



Federal Update for June 29 – July 3, 2015



BRAC Update ► BRAC, Budget Dominate Summit Discussion

Another round of base realignments and closures looks to be out of the question for now, but BRAC — and its potential costs — dominated some discussions at a summit on the future of military communities. The Association of Defense Communities summit was the backdrop for exchanging ideas on how the private sector could get more involved in the installations of the future, to the point of perhaps even managing military bases. Ongoing talk of budget constraints in the near future has led the Defense Department and the services to seek another BRAC round, to reduce unneeded infrastructure that costs precious dollars to maintain. But Congress is standing firm against that idea, even as budget constraints complicate efforts to operate and maintain bases, summit participants said.

If the current budget climate rolls on over the next few years, base facilities will be increasingly at risk, said Robert Hale, former DoD comptroller. "It will be a constrained environment for everything in defense, including installations," he said in a panel discussion at the opening general session of the summit, attended by about 500 public-and private-sector officials from communities, states and regions with a significant military presence. Some facilities already are failing, said John Conger, acting assistant secretary of defense for energy, installations and environment. Hale said he thinks another BRAC round will happen eventually, but the focus isn't likely to be on main operating installations — the big bases and posts. Rather, he noted there are too many depots, as well as "significant underutilization" of some military hospitals.

Lawmakers probably won't go along with another BRAC round until they conclude that the alternative is worse, Conger said. For example, when the Army makes its announcement in the next few weeks about where it will cut 40,000 soldiers, some bases may gain personnel, but others will have fewer. "It will make it certainly clearer that this dynamic is more painful than a BRAC round," Conger said. The active-duty force grew just 3.8 percent after 2001, noted American Enterprise Institute resident fellow Mackenzie Eaglen. In contrast, about 20 percent to 25 percent of the total base infrastructure is considered excess. She suggested that rather than conducting the BRAC process secretly within DoD, perhaps the department should take a

Lower profile role in the process. Congress might find another way of looking at BRAC, possibly canvassing communities about installations where they would accept a closure, perhaps on land that they want, she said.

But Hale cautioned that a BRAC round, first and foremost, must meet DoD's military needs. "We have to be careful how far we move away from that," he said. Brookings Institution senior fellow Michael O'Hanlon stressed that DoD owes it to the national debate to think through the question of the possible future need for force increases, and how much the military could grow on relatively short notice if DoD gets the slimmed down future base infrastructure it wants. "How much bigger could the military be without having to confiscate national parks?" O'Hanlon said. This continued pressure to save money in every nook and cranny of the defense budget, along with the success of family housing privatization efforts, raised other questions during the summit, such as whether the concept of privatization could be extended as far as having a private company manage an installation. That may be possible in an urban area, but each installation would have to be considered separately, based on its needs, said Carla Coulson, director of installation services for the Army's assistant chief of staff for installation management. Coulson noted that about 70 percent of soldiers live off post, and are used to receiving services from the private sector. The Army doesn't take risks in areas like soldier and family programs, she said, citing child development centers as an example. "Within the Army, quality of life is all important," she said. Whatever the public-private partnership arrangement, the private partner needs to recognize "the Army culture is all important to leadership and plan to provide the service in a manner consistent with the culture," Coulson said. [Source: MilitaryTimes | Karen Jowers | June 25, 2015 ++]

NDA for 2016 ► Senate Passes 1st Draft

The Senate on 17 JUN approved its draft of the \$613 billion defense authorization bill for next year, setting up either the earliest passage of the annual legislation in 18 years or a divisive presidential veto later this summer. The budget policy bill includes a host of pay and benefits provisions for troops, including a 1.3 percent pay raise next January and a dramatic overhaul of the military retirement system. But it also includes language supporting more than \$35 billion in extra overseas war spending, which has drawn criticism from Democrats who call it irresponsible budgeting and a veto threat from the White House. The measure was approved 71-25, with opposition from Democrats who called the bill a first step toward a government shutdown this fall.

