



**Federal Update  
for  
July 13 - 17, 2015**



***Veterans' Disability Benefits: VA Can Better Ensure Unemployability Decisions Are Well Supported***

**What GAO Found**

The number of older veterans receiving Individual Unemployability benefits, a disability supplement, has been increasing, as has the total amount of benefit payments. In fiscal year 2013, 330,000 veterans received this benefit, which the Department of Veterans Affairs (VA) provides to disabled veterans of any age who are unemployable because of service-connected disabilities. From fiscal years 2009 through 2013, the most recent data available, there was a 22 percent increase in the number of veterans receiving these benefits, and a 73 percent increase in the subgroup of beneficiaries aged 65 and older. Moreover, among new beneficiaries in 2013, about 2,800 veterans were 75 and older, of which more than 400 were 90 and older. These trends have given rise to questions about what constitutes “unemployability.” Only a small proportion, 4 to 6 percent, of beneficiaries had benefits discontinued during these years—about 70 percent of which were due to the death of the beneficiary. During the 5-year study period, disability payments to those receiving Individual Unemployability—the base payment plus the supplement—increased by 30 percent (to \$11 billion in fiscal year 2013). For that year, GAO estimated \$5.2 billion for the supplement alone.

VA's procedures do not ensure that Individual Unemployability benefit decisions are well-supported. For example, contrary to federal internal control standards, the guidance on determining unemployability is incomplete for ensuring consistency. In discussion groups with GAO, VA's rating specialists said they disagreed on the factors they need to consider when determining unemployability, weighed the same factors differently, and had difficulty separating allowable from non-allowable factors. Some specialists said these challenges create the risk that two raters could examine the same evidence and reach an opposite decision to approve or deny a claim. Also, VA's quality assurance approach primarily checks the procedural accuracy of decisions and does not ensure a comprehensive assessment of whether decisions are complete, accurate, and consistent. In addition, VA does not independently verify self-reported earnings information supplied by applicants and beneficiaries, although the agency has access to Internal Revenue Service data for this purpose. VA officials said they are waiting for a data system, expected in 2016, to conduct verifications. However, by postponing

verification of self-reported earnings, the benefit is at risk of being awarded to ineligible veterans.

Based on a review of literature, GAO identified various options for revising eligibility requirements and the structure of the Individual Unemployability benefit. Six options focus on eligibility requirements, such as considering additional criteria when determining unemployability and applying an age cap of 65. The seventh option would change the benefit structure by reducing payments as beneficiaries earn income in excess of the poverty threshold. Experts and representatives of veterans service organizations (VSO) that GAO interviewed identified the potential strengths of each option (such as improved decision accuracy) and potential challenges (such as increased need for fiscal and administrative resources). In addition, VA's advisory committee recommended in 2012 that the agency study age and require vocational assessments when weighing veterans' unemployability; VA agreed to study both, but has not yet taken action.

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

VA generally provides Individual Unemployability benefits to disabled veterans of any age who are unable to maintain employment with earnings above the federal poverty guidelines due to service-connected disabilities. Because the population of veterans who receive these supplemental benefits has been growing, GAO was asked to review VA's management of these benefits.

This report (1) examines age-related trends in the population of Individual Unemployability beneficiaries and benefit payments; (2) assesses the procedures used for benefit decision-making; and (3) describes suggested options for revising the benefit. GAO analyzed fiscal year 2009 through 2013 data provided by VA—the most recent years available; reviewed applicable federal laws, regulations, and program policies; visited six regional offices selected for their differing accuracy rates, workload, and geography; reviewed a non-generalizable sample of claims; and spoke with rating specialists, experts, and VSO representatives.

### **What GAO Recommends**

GAO recommends that VA issue updated guidance to determine eligibility; identify a comprehensive quality assurance approach to assess benefit decisions; verify veterans' self-reported income; and move forward on studies suggested by its advisory committee. VA concurred with all of GAO's recommendations.

## ***VA-led Consortium Launches Brain Bank for Research on PTSD***

WASHINGTON - A consortium led by the Department of Veterans Affairs' (VA) National Center for Posttraumatic Stress Disorder (PTSD) has launched the first brain tissue biorepository (also known as a "brain bank") – to support research on the causes, progression and treatment of PTSD affecting Veterans.

The national brain bank will follow the health of enrolled participants during their lifetime. Participants in the brain bank will donate their brain and other body tissue after their death. The donated tissue, along with each Veteran's health information, will provide crucial information for use in research on PTSD and related disorders.

"Although we have learned a great deal about abnormalities in brain structure and function from brain imaging research, there is no substitute for looking at the neurons themselves," said consortium director Dr. Matthew Friedman. "Understanding the cellular and circuit contributions to abnormal brain activity in PTSD is critical in the search for potential biomarkers of susceptibility, illness and treatment response and for developing new treatments targeting the conditions at the cellular level."

