to ensure it "encourages the retention of individuals in the armed forces." The provision also states that service secretaries should "be more selective in permitting the transferability of unused education benefits" to family members, while stopping short of mandating specific new changes or regulations. Although the provision merely expresses a nonbinding "sense of Congress," it represents a willingness among some lawmakers to explore changes to the popular Post-9/11 GI Bill benefits, particularly when the tuition money isn't being used by veterans themselves.

Under current rules, troops who serve six years and commit to at least four more can transfer their education benefits to a spouse or child to attend college. That covers tuition payments, book stipends and, in many cases, housing costs. The Veterans Affairs Department says more than 928,000 spouses and dependents used GI Bill funds to attend schools in the first five years that the Post-9/11 version was offered. That added \$5.6 billion to the cost of the education benefits. Earlier this year, the Military Compensation and Retirement Modernization Commission recommended limiting transfer eligibility to troops who serve at least 10 years and sign up for at least two more. They argued that such a move would "better focus transferability on career service members," the original goal of allowing the benefits to be shared. The commission also recommended dumping housing stipends for spouses and children of active-duty troops, arguing that military families already receive one housing payment from the military.

In May, officials from the Defense Department's military personnel policy office told the Senate Veterans' Affairs Committee that they would have to do more research on the potential effects of such changes on retention before they would support those changes. The Senate language appears aimed at giving them the opportunity to collect that data, with the potential for changes in years to come. House lawmakers did not include similar language in their draft of the annual authorization bill. The full Senate is expected to take up the legislation in coming weeks, after which a conference committee will work to reconcile differences in the two drafts for the balance of the summer. [Source: MilitaryTimes | Leo Shane | June 01, 2015 ++]

## ***VA Burial Benefits Update ► Urban/Rural Initiatives***

VA's National Cemetery Administration (NCA) is bringing burial options closer to Veterans by developing columbarium-only sites in five urban areas across the country. The project, called

the Urban Initiative, will provide burial options for Veterans and their families who choose cremation close to the city core. The initiative seeks to establish columbarium-only national cemeteries in New York, Los Angeles, Chicago, Indianapolis and San Francisco/Oakland (Alameda). NCA chose these cities for a variety of reasons to include surveys that indicate Veterans choose not to use national cemeteries because of travel and distance barriers. Another reason to build columbarium-only facilities is because it is virtually impossible to find sufficient sites large enough to accommodate casketed burial services in these major metropolitan cities.

VA contracted an independent study in 2008 to look at VA's burial benefits program and evaluate several aspects to ensure VA continued to meet Veterans' burial needs. A part of this study examined cremations and whether or not cremation-only cemeteries would serve the needs of Veterans. The study found that Veterans were receptive to cremation burials at the nearest national or state Veterans cemetery. NCA's data shows that cremation burials are increasing throughout the country. In 2005, 38.6 percent of NCA burials were cremations and that number increased to 51.8 percent in 2014. These findings and the actual increase in families choosing cremation burials opened the possibility for VA to explore and implement the columbarium-only Urban Initiative.

NCA chose VA's St. Albans Community Living Center as the site for the New York Urban Initiative project. St. Albans is located in Jamaica, Queens, outside of Manhattan. Calverton and Long Island National Cemeteries service more than 500,000 Veterans, their spouses and family members living near St. Albans and New York City. These Veterans and their families who choose cremation, may prefer a columbaria-only facility closer to home over a traditional cemetery farther away. In San Francisco, NCA is taking advantage of a joint-use project at Alameda Point.

VA held a ceremony, November 3, 2014, to commemorate the U.S. Navy land transfer to VA for the establishment of a Veterans' health clinic and columbarium-only national cemetery. The cemetery will serve about 300,000 Veterans near San Francisco. The neighboring Golden Gate and San Francisco National Cemeteries no longer accept first interments.