The 71-25 vote means the Senate has enough support to override the veto, should that occur. The bill attempts to circumvent the budget caps by funding base operations using special war accounts. War accounts are not subject to sequestration. In a surprising move, lawmakers rejected the Senate Armed Services Committee's recommendation to privatize commissaries. However, many of the committee's original proposals remain in the final bill. Although lawmakers submitted over 600 amendments, only a handful made it into the final bill. Several significant amendments, which would have prevented further erosion to pay and benefits,

never saw the light of day. Left out were amendments that would have granted a full active duty pay raise, blocked a five percent reduction to housing allowances, prevented further cuts to commissary benefits, and prohibited increased TRICARE pharmacy fees. We thank the senators who introduced these amendments.

House lawmakers passed a similar draft last month, and drew similar criticism from Democrats in that chamber. President Obama also threatened to veto that draft, citing the war funding language. But Republicans — led by Senate Armed Services Committee Chairman Sen. John McCain, (R-AZ) — argued that the bill matches the total funding requested by the White House in its budget request, and brushed aside concerns about the mechanisms used to get around mandatory spending caps for the military. "If we don't make it possible for us to equip and train and retain the finest military force in the world, why is it a higher priority to object to the method of funding?" McCain asked before the vote. Both House and Senate leaders have predicted non-contentious conference committee work on the authorization measure, since the two chambers' drafts have few major differences.

If that process moves quickly, it could put the final version of the bill on Obama's desk well before the end of the fiscal year on 30 SEP, far ahead of the pace of the legislation in recent years. The authorization bill has been approved by Congress for 53 consecutive years, but hasn't been finalized before November 8 since 2010 and not before the start of the new fiscal year since 1997. Obama has threatened to veto each of the previous six annual authorization bills of his presidency, over issues like closing the Guantanamo Bay Naval Base detention facilities and disputed program continuations. This year, he has also threatened to veto every other budget bill broached by Congress, saying that Republicans must repeal spending caps mandated under the 2010 Budget Control Act to provide funding fairness and balance across federal programs.

Republican leaders have equated a presidential veto with denying troops their pay and benefits. Senate Democrats have promised to block appropriations bills from making it to his desk, but thus far have opted to keep the authorization bill moving. The margin of passage would be enough to override a presidential veto, but such a move by the president could sway many of the Democratic Senate supporters. The House fell short of a two-thirds veto override mark by 21 votes. Among the issues that will need to be resolved in the conference committee are the 2016 pay raise (the House draft passively supports at 2.3 percent raise) and the retirement overhaul, which would establish a 401(k)-style investment option in lieu of the current 20-year, all-or-nothing system. Both chambers' drafts also include language pertaining to defense acquisition reform, but differ on the responsibilities of the individual services and Pentagon leadership. And lawmakers will have to find a compromise on the issue of Guantanamo detainees, and possible transfer of those prisoners to U.S. bases.

WHAT'S NEXT: Now that both chambers have passed their respective versions of the defense bill, House and Senate lawmakers will go to conference to iron out differences. Leadership from

the Armed Services Committees announced that they hope to complete their work before the August recess. [Source: MilitaryTimes & MOAA Leg UP | Leo Shane | June 18 & 19, 2015++]

POW/MIA Recoveries

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

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

Vietnam

The Department of Defense POW/MIA Accounting Agency (DPAA) announced 17 JUN that the remains of a serviceman, missing from the Vietnam War, have been identified and will be returned to his family for burial with full military honors. U.S. Air Force Chief Master Sgt. Edwin E. Morgan, 38, of Eagle Spring, N.C., will be buried June 27 in Rockwell, N.C. On March 13, 1966 Morgan was assigned to the 6252nd Combat Support Group, as the loadmaster of an AC-47D gunship aircraft that departed Da Nang Air Base, Vietnam on an armed reconnaissance mission along the Vietnam-Laos border. The aircraft failed to return and neither Morgan nor the aircraft was seen again. Morgan was listed missing in action and a military review board later amended his status to presumed dead. In 1992 and 1996, U.S. teams attempted to locate the crash site in Vietnam and Laos, but were unsuccessful. On Feb. 9, 1997, a joint U.S./Lao People's Democratic Republic (L.P.D.R.) team located a crash site in Xekong Province, Laos. On Feb. 8, 2010, another joint U.S./L.P.D.R. team surveyed the crash site, successfully recovering remains and military equipment. The team confirmed that the crash site was consistent with an C-47 or AC-47 aircraft with at least one crewman aboard. Between Oct. 21, 2010, and May 20, 2014, four joint U.S./L.P.D.R. teams excavated the crash site recovering human remains, military equipment, and aircraft wreckage consistent with an AC-47 aircraft. In the identification of Morgan, scientists from DPAA used circumstantial evidence and dental comparison, which matched Morgan's records.