Dr. Friedman also is the founder of the national brain bank, and former Executive Director and current Senior Advisor to the National Center for PTSD. The national brain bank will investigate the impact of stress, trauma and PTSD on brain tissue in order to advance the scientific knowledge of PTSD, particularly the identification of PTSD biomarkers. Participating sites are located at VA medical centers in Boston, Massachusetts, San Antonio, Texas, West Haven, Connecticut, and White River Junction, Vermont, along with the Uniformed Services University of Health Sciences at Bethesda, Maryland (USUHS).

PTSD is a significant mental health concern among Veterans. In 2013, 533,720 Veterans with primary or secondary diagnosis of PTSD received treatment at VA medical centers and clinics. PTSD is a serious mental disorder resulting from exposure to direct or indirect threat of death, serious injury or physical violence, including sexual violence.

The national brain bank is seeking Veterans with PTSD to participate in research about PTSD that affects Veterans. Veterans without PTSD are also eligible to participate in the brain bank because it is important to study Veterans without PTSD to compare the impact of stress, trauma and PTSD on brain tissue. Veterans interested in learning more about enrolling in the brain bank are encouraged to call its toll-free number 1-800-762-6609 or visit its website [http://www.research.va.gov/programs/tissue\\_banking/PTSD/default.cfm](http://www.research.va.gov/programs/tissue_banking/PTSD/default.cfm)

## ***New VA Leaders Shulkin and Council Take Oath of Office***

WASHINGTON – Dr. David J. Shulkin and LaVerne Horton Council today took the oath of office where they will serve respectively as Under Secretary for Health and Assistant Secretary for Information and Technology and Chief Information Officer for the Department of Veterans Affairs (VA). Both were nominated by President Obama and confirmed by the Senate on June 23.

"Dr. Shulkin and Ms. Council bring stellar experience and exceptionally strong leadership to their posts," said Secretary of Veterans Affairs Robert A. McDonald. "Both will play critical roles

in making VA a stronger organization for America's Veterans, and I am looking forward to working with them."

Dr. Shulkin comes to VA immediately from the position of President at Morristown Medical Center, Goryeb Children's Hospital and Atlantic Rehabilitation Institute, part of Atlantic Health System. Prior to joining Morristown Medical Center and Atlantic Health, Dr. Shulkin served as President and CEO of Beth Israel Medical Center in New York, where he led a financial turnaround and rebuild of the \$1.3 billion organization.

Dr. Shulkin also has served in numerous physician leadership roles at the University of Pennsylvania Health System, the Hospital of the University of Pennsylvania, Temple University Hospital and the Medical College of Pennsylvania Hospital. He is a board-certified internist, a fellow of the American College of Physicians, Professor of Medicine at Mt. Sinai School of Medicine and a Senior Fellow at the Health Research and Education Trust of the American Hospital Association. He earned his medical degree from the Medical College of Pennsylvania and completed his internship at Yale University School of Medicine.

As Under Secretary for Health, Dr. Shulkin will direct a health care system with an annual discretionary budget of approximately \$60 billion, overseeing the delivery of care to more than 9 million enrolled Veterans. VA, the nation's largest health care system, employs more than 350,000 total employees including over 305,000 health care professionals and support staff at more than 1,200 sites of care, including hospitals, community based outpatient clinics, nursing homes, domiciliaries and 300 Vet Centers.

Ms. Council most recently held the positions of CEO at Council Advisory Services, LLC and Chair of the National Board of Trustees for the March of Dimes. In December 2011, she retired from Johnson & Johnson after serving as Corporate Vice President and Chief Information Officer for Johnson & Johnson's global IT group. In this capacity, she was responsible for managing IT and related systems for the \$61.6 billion Johnson & Johnson worldwide enterprise. She was a member of the Corporate Global Operating Committee and her organization included more than 250 operating companies with more than 4,000 information technology employees and 7,000 contractors.

Before joining Johnson & Johnson, Ms. Council was Global Vice President for IT, Global Business Solutions, and Development Services for Dell, Inc. She also was previously a partner with Ernst and Young and led the company's Global Supply Chain Strategy practice.

Ms. Council earned a Master's of Business Administration in Operations Management from Illinois State University with a Bachelor of Science in Business from Western Illinois University. In 2010, Ms. Council was presented with a Doctorate of Business Administration, Honoris Causa from Drexel University.

As VA's Assistant Secretary for Information and Technology and CIO, Ms. Council is the single leadership authority for IT and is the principal advisor to the Secretary on all matters relating to

the management of VA's Office of Information and Technology. She will oversee VA's \$4 billion IT portfolio and more than 8,000 IT employees.