In addition to the Urban Initiative, VA developed a Rural Initiative to address barriers for Veterans who lack reasonable access to VA national, state or tribal Veterans cemeteries in rural areas. The initiative will develop three to five acre parcels located in existing public or private cemeteries managed by NCA as National Veterans Burial Grounds for populations of 25,000 or less. VA dedicated the first burial ground, Yellowstone National Cemetery, in Laurel, Montana, May 26, 2014, and plans to open seven more burial grounds in North Dakota, Wisconsin, Wyoming, Idaho, Utah, Maine and Nevada over the next six years.

The Urban and Rural Initiatives, combined with NCA's projects to extend the life of current cemeteries and build five new national cemeteries, will help to increase access and provide a burial option to 96 percent of Veterans within a 75-mile radius of their homes. Veterans with

other than dishonorable discharges, their spouse and minor dependent children are eligible for burial in VA national cemeteries. Veterans and eligible family members in these cities will still have the option to use any open, VA national cemetery of their choice. Their spouse and minor, dependent children will also retain these options for burial in addition to the columbarium-only facility. For more information on VA national cemeteries, visit <http://www.cem.va.gov>. [Source: VAntage Point | Richelle Taylor | June 03, 2015 ++]

## ***VA Whistleblowers Update ► System Rewards Dishonest Vets***

A Department of Veterans Affairs software system designed to shrink the backlog in disability claims is rewarding dishonest veterans who overstate their disabilities and receive payments far larger than they should. On 12 MAY the Wall Street Journal quoted unnamed VA employees who say the software installed in 2012 determines a veteran's disability based solely on the veteran's answers on a questionnaire. VA raters, who determine eligibility and payment amounts, are prohibited from considering any evidence other than what the veterans put on the forms. Independent observations by psychologists, for example, are not taken into account.

The system, the newspaper reports, is one reason VA benefit payments ballooned by 65 percent from 2011 to 2014 to nearly \$65 billion. The VA says it will pay nearly \$72 billion in disability claims this year. The software system was designed to reduce paperwork and speed up the claims process, which has been mired for years in giant backlogs. Currently, about 188,000 claims have languished for more than 125 days. But veterans misuse the system, the VA employees told the newspaper, by exaggerating their symptoms to receive a higher disability rating and a higher disability payment. VA officials said raters can override the results, but the raters claim they are encouraged not to do so. [Source: NGAUS Washington Report | May 12, 2015 ++]

## ***VA Copay Update ► Lawmakers Want Answers in Minnesota Debacle***

The Minneapolis Veterans Affairs' faulty inpatient billing system has resulted in some Minnesota veterans having to pay thousands of dollars more in co-pays in the last five years. In a letter sent 11 JUN to the Secretary of Veterans Affairs Robert McDonald, all ten federal Minnesota lawmakers questioned how the potential for veterans to pay more in copays will affect them and what the VA plans to do to help. The letter pressed McDonald to address what authority the VA has to hold veterans accountable for these unbilled services and how many veterans will be billed. The letter also questions whether similar errors were made in outpatient billing and where the collected money will go. The lawmakers also inquired what services will be in place to help veterans through this process and whether there will be a grace period provided.

In a rare instance for Capitol Hill, the letter was signed by all 10 of Minnesota's congressional members and four of their neighbors from Wisconsin. "Our veterans sought care at the Veterans Affairs Medical Center in good faith and should not be suddenly saddled with thousands of dollars in bills years later due to the VA's inability to properly track, record and bill for services," the lawmakers wrote. "Each year, Congress appropriates billions to the VA for administering medical care and benefits earned by our veterans through their service to our nation." The lawmakers urged the VA to investigate how the charges went unbilled initially and said the issues need to be corrected for the future. The co-pays oversight is the latest in a string of black marks against the VA in Minnesota and Wisconsin. Last November Minnesota lawmakers sought answers from the Hibbing VA that supposedly tampered with patient schedules and in October sent a letter regarding Minneapolis VA employees falsifying records. [Source: StarTribune | Courtney Kueppers | June 11, 2015 ++]

## ***Agent Orange | C-123 Aircraft Update ► Vets Still Awaiting Decision***

Wes Carter is acutely aware of time, its passage and how much he might have left. For four years, Carter has fought to get medical care and benefits from the U.S. Department of Veterans Affairs for military service members who were exposed to Agent Orange years after it was used as a defoliant during the Vietnam War.