We appreciate the cooperation we receive from the governments and people of Laos and Vietnam in our continuing efforts to achieve the fullest possible accounting for our missing personnel from the Vietnam War. The success in this case and those before it would not be possible without their support and assistance, and we look forward to expanding progress.

Korea

The Department of Defense POW/MIA Accounting Agency announced that the remains of a U.S. soldier, missing from the Korean War, have been identified and will be returned to his family for burial with full military honors. Army Cpl. Kenneth P. Darden, 18, of Akron, Ohio, will be buried June 27, in his hometown. In late 1950, Darden was assigned to Battery A, 15th Field Artillery Battalion, 2nd Infantry Division (ID), which was occupying positions in the vicinity of Hoengsong, North Korea, when their defensive line was attacked by Chinese forces, forcing the unit to withdraw south to a more defensible position. After the battle, Darden was reported missing in action. A military review board later reviewed the loss of Darden, declaring him dead and his remains non-recoverable. Between 1990 and 1994, North Korea turned over to 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 personnel captured from Darden's unit were believed to have died. To identify Darden's remains, scientists from the DPAA and the Armed Forces DNA Identification Laboratory (AFDIL) used circumstantial evidence, dental comparison, which matched his records, and two forms of DNA analysis, mitochondrial DNA, which matched his sister, brother and niece, and Y-chromosome Short Tandem Repeat (Y-STR) DNA, which matched his brother.

World War II

The Department of Defense POW/MIA Accounting Agency (DPAA) announced 16 JUN that the remains of a U.S. serviceman, missing since World War II, have been identified and are being returned to his family for burial with full military honors. U.S. Army Air Forces 2nd Lt. John W. Herb of Cleveland, Ohio, will be buried June 18, in Arlington National Cemetery. On April 13, 1945, Herb was assigned to the 368th Fighter Squadron, 359th Fighter Group, 1st Air Division, as the pilot of a P-51D Mustang. His aircraft sustained damage while strafing German aircraft on the ground. During Herb's attempted landing in an open field southeast of Hamburg, Germany, his aircraft crashed. Herb's wingman reported seeing the wreckage burning in the field. Herb was reported killed in action. His remains were not recovered during the war. In 1950, the American Graves Registration Command (AGRC) investigated Herb's loss, but was unsuccessful in finding his remains. In June 2014, a DoD team working in the vicinity of Gudow, Germany, interviewed several locals who recalled a U.S. aircraft striking a tree and burning. The locals also reported that the pilot was severely injured in the crash and had been shot by a German soldier who removed him from the wreckage. The witness also stated that his remains were buried near the crash site. The team excavated the suspected burial site, recovering remains and aircraft wreckage. To identify Herb's remains, scientists from DPAA used circumstantial evidence and dental comparison which matched his records. [Source: <http://www.dpaa.mil> | June 29, 2015 ++]

VA Prescription Policy ► Crackdown Raises New Issue

The number of veterans prescribed opiates and other pain medications through Veterans Affairs has declined under a drug safety initiative, but the aggressive monitoring program may have deadly consequences for some who turn to street drugs or suicide to stop their pain. Congressional representatives and veterans advocates raised concerns that VA physicians often over-prescribe addictive opiate painkillers but also may now be under prescribing them as VA hospitals and clinics move to crack down on their use for chronic pain and mental health conditions. Both approaches can be harmful. “[Under these measures] veterans are now required to see a prescriber every 30 days, but at the El Paso VA, they are unable to get an appointment, so they go without, or they do something they shouldn’t— they buy them on the street,” Rep. Beto O’Rourke, D-Texas, said at a hearing 10 JUN. “Too often we hear stories of veterans who are prescribed what seems like an assortment of antipsychotic drugs and opioids with very little oversight. ... On the flip side, there are some stories of veterans with enormous pain and doctors who won’t consider their request for stronger medication,” Jacqueline Malfucci, research director for the Iraq and Afghanistan Veterans of America told the House Veterans’ Affairs Committee.