## ***VA Funds New Studies Using Million Veteran Program Data***

WASHINGTON – The Department of Veterans Affairs (VA) is announcing four new studies that will use genetic and other data from VA's Million Veteran Program (MVP) to answer key questions on heart disease, kidney disease, and substance use—high-priority conditions affecting Veterans.

MVP, which has enrolled more than 390,000 Veterans so far, has already become the nation's largest database linking genetic, clinical, lifestyle and military exposure information. Part of a beta test for data access, the newly funded studies are among the first to use MVP data to delve into pressing questions on Veterans' health. MVP-based studies on PTSD, schizophrenia and bipolar disorder are already underway.

"MVP is making important discoveries that will impact healthcare for Veterans and all Americans," said VA Secretary Bob McDonald. "We're grateful to our Veteran partners, whose altruism has made this possible."

The new research, which will specifically include the understudied African American and Hispanic Veteran populations, ties into the broader national Precision Medicine Initiative announced by President Obama earlier this year.

"There's already been an impressive amount of data collected through MVP, and we're continuing to engage more Veterans in the program and building its research infrastructure through studies like these," said Dr. Timothy O' Leary, VA's chief research and development officer.

The new studies, involving consortiums of VA researchers and university colleagues, will explore specific questions related to chronic illnesses common among Veterans. They will also help establish new methods for securely linking MVP data with other sources of health information, including non-VA sources such as the Centers for Medicaid and Medicare Services (CMS).

The new studies include the following:

**Cardiovascular risk factors**—Drs. Farooq Amin and Peter Wilson at the Atlanta VA Medical Center, and Dr. Kelly Cho at the Boston VA Health Care System, will lead an effort probing the genes that influence how obesity and lipid levels affect heart risk. Using MVP data, their team will also look at whether these genetic factors differ among African Americans and Hispanics. "These populations are extremely important in VA," said Amin.

**Multi-substance use**—Drs. Daniel Federman and Amy Justice at the VA Connecticut Healthcare System, and Dr. Henry Kranzler at the Philadelphia VA Medical Center, will examine the genetic

risk factors for chronic use of alcohol, tobacco, and opioids—and the dangerous use of all three together. “MVP offers an unprecedented opportunity to advance this field,” said Federman.

**Pharmacogenomics of kidney disease**—Dr. Adriana Hung at the VA Tennessee Valley Healthcare System will focus on how genes affect the risk and progression of kidney disease. One goal is to examine how patients with diabetes—who often develop kidney problems—respond differently to the drug metformin, the standard first-line treatment for diabetes, based on their genetic profile. The project will also look at the genetics of hypertension, a major risk factor for kidney disease. “Kidney disease is a major cause of morbidity and mortality in Veterans and we’re hoping to gain insights that will drive personalized medicine for this population,” said Hung.

**Metabolic conditions**—Dr. Philip Tsao at the VA Palo Alto Health Care System and Dr. Kyong-Mi Chang at the Philadelphia VA Medical Center, leading a team of researchers from five VA regions and two universities, will explore the role of genetics in obesity, diabetes, and abnormal lipid levels (namely, cholesterol and triglycerides), as drivers of heart disease. “This project will help us more thoroughly understand the underlying causes of cardiometabolic disease and develop new therapies that are safe, effective, and personalized,” said Tsao. “This is also a great opportunity to partner with our colleagues at Stanford and the University of Pennsylvania,” added Chang.

## ***Head of the Veterans Affairs Office of Inspector General Announced His Retirement***

Deputy Inspector Griffin’s letter to VA Secretary McDonald --

*“Change is the law of life, and those who only look to the past or the present are certain to miss the future.”* President John F. Kennedy.

I am writing today to let you know that after nearly 43 ½ years of Federal service, I will be retiring on Independence Day, the 4th of July. I feel truly blessed to have had the opportunity to serve with you at the VA OIG for more than 14 years, and to have worked with such a dedicated team of men and women who have constantly demonstrated their courage, integrity, and passionate commitment on behalf of our Nation’s veterans.

Your collective efforts and hard work have resulted in a remarkable record of performance and outstanding achievements. I stand humbled by the enormity of your accomplishments. In the last 6 years alone, the VA OIG has accounted for 1,931 reports; 11,350 arrests, indictments, convictions, and administrative sanctions; \$22.5 billion in monetary impact; and a Return on Investment of \$36 for every \$1 invested in VA OIG operations. In fact, in April 2015, the Brookings Center for Effective Management named the VA OIG the second most productive OIG organization in the Federal government based on the last 5 years’ return on investment. In terms of transparent reporting to Congress, OIG staff have testified at 76 congressional hearings and delivered 452 briefings on problems in VA operations and programs and ideas on

how to solve them. In recognition of the value of VA OIG oversight, our budget has increased by 31 percent (from \$87.8 million to \$126.4 million), which has allowed us to grow our workforce from 522 FTE to 711 FTE.