He ran into one bureaucratic barricade after another, but did not back down. For his efforts, the Fort Collins resident has been recognized through coverage by media organizations as varied as the Air Force Times, Al Jazeera America, the Washington Post, and Soldier of Fortune magazine. But more importantly, Carter said, was getting the VA to finally agree to provide medical care for hundreds of Air Force reservists and National Guard members who likely were exposed to toxins while working on contaminated aircraft.

Part of the quest was practical — Carter has prostate cancer, an illness associated with Agent Orange exposure — and part of it was personal. Carter learned that friends he served with in the Air Force, including his unit's beloved first sergeant, had suffered from a variety of illnesses associated with exposure to dioxin, a toxin in the herbicide. In some cases, they had died. Veterans have a right to rely on the VA to provide critical care for injuries suffered while in service to the country, Carter said. The struggle with the VA over Agent Orange exposure could affect treatment provided to other veterans exposed to biological hazards. "What if this happened to another group that didn't have someone or a group to push it through and waste four years of their lives?" he said. "Four years ago, my job was to be focused on my family and my health, not on 2,000 crewmates who I felt needed to get past VA obstacles."

Carter, 68, was a medic and flight operations officer with the U.S. Air Force reserve. He joined the Air Force in 1973 after serving as a medic in the Army. He retired with the rank of major in

1991. As a reservist, he frequently flew on C-123 transports, some of which had been used to spread millions of gallons of Agent Orange in Vietnam.

After the war, the planes were used for medical evacuation and cargo missions. An estimated 1,500 to 2,100 crew members flew on or maintained C-123s between 1972 and 1982. Some of the planes were contaminated with Agent Orange, exposing crew members to dioxin, Carter said. The problem was known to the VA and other branches of the government for years, Carter said. In 1994, a C-123 known as "Patches" for all of the damage it sustained in combat was scheduled to be moved inside a museum at Wright-Patterson Air Force Base in Ohio but could not because it was heavily contaminated with dioxin. Other retired C-123s were found to be contaminated, as well, but veterans who flew on them were not notified. Carter said.

The use of Agent Orange in Vietnam haunted the U.S. government for decades after the war ended. In 1989, Congress passed an act directing the VA to accept the medical claims of veterans who were exposed to Agent Orange while serving "on the ground." But in ensuing years, the VA balked at covering the claims of others exposed to the herbicide in other places and at different times. The agency maintained the likelihood of exposure was low, as was the potential for long-term health effects. Four years ago, Carter suffered a heart attack and learned he had prostate cancer. He called his best friend from Air Force days and learned that he, too, was ill with cancer. "He and I started flying and stopped flying on the same days," Carter said. Calls to other former crew members found several suffering from illnesses associated with Agent Orange exposure.

Carter was already receiving VA benefits for injuries he suffered on the final day of the Iraq War in 1991 while on active duty. He fell off an Army truck while on a flight line in Turkey, breaking his neck and suffering a spinal cord injury. His request for cancer treatment was rejected by the VA. Carter had the financial resources to get treatment elsewhere, but he continued to press the government on his claim that the cancer was related to duties he performed while in the Air Force and should be covered. Working through the C-123 Veteran Association, Carter used Freedom of Information Act requests and dogged research to learn what the VA and other government agencies knew about the risks of Agent Orange. In time, evidence supporting the veterans' claims stacked up. A report by the Institute of Medicine issued in January confirmed C-123 crew members were likely exposed to potentially hazardous levels of dioxin.