According to VA, the number of veterans prescribed opioids since the VA-wide implementation of its Opioid Safety Initiative in 2013 has dropped by nearly 110,000, and the number receiving opioids and benzodiazepines together — a mix that can cause respiratory distress and accidental death — declined by nearly 34,000. No statistics are available regarding the number of veterans in chronic pain who take to buying opiate-based prescription painkillers or heroin on the illegal market. O’Rourke hinted that it’s a growing problem in his district. “At a minimum, these veterans are suffering and in some cases, I would connect that suffering to suicide,” said O’Rourke, whose constituents include the families of several veterans who died by suicide as well as a VA psychologist who was killed by a patient in January. This year, the VA is undertaking new initiatives to further reduce veterans’ dependence on opiates and other pain medications, according to Dr. Carolyn Clancy, interim VA undersecretary for health. New educational initiatives and an increased emphasis on counseling, cognitive therapy and alternative treatments should help further reduce those numbers, Clancy said. But committee members expressed concern that many VA doctors do not follow recommendations and clinical practice guidelines for these therapies and instead medicate patients immediately with little follow through. A Government Accountability Office report released 10 JUN appears to confirm their thoughts.

According to GAO, of 30 cases reviewed of veterans diagnosed with major depressive disorder, 86 percent of patients were not reassessed within the recommended four to six weeks after first being prescribed an antidepressant. “Given the debilitating effect that depression can have on veterans’ quality of life, VA’s monitoring of veterans with [depression] is critical to ensuring they receive care that is associated with positive health care outcomes,” GAO director of health care Randall Williamson said.

Clancy acknowledged that VA has “a ways to go” to help veterans access mental health treatment and work to reduce veterans suicide, which can be associated with physical and mental health conditions. But she took issue with the questions raised by the GAO report, that VA doctors don’t follow the department’s own guidelines. “I’m not sure any guideline written on planet Earth should be followed 100 percent of the time. Many doctors look at them as tools not rules because every patient is different,” Clancy said. She said VA is making strides in monitoring its regions and facilities regarding prescriptions and said the department is implementing a system that will allow the department to monitor individual physicians’ prescribing habits and patient use. She added that VA remains concerned about illicit drug use among veterans, although they don’t know the scope of the problem. “We can’t know [about heroin use among veterans] with the information we have but it’s something we worry about constantly,” Clancy said.

During the hearing, representatives and advocates weren’t the only ones agitated by what they believe is a lackluster response, from both VA and Congress on the issues of mental health treatment for veterans and suicide. A spectator who did not give his name but later was identified as a former Marine, stood in the middle of the session and shouted at the committee and VA officials. “That’s not enough! These veterans have been hearing the same thing over and over again....It’ snot enough,” he said. The number of veterans prescribed opioids since the start of VA’s Opioid Safety Initiative in 2013 has dropped by nearly 110,000, the agency says. [Source: NavyTimes | Patricia Kime | June 22, 2015 ++]

VA Budget 2015 Update ► \$2.6B Shortfall

House lawmakers say the Veterans Affairs Department's \$2.6 billion budget shortfall for this fiscal year is further proof of administrators' incompetence and poor planning. VA officials have a slightly different take, saying the shortfall is a sign of their extraordinary efforts to get veterans the medical care they need, regardless of the cost. Either way, the department has a gigantic deficit to fill in the next three months. And it could get bigger. It also could mean furloughs, hiring freezes and program cancellations if a solution can't be found. "We are going to do the right thing for veterans and be good stewards of taxpayer dollars," VA Deputy Secretary Sloan Gibson told members of the House Veterans' Affairs Committee on 25 JUN. "But to succeed, we need the flexibility to use funds to meet veterans needs as they arise." Without that, he said, "we get to dire circumstances before August. We will have to start denying care to some veterans."

For months, VA officials have pleaded with Congress to free up billions in money earmarked for the new Veterans Choice Card program, established by lawmakers last year as a way to speed up veterans' access to medical care appointments. In the last year, VA has seen the number of appointments jump by 7 million, almost one for every veteran enrolled in VA health care. More than half of those new appointments were made with outside physicians, in an effort to speed access. Only a small portion of those came from the new Choice Card program, with fewer than 107,000 veterans signed up. As a result, Gibson said, VA has overspent on other outside care

while leaving billions of dollars for that program untouched. But it's not the first time VA officials have suggested tapping into the Choice Card funds, a move that has enraged conservatives on Capitol Hill. The White House suggested reprogramming the funds as far back as February, as part of its fiscal 2016 budget request. VA planners asked for permission to use the funds to patch construction account shortfalls in May. Lawmakers bristled at the latest suggestion of using the money, even if this time the funds would cover the same types of outside care that the program was designed to facilitate.