These extraordinary accomplishments have not gone unnoticed. The Council of the Inspectors General on Integrity and Efficiency has recognized 25 VA OIG projects with Awards for Excellence; various U.S. Attorneys, other Federal agencies, and professional societies have recognized VA OIG employees with 23 awards for investigative excellence or distinguished career accomplishments; and the prestigious Presidential Rank Award—the Nation’s highest civil service award—has gone to VA OIG senior executives on 6 occasions. One of the most gratifying pieces of recognition was not an actual award: in 2014, your feedback to the Office of Personnel Management’s annual employee viewpoint survey resulted in the Partnership for Public Service ranking the VA OIG 33rd (within the 10th percentile) among 315 Federal agencies on their “Best Places To Work in Federal Government” list, and the second highest ranked OIG in Government.

Thanks also for your overwhelming generosity year after year in support of the Combined Federal Campaign, the Marine Corps Reserves Toys for Tots campaign, Feds Feed Families, and other charitable events. Clearly you understand what is truly important in life.

It is with great pride and pleasure that I can inform you that Lin Halliday, who has served as our Assistant Inspector General for Audits and Evaluations since 2012, will be promoted to the Deputy IG position effective July 5th. She is an outstanding leader who will take our organization to new levels of excellence. Lin has served in an executive leadership capacity since December 2007 when she was first appointed to the Senior Executive Service as the Deputy AIG for Auditing, where she was responsible for assisting the AIG in planning and directing all Office of Audits projects. In April 2010, Lin became the Deputy AIG for Field Operations, where she excelled in leading seven regional audit offices that produced a series of highly regarded national audits with billions of dollars in monetary impact that substantially changed the way VA operates many of its major programs. She has worked for the VA OIG for 23 years.

Before joining us in 1992, Lin worked in varied and progressively responsible positions throughout her 30-year Federal career, acquiring technical and management experience in disciplines such as strategic planning, policy, financial management, budget, and contract and grants management. She has worked at the Veterans Health Administration, the Department of Health and Human Services, the U.S. Public Health Service, and the Defense Contract Audit Agency where she evaluated financial management systems and health care programs. She began her Federal career in 1975 as the Accounting Officer at the VA Medical Center in East Orange, New Jersey.

Lin has been recognized with numerous awards throughout her career, including several by the Council of the Inspectors General on Integrity and Efficiency for outstanding audit projects. She earned a Bachelor of Science Degree in Accounting from the University of Bridgeport,

completed the Leadership VA Program in 2004, graduated from the Federal Executive Institute in 2002, is currently enrolled in Harvard University's Executive Education Program, and is a Certified Internal Auditor.

In closing, thank you for your outstanding service to our Country, and "May the Lord hold you in the palm of His hand."

Griff

## ***VA Urges Congress to Act and Transfer Funds for Veterans' Care***

The Department of Veterans Affairs (VA) today urged Congress to act expeditiously and approve its pending request for fiscal year 2015 budget flexibility. The request, formally transmitted on June 23, seeks the transfer of funds from the Choice Program to continue VA's efforts to increase Veterans' access to care and life-saving pharmaceuticals.

"It is essential that Congress pass legislation to provide the requested budget flexibility by the end of July 2015," Deputy Secretary Sloan Gibson wrote. "This is necessary to replenish critical operations funding that VA had to reallocate from other medical services programs to sustain Care in the Community, after those funds were depleted. If these program funds are not restored, VA will face shutting down hospital operations during August 2015.

Nationally, VA completed more than 56.2 million appointments between June 1, 2014, and May 31, 2015 – 2.6 million more appointments than were completed during the same time period in 2013-2014. VA also made more than three million authorizations for outside care.

## ***Commissary Privatization Update***

The debate over privatizing commissaries isn't quite over yet. The uncertainty stems from a bit of confusion over two seemingly contradictory provisions in the Senate's draft version of the 2016 defense authorization bill (NDAA). Neither provision appears in the House's draft of the policy bill, which means lawmakers from both chambers will have to address the issue when they meet to iron out a single compromise version of the bill later this year. And some sources are concerned that conferees could resuscitate the issue of commissary privatization at the negotiating table.

The original provision passed by the Senate Armed Services Committee required the Defense Department to develop a plan for private companies to operate commissaries, and test the plan for two years in at least five of the largest U.S. commissary markets. That original privatization plan was rendered "null and void" after an amendment to block it was approved on the Senate floor by voice vote. Yet in a classic example of how arcane legislative procedures can be, both the original plan and the amendment to kill it were passed by the full Senate as part of its draft bill. Two Capitol Hill staffers told Military Times that the original privatization provision stayed

in the bill because of technicalities related to how it was passed in the Senate, attached to another amendment. The subsequent provision, while blocking that privatization plan, requires DoD to assess the idea and the effects of privatizing before developing any plans to privatize commissaries, or conducting any privatization test. The two provisions will have to be discussed in the House-Senate conference, since the House version of the bill contains neither provision, said Dustin Walker, spokesman for the Senate Armed Services Committee.