The veterans are waiting for the VA and Secretary Robert McDonald to issue a decision on who will be eligible for coverage and how claims will be handled. A letter sent in April by seven U.S. senators, including Sen. Michael Bennet, D-Colo., urged McDonald to use the agency's authority to move quickly in providing benefits. A decision is expected any time, Carter said. A remaining concern is how quickly the VA will handle claims. Processing a claim can take years, he said. "When you have an aggressive cancer, you don't have that kind of time to wait," he said. In civilian life, Carter worked as a marketing manager for a large company. The experience gave him some of the tools, such as writing and public-speaking skills, that helped him push the cause. Life is comfortable, Carter said, but he wonders about his life expectancy given the

nature of his cancer and other health problems. "My job was supposed to be playing with grandchildren and going fishing," he said. "This was important to me, but I blew four years in the piggybank of the time I have left. "I won't get them back. Nobody should have to do that." [Source: Coloradoan | Kevin Duggan | June 11, 2015 ++]

## **Vet Suicide Update ► Female Rate Staggering**

New government research shows that female military veterans commit suicide at nearly six times the rate of other women, a startling finding that experts say poses disturbing questions about the backgrounds and experiences of women who serve in the armed forces. Their suicide rate is so high that it approaches that of male veterans, a finding that surprised researchers because men generally are far more likely than women to commit suicide. "It's staggering," said Dr. Matthew Miller, an epidemiologist and suicide expert at Northeastern University who was not involved in the research. "We have to come to grips with why the rates are so obscenely high." Though suicide has become a major issue for the military over the last decade, most research by the Pentagon and the Veterans Affairs Department has focused on men, who account for more than 90% of the nation's 22 million former troops. Little has been known about female veteran suicide.

The rates are highest among young veterans, the VA found in new research compiling 11 years of data. For women ages 18 to 29, veterans kill themselves at nearly 12 times the rate of nonveterans. In every other age group, including women who served as far back as the 1950s, the veteran rates are between four and eight times higher, indicating that the causes extend far beyond the psychological effects of the recent wars. The data include all 173,969 adult suicides — men and women, veterans and nonveterans — in 23 states between 2000 and 2010. It is not clear what is driving the rates. VA researchers and experts who reviewed the data for The Times said there were myriad possibilities, including whether the military had disproportionately drawn women at higher suicide risk and whether sexual assault and other traumatic experiences while serving played a role. Whatever the causes, the consistency across age groups suggests a long-standing pattern. "We've been missing something that now we can see," said Michael Schoenbaum, an epidemiologist and military suicide researcher at the National Institute of Mental Health who was not part of the work.

The 2011 death of 24-year-old Katie Lynn Cesena is one of a dozen cases The Times identified in Los Angeles and San Diego counties. Cesena's death highlights two likely factors in the rates.

- First, she had reported being raped by a fellow service member. The Pentagon has estimated that 10% of women in the military have been raped while serving and another 13% subject to unwanted sexual contact, a deep-rooted problem that has gained attention in recent years as more victims come forward. The distress forced Cesena out of the Navy, said her mother, Laurie Reaves. She said her daughter was being treated for post-traumatic stress disorder and depression at the VA Medical Center in San Diego and lived in fear of her purported rapist — who was never prosecuted — and his friends. Cesena had started writing a memoir and shared the

beginning on Facebook. "I would like to dedicate this book to the United States Navy and all the men and women who have bravely served our country with humility and have been raped and were brave enough to tell someone, whether anything came of it or not," she wrote.

- The second factor was Cesena's use of a gun, a method typically preferred by men. In the general population, women attempt suicide more often than men but succeed less because women usually use pills or other methods that are less lethal than firearms. Female veterans, however, are more likely than other women to have guns, government surveys have shown. In the new data, VA researchers found that 40% of the female veterans who committed suicide used guns, compared with 34% of other women — enough of a difference to have a small effect on the rates.