They also were enraged that the department is only now informing them of significant shortfalls in this year's budget, with the fiscal year ending 30 SEP. "I have come to expect a startling lack of transparency and accountability from VA over the last years," said committee chairman Rep. Jeff Miller, R-Fla. "But failing to inform Congress of a multibillion-dollar funding deficit until this late in the fiscal year ... is disturbing on an entirely different level."

Republican lawmakers said Thursday that they would support legislation allowing the Department of Veterans Affairs to shift money from the Choice Card program to cover a \$2.5 billion budget shortfall that would otherwise threaten medical care for many patients in coming months. Republican support to cover the gap, however, might also be contingent on an agreement for new budget provisions that will restrict money set aside for treatment from outside doctors in later years — thus making it harder for the department to cover future shortfalls through similar maneuvers. "Going forward, there must be a dedicated appropriation account to fund non-V.A. care under a single, streamlined, integrated authority with a dedicated funding stream contained within V.A.'s base budget," Mr. Miller said. [Source: MilitaryTimes & New York Times | Leo Shane & Richard A. Opperl | June 25, 2015 ++]

VA Health Care Access ► Wait Lists Grow 50%

One year after outrage about long waiting lists for health care shook the Department of Veterans Affairs, the agency is facing a new crisis: The number of veterans on waiting lists of one month or more is now 50 percent higher than it was during the height of last year's problems, department officials say. The department is also facing a nearly \$3 billion budget shortfall, which could affect care for many veterans. The agency is considering furloughs, hiring freezes and other significant moves to reduce the gap. A proposal to address a shortage of funds for one drug — a new, more effective but more costly hepatitis C treatment — by possibly rationing new treatments among veterans and excluding certain patients who have advanced terminal diseases or suffer from a "persistent vegetative state or advanced dementia" is stirring bitter debate inside the department.

Agency officials expect to petition Congress this week to allow them to shift money into programs running short of cash. But that may place them at odds with Republican lawmakers who object to removing funds from a new program intended to allow certain veterans on waiting lists and in rural areas to choose taxpayer paid care from private doctors outside the department's health system. "Something has to give," the department's deputy secretary,

Sloan D. Gibson, said in an interview. “We can’t leave this as the status quo. We are not meeting the needs of veterans, and veterans are signaling that to us by coming in for additional care, and we can’t deliver it as timely as we want to.”

Since the waiting-list scandal broke last year, the department has broadly expanded access to care. Its doctors and nurses have handled 2.7 million more appointments than in any previous year, while authorizing 900,000 additional patients to see outside physicians. In all, agency officials say, they have increased capacity by more than seven million patient visits per year — double what they originally thought they needed to fix shortcomings. But what was not foreseen, department leaders say, was just how much physician workloads and demand from veterans would continue to soar — by one-fifth, in fact, at some major veterans hospitals over just the past year.

According to internal department budget documents obtained by The New York Times, physician workloads — as measured by an internal metric known as “relative value units” — grew by 21 percent at hospitals and clinics in the region that includes Alabama, Georgia and South Carolina; by 20 percent in the Southern California and southern Nevada regions; and by 18 percent in North Carolina and Virginia. And by the same measure, physician care purchased for patients treated outside the department grew by 50 percent in the region encompassing Pennsylvania and by 36 percent in the region that includes Michigan and Indiana. Those data include multiple appointments by individual patients and reflect the fact that patients typically now schedule more appointments than they did in the past. But even measured by the number of individuals being treated, the figures are soaring in many places: From 2012 to 2014, for example, the number of patients receiving treatment grew by 18 percent at the Las Vegas medical center; by 16 percent in Hampton, Va.; and by 13 percent in Fayetteville, N.C., and Portland, Ore.