There is a chance lawmakers could choose to go with the original privatization plan in the Senate bill, said another source who is familiar with the process. But the source said considerable confusion seems to reign over this issue at the moment: "Didn't the Senate throw out the implementation plan? ... I've never seen anything like it. When something is voted out, it's voted out."

The House and Senate versions of the defense policy bill have other major differences concerning commissaries. A Senate proposal would eliminate the law that requires commissaries to sell all items at cost, which has been the rule for nearly 150 years. Instead, stores would have to mark up prices to cover operating expenses. Among other things, the Senate bill includes a provision that would allow the costs of overseas transportation of groceries to be factored into the prices charged to commissary customers worldwide. "These actions will destroy the commissary benefit by changing the guiding principle for commissary operations from providing savings of over 30 percent, to an emphasis on recovering costs as the primary factor for their existence," wrote the Coalition to Save our Military Shopping Benefits in a 9 JUL letter to the leaders of the House and Senate Armed Services committees.

The coalition is comprised of 18 organizations, most of them military and veterans service organizations. "Pentagon leaders have presented these measures as 'efficiencies,' when in fact they transfer costs from appropriations to the patron," the coalition stated. Today, the commissary system's annual \$1.4 billion budget covers all operating expenses so that groceries can be sold at cost, plus a 5 percent surcharge at the register that goes to fund commissary construction and repair costs. That gives customers an average overall savings of about 30 percent compared to civilian stores outside installation gates, according to commissary officials. [Source: MilitaryTimes | Karen Jowers | July 10, 2015 ++]

## **Confederate Flag Controversy ► Should the Military Ban It**

The Confederate cause is deeply ingrained in military history, making the country's current debate over whether to retire the "rebel flag" all the more pertinent to troops who view it as important to their heritage — important enough to display in their workplaces or even as tattoos. After the recent racially motivated slaying of nine African Americans in a South Carolina church, the flag has become a target for those who consider it a symbol of hatred, a strident reminder of slavery and divisiveness. Major U.S. retailers have said they'll no longer sell

Confederate flag merchandise. And officials at South Carolina's historic military academy the Citadel voted to remove the Confederate Naval Jack from its campus chapel.

The Defense Department, which enforces strict policies prohibiting hate speech, inappropriate tattoos and the display of offensive material, is making no such gestures. "It's not something the department is reviewing," one official said. Such regulations, he added, remain "under the purview" of the four individual services. Those regulations are clear when it comes to tattoos and office paraphernalia deemed overtly racist, sexist, extremist or derogatory. They're not permitted — period. Less clear is how the individual services might respond.

Gen. Daniel Allyn, the Army's vice chief, understands the flag's historical significance within the military. The Civil War, and the decades leading up to it, was a difficult period, he said. "When you are a student of military history, let's face it: One of our greatest military generals in the history of our nation was Robert E. Lee," Allyn said, referring to the Confederate commander. It's a complex issue for the military, said Craig Warren, a professor who has authored two books on the Civil War. While the flag's origin is a "military symbol of a slaveholding republic determined to preserve and prolong institutionalized racism," he said it has taken on other meanings over time. "For many ... it still symbolizes [southern] pride," he said. "For others, it represents a particular interpretation of southern history. For still others, it represents rural life. And for many others, the flag represents rebellion against authority, whether motivated by politics or simple mischief."

Service members may embrace it for any of those reasons, he said, adding that to ban it within the military would be "controversial." "It would need to be acknowledged that not everyone who displays the flag does so with racist intent," Warren said. Chuck Porter, a Marine veteran, said troops tend to have intense pride in their home states. Already heavily tattooed, Porter has been thinking about adding another — one depicting South Carolina — to commemorate his home state.

The Confederate flag, he said, is almost decorative. "It doesn't have any real meaning for me. ... I get the sentiment from people that this is a bad thing; but it's also our history," said Porter, marketing director at Ranger Up, a military apparel retailer. Still, if troops want to stamp themselves with the "stars and bars," he said, it likely will come back to haunt them. "The lens through which people are looking at that flag is the same lens that people are using to look at a [Nazi-era] swastika," he said, adding that it wouldn't surprise him if DoD addressed the matter once the hype dies down. If leaders elect to restrict display of the Confederate flag, troops will support the move, Warren said. "Ultimately, I imagine that most servicemen and women, regardless of race, would accept the restriction as one meant to unify rather than to divide," he said.