Another area of interest to researchers is the backgrounds of women who join the military. Female service members have always been volunteers, and their elevated suicide rates across all generations may be part of a larger pattern. Male veterans 50 and older — the vast majority of whom served during the draft era, which ended in 1973 — had roughly the same suicide rates as nonveteran men their age. Only younger male veterans, who served in the all-volunteer force, had rates that exceeded those of other men. The differences suggest that the suicide rates may have more to do with who chooses to join the military than what happens during their service, said Claire Hoffmire, the VA epidemiologist who led the research. A more definitive explanation would require information not included in the data, such as when each veteran served and for how long.

Hoffmire pointed to recent research showing that men and women who join the military are more likely to have endured difficult childhoods, including emotional and sexual abuse. Other studies have found that Army personnel — before enlistment — had elevated rates of suicidal thinking, attempts and various mental health problems. Those studies did not break out the numbers for women. Though the U.S. military has long provided camaraderie and a sense of purpose to men, it has been a harsher place for women. "They lack a sense of belonging," said Leisa Meyer, a historian at the College of William and Mary in Virginia and an expert on women in the military. The Pentagon capped the number of women at 2% of the total military until 1967. Women trained in separate units until the late 1970s.

Historically, they were nurses, which in wartime meant exposure to trauma. In Afghanistan and Iraq, where roadside bombs were common, women suffered unprecedented numbers of casualties. But Defense Department data show their active-duty suicide rate did not rise — a sharp contrast to men, who saw their rate double. The new data, which cover about half the veteran population, show that suicide rates rise sharply after service members leave the military. In all, 40,571 men and 2,637 women identified as veterans through military records killed themselves over the 11 years in the data. The overall results were published online last month in the journal *Psychiatric Services*. Suicide rates are usually expressed as the annual number of deaths for every 100,000 people. For male veterans, that figure was 32.1, compared with 20.9 for other men. The numbers were much further apart for women:

- 28.7 for veterans and 5.2 for everybody else. A stratification of the data by age group — which was provided to The Times — shows that young veterans face the greatest risk.
- Among men 18 to 29 years old, the annual number of suicides per 100,000 people were 83.3 for veterans and 17.6 for nonveterans.
- The numbers for women in that age group: 39.6 and 3.4.
- The differences between female veterans and other women are less extreme in older age groups but still considered alarmingly high by researchers.
- The states in the study represent about half the nation's veterans but did not include California.

In the local cases identified by The Times, one pattern stood out: Several women had been discharged early for psychiatric or medical problems. [Source: LA Times | Alan Zarembo | June 08, 2015 ++]

## ***DoD 2016 Budget Update ► H.R.2685 Passes House***

On 11 JUN, the House passed H.R.2685, its version of the Department of Defense Appropriations Act for fiscal year 2016. The House legislation funds national security needs, military operations abroad, and health and quality-of-life programs for the men and women of the Armed Forces and their families. In total, the bill provides \$578.6 billion in discretionary funding, an increase of \$24.4 billion above the fiscal year 2015 enacted level and \$800 million above the President's request. This includes \$88.4 billion in Global War on Terrorism funding for war efforts and related costs, which is within the level assumed in the House and Senate budget conference agreement. The House fiscal 2016 Defense spending bill, approved by the House this week, fully funds the Defense Health Program to provide medical care for our troops, military families, and retirees. The bill also calls for a NAUS endorsed 2.3 percent increase for troops, rejecting the administration's proposed a 1.3 percent pay boost for service members next year. [Source: NAUS Weekly Watchdog | June 12, 2015 ++]

## ***VA Accountability Update ► H.R.1994 | All Misbehaving Employees***

A House panel on 2 JUN discussed at length legislation that would make it easier to fire employees at the Veterans Affairs Department. H.R.1994, sponsored by House Veterans' Affairs Committee Chairman Jeff Miller, R-Fla., would give the VA secretary much more flexibility to fire corrupt or poor-performing employees. The 2015 VA Accountability Act would make it easier to fire, not just top officials. The 2014 Veterans Access, Choice and Accountability Act, which became law last year, makes it easier to get rid of senior executives at the department engaged in wrongdoing; H.R. 1994 expands that authority to the rest of the VA workforce. The Veterans' Affairs Subcommittee on Economic Opportunity on Tuesday reviewed nine pieces of legislation, including H.R. 1994. During the session, Republicans and Democrats asked several questions about the Miller bill related to accountability, due process and firing federal employees. Lawmakers and other stakeholders have grown increasingly frustrated that the

department has not fired any employees in connection with the data manipulation and excessive wait times for vets that erupted last year at the Phoenix, Ariz., facility. Problems involving data manipulation, mail mismanagement, drug over-prescriptions and retaliation against whistleblowers have come to light since then at several other VA facilities across the country.