Mr. Gibson said in the interview that officials had been stunned by the number of new patients seeking treatment even as the V.A. had increased its capacity. He said he was frustrated that the agency was running short of funds. “We have been pushing to accelerate access to care for veterans, but where we now find ourselves is that if we don’t do something different we’re going to be \$2.7 billion short,” he said. He said he planned to tell Congress this week that the agency needed to be able to shift funds around to avoid a crisis this fiscal year. That includes using funds from a new program that was a priority for congressional Republicans called the “Choice Card,” which allows certain veterans to obtain taxpayer-funded care from private doctors. That money would be used to pay for hepatitis C treatments and other care from outside doctors. In future years, Mr. Gibson said, more money will also be needed. He said he intended to tell lawmakers, “Veterans are going to respond with increased demand, so get your checkbooks out.”

The largest driver of costs has been programs designed to send patients to outside doctors, either because of delays seeing V.A. clinicians or because patients need treatments outside the system. Other major factors include the demand for new prosthetic limbs and for the new

hepatitis C treatment. The “daily obligation rate in medical services” inside the Veterans Health Administration — the part of the department that handles medical care — is \$166 million, or 9.2 percent higher than last fiscal year, according to a presentation last week for senior department leaders. Costs for drugs and medications have risen by nearly 17 percent, with much of the increase because of the new hepatitis C treatment, according to the document. An agency memo from last month stated that the need for the new hepatitis C treatment “has greatly outpaced V.A.’s ability to internally provide all aspects of this care.” The crisis may come to a head when Mr. Gibson testifies 2 JUN on Capitol Hill, where Republicans have already criticized what they see as foot-dragging by the department on starting the Choice Card program. One congressional official briefed on the budget problems also said the agency had been slow to recognize how much demand and costs would soar for hepatitis C treatments. The budding crisis may reopen a partisan debate about veterans’ health care that has paralleled a larger philosophical debate about the size of government. Last year’s waiting-list crisis led to complaints that the department was divided by an acrimonious and retaliatory culture, where whistle-blowers were punished and constructive criticism was stifled. But many experts say the principal problems were a shortage of doctors and nurses in the system, the nation’s largest integrated health care organization, and a lack of office space for patient care — while demand rose sharply from aging Vietnam War veterans and service members from Iraq and Afghanistan. The department’s inspector general eventually concluded that “the systemic underreporting of wait times resulted from many causes, to include the lack of available staff and appointments, increased patient demand for services, and an antiquated scheduling system.” [Source: The New York Times | Richard A. Opperl | June 20, 2015 ++]

Agent Orange | C-123 Aircraft ► VA Reverses Itself

Reversing a long-held position, the Department of Veterans Affairs now says Air Force reservists who became ill after being exposed to Agent Orange residue while working on planes after the Vietnam War should be eligible for disability benefits. The VA published an interim final rule on June 18 to allow veterans to apply for disability compensation and VA care for any of 14 presumptive medical conditions due to exposure to Agent Orange (<https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-14995.pdf>). The VA said it has been working to finalize a rule that could cover military personnel who flew or worked on Fairchild C-123 aircraft in the U.S. from 1972 to 1982. Many of the Vietnam-era planes, used by the reservists for medical and cargo transport, had sprayed millions of gallons of herbicide during the 1955-1975 military conflict in Southeast Asia. All airman are encouraged to file a disability compensation claim through the VA’s eBenefits web portal (<https://www.ebenefits.va.gov>) who were assigned to flight, ground or medical crew duties at:

- Lockbourne/Rickenbacker Air Force Base in Ohio (the 906th and 907th Tactical Air Groups or 355th and 356th Tactical Airlift Squadrons),
- Massachusetts’s Westover AFB (the 731st Tactical Air Squadron and 74th Aeromedical Evacuation Squadron),
- 758th Airlift Squadron in Pittsburgh, during the period 1969 to 1986, and

In order to avoid unnecessary delay of benefits, claimants should annotate "(C-123)" after each Agent Orange related disability in Part II, Block 14 of VA Form 21-526 or Section I, Block 11 of VA Form VA Form 21-526EZ when filing on eBenefits. Example: Diabetes (C-123). If claimants have any of the following documents, they should be attached to their application:

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

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

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

Individuals with specific benefit questions related to herbicide exposure on C-123s may call VA's special C-123 Hotline at 1-800-749-8387 or e-mail VSCC123.VAVBASPL@va.gov. Visit www.benefits.va.gov/COMPENSATION/claims-postservice-agent_orange.asp for more information on applying for these benefits, including the affected units, Air Force Specialty Codes and dates of service for affected crew members. Visit http://www.benefits.va.gov/COMPENSATION/claims-postserviceagent_orange.asp for a listing of Agent Orange- related conditions.