In the interim a Confederate flag that was attached to a Boston memorial honoring an all-black Union Civil War unit has been removed. The Boston Globe reports that the battle flag hung from the Robert Gould Shaw and Massachusetts 54th Regiment Memorial for more than an

hour Sunday. The 1989 movie "Glory" is based on the regiment. [Source: NavyTimes | Oriana Pawlyk and Andrew deGrandpre | July 07, 2015 ++]

## ***POW/MIA Update ► DPAA Private Group Partnering***

The head of the Pentagon's new agency in charge of recovering and identifying remains of U.S. war dead said he will push for more partnering with private groups that have resources and interest to help reinvigorate a troubled POW-MIA accounting mission. Michael Linnington, a recently retired three-star Army general and veteran of combat in Iraq and Afghanistan, took over the Defense POW-MIA Accounting Agency in late June and intends to complete its top-to-bottom reorganization by the end of the year. His agency was created by merging the two offices that had previously been in charge.

He has little experience in the MIA mission, but told The Associated Press last week that he knows its history is riddled with controversy as well as criticism from Congress and groups that advocate for families of the missing. "I am aware of some of the reports on the dysfunction," he said, referring to 2013 reports of deep conflict among multiple agencies previously assigned to the accounting mission. "Whenever you have disparate organizations all focused in the same area, there's going to be a natural tendency to step on each other," he said. Linnington said he sees promise in partnering more extensively with private groups like History Flight, a Florida-based group that has worked with the Pentagon in discovering and recovering war remains abroad, including dozens of Marines killed in the World War II battle of Tarawa in the Pacific. "There are lots of folks out there that want to help us," he said.

Linnington said he has a thick skin. If the history of his agency is any guide, he'll need it. In addition to periods of internal conflict, the POW-MIA agency has faced heavy criticism from veterans' organizations and MIA family advocacy groups. "I don't mind criticism," he said. "I applaud criticism." The POW-MIA accounting effort, while far more aggressive and extensive than similar undertakings by any other country, has suffered from many problems over many decades. Last July, the AP disclosed an internal Pentagon report that said the organization responsible for finding and recovering remains on foreign battlefields and identifying them at a Hawaii-based government laboratory was wasteful, acutely dysfunctional and often mismanaged.

Shortly after the AP report, the Government Accountability Office issued a report saying the MIA accounting effort was hampered by weak leadership, infighting and a fragmented approach to planning. The report recommended a more streamlined chain of command and other organizational changes, which are now being implemented. Together the reports prompted calls in Congress to ensure that the government lives up to its pledge to account for as many MIAs as possible. Congress in 2009 set a legal requirement that the Pentagon identify at least 200 remains a year by 2015. It has not come close to that figure in recent years and almost certainly will not reach it this year, with only 34 accounted for so far, according to figures provided by the Pentagon.

One of the leading voices in Congress on this issue, Sen. Claire McCaskill (D-MO) said she is reserving judgment on Linnington but is pleased that the Pentagon finally has a single agency in charge. "I'm looking forward to meeting with (him) to hear how he intends to address some of the ongoing challenges at the agency and will continue to hold the Pentagon's feet to the fire until we start seeing real results," McCaskill said in an emailed statement to the AP. Once he builds what he thinks can be an effective, single chain of command, Linnington said the results will be quickly apparent. "We will have a much greater ability this year, next year, the year after, to increase" the number of remains identified and returned to families, he said. Despite his thin experience with the MIA accounting mission, Linnington said his experience as a combat commander has prepared him for the kind of commitment it takes. He cited the soldier's pledge to never leave a fallen comrade. "That's the background that brings me to this mission," he said. [Source: MilitaryTimes | Karen Jowers | June 25, 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**

None

### **Korea**

The Department of Defense POW/MIA Accounting Agency (DPAA) announced 1 JUL that the remains of a serviceman, missing from the Korean War, have been identified and will be returned to his family for burial with full military honors Army Sgt. Joseph M. Snock Jr. of Apollo, Pennsylvania, will be buried July 6, in Arlington National Cemetery. In late November 1950, Snock was assigned to the Heavy Mortar Company, 31st Infantry Regiment, 7th Infantry Division, 31st Regimental Combat Team (RCT), while fighting enemy forces east of the Chosin

Reservoir in North Korea. On Nov. 29, 1950, Snock and elements of the 31st RCT, historically known as Task Force Faith, withdrew from their positions to consolidate with the rest of the 31<sup>st</sup> RCT south of the P'ungnyuri Inlet at the reservoir. During heavy fighting the day after consolidation, Snock was reported missing in action. In 1953, as part of Operation Big Switch, returning U.S. service members reported Snock had been captured and died from malnutrition and lack of medical care in December 1950. His remains were not among those returned by communist forces in 1954. Between 1990 and 1994, North Korea gave the U.S. 208 boxes of human remains believed to contain more than 400 U.S. servicemen who fought during the war. North Korean documents, turned over with some of the boxes, indicated that some of the remains were recovered from the vicinity where Snock was believed to have died. In the identification of Snock, scientists from the DPAA and the Armed Forces DNA Identification Laboratory (AFDIL) used circumstantial evidence, dental comparison, and two forms of DNA analysis; mitochondrial DNA, which matched his sister and brother, and Y-STR DNA, which matched his brother.