According to Miller, VA has only attempted to discipline eight people for wait time manipulation. "From Philadelphia to Reno, Nev., to Nashville, Tenn., to Phoenix, VA's tradition of transferring problem workers, putting them on paid leave or simply allowing them to go virtually unpunished continues because current civil service rules make it extremely difficult to properly hold employees accountable," Miller said in an earlier statement about the legislation. "I know this because high-ranking VA officials – people who work directly for the secretary – have told me so behind closed doors."

On Tuesday, Miller said that he believes "99 percent of the more than 300,000 VA employees are dedicated and hardworking, and are not part of the problems that exist at VA." But the department's "tradition" of transferring bad apples or putting them on paid administrative leave makes H.R. 1994 necessary. The legislation would:

- Allow the secretary to remove any VA employee based on performance or misconduct; the employee could file an appeal to the Merit Systems Protection Board within seven days of his or her removal. MSPB would have to rule within 45 days of the appeal filing. Due process for most of the federal workforce now requires that agencies notify employees within 30 days of an adverse action (including removal), provide them with seven days to respond and an opportunity to defend themselves.
- Extend the probationary period for new VA employees from one year to 18 months, and allow the secretary to extend that even further. "When an employee's probationary period ends, their immediate supervisor would be required to make an affirmative decision that the employee is qualified for their position before full civil service protections are granted," according to a press release summarizing the bill. During Tuesday's hearing, Miller said the nonprofit Partnership for Public Service suggested the probationary period extension to give managers more flexibility. Most VA medical professionals already have a two-year probationary period.
- Include a provision limiting the secretary's authority to fire or demote an employee who is a whistleblower.

The American Federation of Government Employees, which strongly opposes the bill overall, said H.R. 1994 would have an adverse effect on whistleblowing. Reducing the rights of front-line employees will "chill disclosures" because of a fear of firing, as well as destroy morale and undermine employee retention, said AFGE General Counsel David Borer. "Stripping job protections from non-management employees will result in more mismanagement in the form of retaliation, discrimination, patronage and anti-veteran animus," Borer said during the hearing. He rejected the idea that it is impossible to fire federal employees, pointing to a recent

Merit Systems Protection Board (MSPB) report that explained due process in the federal civil service. The upshot of that report was that removing poor performers and those engaged in misconduct while also protecting employees from discrimination and retaliation are not hopelessly incompatible goals. But they're also not easy to accomplish efficiently. Still, MSPB said that agencies already have tools at their disposal to discipline and fire employees. More than 77,000 full-time, permanent, federal employees were discharged as a result of performance or conduct issues from fiscal 2000 to fiscal 2014, according to the MSPB report. In fiscal 2014, 2,572 VA employees were terminated or removed for disciplinary or performance reasons, according to the Office of Personnel Management.

Several veterans' groups, including Veterans of Foreign Wars, Iraq and Afghanistan Veterans of America, and Concerned Veterans for America expressed support H.R. 1994. The bill has 44 co-sponsors, including three Democrats. The VA has "significant" concerns with the bill related to due process because it allows the secretary to fire employees "with no notice, pretty much on the spot," said Catherine Mitrano, the department's deputy assistant secretary for resolution management, on Tuesday. Still, panelists and lawmakers questioned how the VA culture can change if poor actors aren't held accountable. "There are good people [in VA], but nothing happens to the bad guys – ever," said Rick Weidman, executive director of policy and government affairs at the Vietnam Veterans of America. [Source: GovExec.com | Kellie Lunney | June 02, 2015 ++]