This was the first time the VA had established a special category of Agent Orange exposure for military personnel without "boots on the ground" or inland waterways service in Vietnam. That could open the VA to renewed claims by thousands of other veterans who say they were exposed to Agent Orange in less direct circumstances, such as on the open sea. "It's certainly took long enough," said Jeanne Stellman, a public health professor who has done extensive research on Agent Orange at Columbia University. She described the VA's move as welcome but little to celebrate over. "These veterans have paid the price of mistreatment and neglect."

An Institute of Medicine report in January concluded that many C-123 reservists had been exposed to chemical residues on the aircraft's interior surfaces and suffered higher risks of health problems as a result. The institute is part of the National Academy of Sciences, a private organization chartered by Congress to advise the government on scientific matters. Using that report, the department "determined that potentially exposed veterans would be eligible for Agent Orange-related benefits," the VA said in a statement. It also is reviewing whether certain

active-duty troops may have been exposed. "Our goal is to ensure all affected C-123 crewmembers receive disability benefits and medical care."

Before requesting the report, the VA had generally denied claims submitted since 2011 by C-123 reservists, saying it was unlikely they could have been exposed to Agent Orange from the residue. About 653,000 Vietnam-era veterans have received Agent Orange-related disability benefits since 2002, when the VA officially began tracking the cases. Many of those exposed simply followed orders when it came to working on C-123s, according to the C-123 Veterans Association. It was formed four years ago by retired Air Force Maj. Wesley T. Carter after he and other reservists noticed a pattern in the various ailments they suffered. VA Secretary Bob McDonald yesterday announced the new decision could benefit as many as 1,500 to 2,100 Air Force and Air Force Reserve personnel who might suffer from any of 14 presumptive medical conditions that have been determined to be related to Agent Orange exposure. "There wasn't that much talk of Agent Orange," said retired Tech. Sgt. Ed Kienle, 73, of Wilmington, Ohio, who worked on C-123 aircraft as a pilot and mechanic from 1972 to 1980. He said reservists generally knew the planes had once sprayed Agent Orange, but he didn't think twice about it when he was asked to clear away parts coated with residue. After retiring from the military in 1997, Kienle said he developed skin cancer and respiratory problems and is being treated for indications of prostate cancer. He has joined with other reservists in the "Buckeye Wing" stationed at Rickenbacker in pushing for C-123 benefits.

In April, VA Secretary Bob McDonald expressed dismay in an email to department officials that multiple delays have "stretched our already thin credibility." At the time, officials were looking to Congress for legislation to provide benefits for the C-123 reservists. But veterans groups and lawmakers including Sen. Sherrod Brown, D-Ohio, said the VA had legal authority to bypass Congress and act on its own. Brown and two other senators said last week they would block a Senate vote on President Barack Obama's nominee for VA's top health post until the department made clear whether or when a new rule would take effect.

The upcoming rule would not include roughly 200,000 "Blue Water" veterans who say they were exposed to Agent Orange while serving aboard deep-water naval vessels off Vietnam's coast, according to two VA officials who spoke on condition of anonymity because they were not authorized to discuss the matter publicly. "If they do cover the C-123 guys and not us, we would feel very slighted," said John Paul Rossie, executive director of the Blue Water Navy Vietnam Veterans Association, pledging a renewed push for benefits. Veterans' organizations and several members of Congress have been calling for expanded VA benefits in a broader range of environmental toxic exposure cases, including those involving Gulf War neurotoxins and burn pits in Iraq and Afghanistan. [Source: Associated Press | Hope Yen | June 15, 2015++]

Coast Guard Authorization Act ► What H.R.1987 Will Accomplish

The Coast Guard could be facing a major overhaul as bipartisan reform legislation continues to work its way through Congress. The Coast Guard Authorization Act of 2015 impacts everything from funding and structure to acquisition reform and accountability at the agency. The House passed the bipartisan legislation 18 MAY, and the Senate Commerce Committee, which oversees the Coast Guard, is working on its version of Coast Guard legislation, according to the committee. Rep. Duncan Hunter (R-CA), the chairman of the Transportation and Infrastructure Committee, said the legislation is an important step in ensuring that the Coast Guard continues to have the resources it needs. "As the process moves forward, I look forward to working with the Senate to ensure a strong final product," Hunter said.