The Department of Defense POW/MIA Accounting Agency (DPAA) announced 10 JUL that the remains of a U.S. serviceman, missing from the Korean War, have been identified and have been returned to his family for burial with full military honors. Army Sgt. 1st Class John C. Keller, 26, of Bronx, N.Y., has been returned to his family for burial at a date yet determined. In November 1950, Keller was assigned to Company K, 3rd Battalion, 8th Cavalry Regiment, 1st Cavalry Division when his unit was deployed northwest of Unsan, North Korea. The unit began a fighting withdrawal south when Chinese forces attacked their position. After the battle, Keller was reported missing in action on Nov. 2, 1950; however, U.S. service members later reported that Keller had been captured by the Chinese. He reportedly died in 1951 as a result of malnutrition and medical neglect while in the prisoner of war camp known as Camp 5 near Pyoktong, North Korea. In September 1954, during Operation Glory, Chinese and North Korean Communist forces and United Nations forces exchanged the remains of war dead, some of which were reportedly recovered from POW Camp 5. In December 1955, a military review board declared the remains unidentifiable and the remains were transferred to be buried as unknowns in the National Memorial Cemetery of the Pacific, in Hawaii, known as the "Punchbowl." In 2012, due to advances in forensic science technology and extensive research, scientists from the Department of Defense determined that the possibility of identifying the remains now existed. The unknown remains were disinterred for analysis and possible identification. To identify Keller's remains, scientists from DPAA used circumstantial evidence and forensic identification tools, to include dental comparison and radiograph comparisons, which matched his records.

## **World War II**

None

[Source: <http://www.dpaa.mil> | June 29, 2015 ++]

## ***VA Pain Management Update ► New Approach Initiated***

Chronic pain is a national public health problem outlined in a 2011 study by the Institute of Medicine. At least 100 million Americans suffer from some form of chronic pain. While about 30 percent of our nation's adult population experience chronic pain (a big number to manage), the challenge of chronic pain in the VA is even more daunting. Considering the following:

- Almost 60 percent of returning veterans from the Middle East and more than 50 percent of older veterans in the VA health care system live with some form of chronic pain.
- Our Veterans' pain is often more complex. Many of our veterans have survived severe battlefield injuries, some repeated, resulting in life-long moderate to severe pain related to damage to their musculoskeletal system and permanent nerve damage, which can not only impact their physical abilities but also impact their emotional health and brain structures.
- Many Veterans have also incurred head injuries, collectively referred to as traumatic brain injuries (TBI), which can compound psychological injuries such as post-traumatic stress resulting from their experiences.
- Collectively, uncontrolled pain, distress and functional impairments make for a terrible quality of life for veterans and their families, increasing the risk for overdose, substance abuse and suicide.

The VA in Huntington has identified and responded to the many challenges of pain management through policies supporting clinical monitoring, education and training of health professionals and teams, and expansion of clinical resources and programs. Doctors are given individual feedback on their prescribing practices and receive frequent education about how to improve the treatment of pain. The Medical Center takes a team approach to reviewing all patients on high doses of opioids to ensure that they are given the most appropriate treatment for their pain. At Huntington, they are offering complementary and alternative therapies, including acupuncture, animal assisted therapy and art therapy. Chiropractic services are available through the Veteran's Choice program.

We have an interdisciplinary pain team working with providers to find alternative treatments that will help reduce a veteran's long-term dependence on opioids. Patient safety is enhanced when VA providers have complete information about all of the medications veterans are taking. West Virginia, and most other states, have created Prescription Drug Monitoring Programs, or PDMP, which are statewide databases used to collect information about controlled substance prescriptions dispensed to patients within that state.

At Huntington, the State PDMP is regularly checked to see if patients are getting any controlled substance prescriptions outside the VA. This information can help VA doctors prevent harm to veterans that could occur because the provider was unaware the patient was prescribed a

controlled substance medication by a non-VA provider. VA's own data, as well as the peer reviewed medical literature, suggest that VA is making progress relative to the rest of the nation.