## ***Following is a Summary of Veteran Related Legislation Introduced in the House and Senate since the Last Bulletin was Published***

- H.R.2591: Homeless Veterans Assistance Fund Act of 2015. A bill to amend the Internal Revenue Code of 1986 to allow taxpayers to designate overpayments of tax as contributions and to make additional contributions to the Homeless Veterans Assistance Fund, and for other purposes. Sponsor: Rep Israel, Steve [NY-3] (introduced 6/1/2015)
- H.R.2605: Veterans Fiduciary Reform Act of 2015. A bill to amend title 38, United States Code, to improve the supervision of fiduciaries of veterans under the laws administered by the Secretary of Veterans Affairs. Sponsor: Rep Johnson, Bill [OH-6] (introduced 6/2/2015)
- H.R.2622: Fort McClellan Health Registry Act. A bill to direct the Secretary of Veterans Affairs to establish a registry of certain veterans who were stationed at Fort McClellan, Alabama, and for other purposes. Sponsor: Rep Tonko, Paul [NY-20] (introduced 6/2/2015)
- H.R.2639: Marriage and Family Therapists for Veterans Act. A bill to amend title 38, United States Code, to provide for additional qualification requirements for individuals appointed to marriage and family therapist positions in the Veterans Health Administration of the Department of Veterans Affairs. Sponsor: Rep Peters, Scott H. [CA-52] (introduced 6/3/2015)

- H.R.2662: Fallen Heroes Family Assistance Act. A bill to amend title 37, United States Code, to clarify the situations in which the United States will cover the cost of transportation for next of kin to attend the transfer ceremony of a member of the Armed Forces who dies overseas. Sponsor: Rep Franks, Trent [AZ-8] (introduced 6/4/2015)
- H.R.2671: Recruit Act. A bill to amend title 38, United States Code, to clarify the amount of scholarships and duration of obligated service under the Department of Veterans Affairs Health Professional Scholarship Program. Sponsor: Rep Moulton, Seth [MA-6] (introduced 6/4/2015)
- H.R.2674: Flexibility and Oversight Act. A bill to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to transfer funds among certain scholarship and debt reduction programs. Sponsor: Rep Moulton, Seth [MA-6] (introduced 6/4/2015)
- H.R.2691: Veterans' Survivors Claims Processing Automation Act of 2015. A bill to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to adjudicate and pay survivor's benefits without requiring the filing of a formal claim, and for other purposes. Sponsor: Rep Ruiz, Raul [CA-36] (introduced 6/9/2015). Related Bills: S.1451
- H.R.2706: Veterans National Remembrance Act. A bill to amend title 38, United States Code, to provide priority for the establishment of new national cemeteries by the Secretary of Veterans Affairs, and for other purposes. Sponsor: Rep Titus, Dina [NV-1] (introduced 6/9/2015)
- H.R.2725: TRICARE/VA Telehealth Use. A bill to amend titles 10 and 38, United States Code, to expand the use of telehealth under the TRICARE program and in the Department of Veterans Affairs, and for other purposes. Sponsor: Rep Peters, Scott H. [CA-52] (introduced 6/10/2015)
- H.R.2742: Military Working Dog Retirement. A bill to amend title 10, United States Code, to require that military working dogs be retired in the United States, and for other purposes. Sponsor: Rep Paulsen, Erik [MN-3] (introduced 6/11/2015)
- S.1493: Veterans' Compensation Cost-of-Living Adjustment Act of 2015. A bill to provide for an increase, effective December 1, 2015, in the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans, and for other purposes. Sponsor: Sen Isakson, Johnny [GA] (introduced 6/3/2015) Related Bills: H.R.675
- S.1496: Ensuring Department of Veterans Affairs Employee Accountability Act. A bill to amend title 38, United States Code, to require the Secretary of Veterans Affairs to retain a copy of any reprimand or admonishment received by an employee of the Department in the permanent record of the employee. Sponsor: Sen Cassidy, Bill [LA] (introduced 6/3/2015) Related Bills: H.R.1038