The VA Opioid Safety Initiative was chartered by the Under Secretary for Health in August 2012, and has been successfully implemented at Huntington. This initiative includes key clinical indicators, such as the number of individual pharmacy patients dispensed an opioid, individual patients on long-term opioids who receive a urine drug screen, the number of patients receiving an opioid combined with a benzodiazepine (which puts them at a higher risk of adverse events), and the average morphine equivalent daily dose (MEDD) of opioids. Following are results of key clinical metrics at the Huntington VA, as measured by the Opioid Safety Initiative, from Quarter 4 of Fiscal Year 2012 (beginning in July 2012) to Quarter 2 of Fiscal Year 2015 (ending in March 2015):

- 947 fewer patients on opioids (a 21 percent reduction).
- 209 fewer patients who are taking opioids and benzodiazepines together (a 23 percent reduction).
- 1,037 more patients on opioids who have had a urine drug screen to help guide treatment decisions (a nearly 60 percent increase).
- 83 fewer patients who are taking the equivalent of 100 milligrams of morphine (or more) per day (a 30 percent reduction).
- 753 fewer patients on long-term opioid therapy (a 23 percent reduction).

At Huntington, and throughout the VA system, they are making important changes in how to help Veterans cope with chronic pain. The work is by no means done. Brian Nimmo, director of the Huntington VA Medical Center, promises vets that they will never stop working to improve the care the VA provides to our Nation's heroes. [Source: Herald-Dispatch | July 07, 2015 ++]

## ***Veterans Affairs Contracting: Improved Oversight Needed for Certain Contractual Arrangements***

### **What GAO Found**

The Department of Veterans Affairs (VA) cannot document the extent to which it used interagency agreements in fiscal years 2012 through 2014 due to incomplete information. GAO reviewed data from VA's contract management system and found that VA obligated about \$1.7 billion to other government agencies via such agreements. However, GAO's analysis of data from VA's accounting system found that the total amount transferred to other agencies over this period was between \$2.3 billion and \$2.6 billion, a difference of \$600 million to \$900 million for the same period. GAO found that VA's contract management system data are incomplete due to several shortcomings. For example, no direct link exists between this system and VA's accounting system. Thus, actions can be initiated directly in the accounting system without being recorded in the contract management system. In addition, VA recently revised its policy to exclude interagency transactions—also a form of interagency agreements in which VA

funds are obligated for services provided by another agency—from being entered into the contract management system, further limiting its visibility into the full extent of its use of interagency agreements. Moreover, VA's management of the award and oversight of the interagency agreements GAO reviewed varied, and in some cases did not comply with its policy. Nearly half of the 21 interagency agreements GAO reviewed were missing items such as documentation of VA's reasons for using an interagency agreement instead of another procurement approach, for example. This places VA at increased risk of incurring additional costs such as service fees to other agencies that perform work for VA. Some contracting officials were not aware of policy requirements, in part due to an absence of training opportunities. VA has begun developing training, but it may not cover all who need it. VA obligated over \$244 million to Federally Funded Research and Development Centers (FFRDC) from fiscal years 2012 through 2014, and has opportunities to improve documentation and oversight. Almost all of these obligations were to FFRDCs operated by the MITRE Corporation (MITRE). Contracts with FFRDCs can be advantageous, but are noncompetitive, which can pose risks to the government in that it lacks the leverage to negotiate that it would otherwise have in a competitive environment. VA used MITRE for strategic and technical management support and other consulting services. GAO found that VA has processes to review individual FFRDC task order requirements, but not all awards are subject to these reviews, as VA does not centrally track contract actions to non-MITRE FFRDCs. As a result, VA is missing opportunities to provide more effective oversight for all of its FFRDC awards. In addition, all 10 MITRE task orders GAO reviewed complied with VA's basic requirements. However, these contract files contained limited documentation of some of the factors VA is to consider during pre-award reviews to determine the appropriateness of an FFRDC, and for some awards the contract files did not fully explain how VA determined that the contractor's proposed price was acceptable. Without this information, contracting officials who later revisit the file to make modifications will be limited in their abilities to make well-informed decisions.

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

VA spent about \$19 billion to buy goods and services in fiscal year 2014—partly through agreements where other agencies award contracts on VA's behalf. VA also uses FFRDCs—government-funded entities that have relationships with federal agencies to perform certain tasks. These arrangements can help VA meet its needs and take advantage of unique expertise. In light of questions about VA's use of interagency agreements and FFRDCs, GAO was asked to look at how VA uses and manages these methods of procuring goods and services. This report assesses (1) the extent of use and effectiveness of VA's award and oversight of interagency agreements for fiscal years 2012 through 2014, and (2) the extent of use and effectiveness of VA's management of FFRDCs during this same period. GAO reviewed VA procurement policies, federal acquisition regulations, VA contract data, a sample of 21 interagency agreements and 10 FFRDC task orders, chosen, in part, based on obligation amounts; and interviewed officials from VA, other agencies, and MITRE, the primary FFRDC with which VA does business.

### **What GAO Recommends**

GAO recommends, among other things, that VA revise its policies on interagency agreements so that it can better record and track them; provide training on their use; and ensure that all FFRDC actions are centrally reviewed and appropriately documented. VA agreed with GAO's recommendations.