[Source: <https://beta.congress.gov> & <http://www.govtrack.us/congress/bills> Jun 14, 2015 ++]

## ***VA Real Property: Actions Underway to Improve the Leasing of Outpatient Clinics***

### **What GAO Found**

In its April 2014 report, GAO found that schedules were delayed and costs increased for the majority of the Department of Veterans Affairs' (VA) leased outpatient projects reviewed. As of January 2014, GAO found that 39 of the 41 projects reviewed—with a contract value of about \$2.5 billion—experienced schedule delays, ranging from 6 months to 13.3 years, with an average delay of 3.3 years. The large majority of delays occurred prior to entering into a lease agreement, in part due to VA's Veterans Health Administration (VHA): 1) providing project requirements late or changing them or 2) using outdated guidance. Costs also increased for all 31 lease projects for which VA had complete cost data, primarily due to delays and changes to the scope of a project. For example, first-year rents increased a total of \$34.5 million—an annual cost which will extend for 20 years (the life of these leases).

GAO's report also found that VA had taken some actions to address problems managing clinic-leased projects. First, it established the Construction Review Council in April 2012 to oversee the department's capital asset programs, including the leasing program. Second, consistent with the council's findings and previous GAO work, VA was planning the following improvements:

- *Requiring detailed design requirements earlier in the facility-leasing process.* VA issued a guidance memorandum in January 2014 directing that beginning with fiscal year 2016, VA should develop detailed space and design requirements before submitting the prospectus to Congress.
- *Developing a process for handling scope changes.* In August 2013, VA approved a new concept to better address scope changes to both major construction and congressionally authorized lease projects. According to VA officials, among other improvements, this process ensures a systematic review of the impact of any ad-hoc changes to projects in scope, schedule, and cost.
- *Plans to provide Congress with clearer information on the limitations associated with costs of proposed projects.* VA's 2014 budget submission did not clarify that its estimates for future lease projects included only one year's rent, which does not reflect the total costs over the life of the leases, costs that VA states cannot be accurately determined in early estimates. VA officials clarified this estimate beginning with VA's 2015 budget submission.

However, these improvements were in the early stages, and their success will depend on how quickly and effectively VA implements them.

Finally, GAO reported that VA was also taking steps to refine and update guidance on some aspects of the leasing process, for example the VA's design guides, but VHA has not updated

the overall guidance for clinic leasing (used by staff involved with projects) since 2004. In October 2014, VA reported that it was in the process of revising its clinic leasing guidance in response to GAO's recommendation and that its leasing authority was now under the General Services Administration (GSA) and the handbook was undergoing further revisions to incorporate GSA leasing processes.

### **Why GAO Did This Study**

VA operates one of the nation's largest health-care delivery systems. To help meet the changing medical needs of the veteran population, VA has increasingly leased medical facilities to provide health care to veterans. In April 2014, GAO reported that VHA's leasing program had long-term liability of \$5.5 billion and was growing.

This statement discusses VA outpatient clinic lease issues, specifically, (1) the extent to which schedule and costs changed for selected VA outpatient clinics' leased projects since they were first submitted to Congress and factors contributing to the changes and (2) actions VA has taken to improve its leasing practices for outpatient clinics and any opportunities for VA to improve its project management. It is based on GAO's April 2014 report (GAO-14-300) along with selected updates conducted in August and October 2014 to obtain information from VA on actions it has taken to address GAO's prior recommendation. For that report, GAO reviewed all 41 major medical leases that were associated with outpatient clinic projects for which a prospectus had been submitted to Congress, as required by law.

### **What GAO Recommends**

In its April 2014 report, GAO recommended that VA update VHA's guidance for the leasing of outpatient clinics. VA concurred with GAO's recommendation and is taking actions to implement the recommendation.