The bill would authorize funding for the Coast Guard for the next two years — fiscal 2016 and fiscal 2017 — at the current \$8.7 billion in funding. The two-year period helps provide stability to the Coast Guard and allows for better long-term planning, according to bill supporters. The stability will help the agency rebuild and revamp its aging Coast Guard cutter fleet, according to Rep. Garret Graves (R-LA). "The bill authorizes funding for the Coast Guard at levels that are reasonable, but would still allow the Coast Guard to recapitalize its aging cutters in a timely manner," Graves said. It will also:

- Make structural changes to the Coast Guard chain of command. The vice service chief at the agency would be given the rank of admiral to align itself more closely to the structures of the other military services.
- See the reinstatement of the chief of staff position, which was discontinued in 2011.
- Allow the president to appoint additional Coast Guard admirals to positions within the executive branch, such as to the Joint Chiefs of Staff, which has been requesting that the Coast Guard be represented.
- Require the Coast Guard to establish performance data and success metrics for a program or project before it is begun, in order to measure whether the program is meeting minimum performance standards during its development.
- Require the Coast Guard to provide Congress with more detailed information about its program performance and project spending in order to ensure better oversight of its large program.
- Require the Coast Guard to implement a standard for tracking the number of days Coast Guard cutters are in operation at sea, and include days in which cutters are undergoing maintenance or repair.
- Require the Government Accountability Office to review the metrics by which the Coast Guard evaluates the performance of its missions to determine their effectiveness, according to the law.
- Authorize the Coast Guard to conduct a pilot program to test the effectiveness of commercially available technology to help improve the maintenance and readiness of its cutter fleet.
- Authorize the Coast Guard to recoup the costs of patrolling and ensuring the safety of private maritime events such as fireworks, according to the legislation. Currently the

Coast Guard does not seek reimbursement for these events, but the legislation would authorize the Coast Guard to determine the costs it incurs and seek reimbursement. "While Coast Guard presence is important to ensure public safety, the event itself often does not provide a public benefit," according to a committee report released with the legislation. "American taxpayers should not have to pay the bill for ensuring the safety of waterways around private parties", said Coast Guard and Maritime Transportation Subcommittee Chairman Duncan Hunter. "This provision would protect taxpayers by making the sponsor of the party pay those costs."

- Cut outdated reports, including the Distant Water Tuna Fleet report, as well as an annual report updating the liability from oil spills. Instead, the Coast Guard would only craft that report the year after an oil spill occurred.

Rep. Peter DeFazio (D-OR), the ranking member of the Transportation and Infrastructure Committee, said he looked forward to getting the legislation through the Senate and signed into law. "For more than 100 years, the Coast Guard has kept our ports and waterways secure, protected our shores and communities, and responded to disasters or emergencies affecting our mariners, fishermen and the general public," DeFazio said. "Congress must ensure that the Coast Guard has the resources and assets necessary to accomplish its mission, and this bipartisan bill attempts to meet that shared goal." [Source: FederalTimes | Andy Medici | June 15, 2015 ++]

VA ID Card Update 06 ► H.R.91 | New Card for All Vets

On 22 JUN, the U.S. Senate amended and passed with unanimous consent a bill from a Florida congressman which ensures every veteran receives an ID card from the U.S. Department of Veterans Affairs without burdening taxpayers. The House passed the bill last month with 402 representatives backing it and no votes cast against it. U.S. Rep. Vern Buchanan (R-FL) introduced the Veterans ID Card Act earlier this year.

Buchanan's bill would ensure all veterans receive ID cards from the VA instead of just those who served 20 years in the armed forces or are seeking medical treatment for service-related wounds. The bill directs the Department of Veterans Affairs (VA) to issue a veteran's identification card, for a fee, to a requesting veteran who is neither entitled to military retired pay nor enrolled in the VA system of patient enrollment. The card, among other things, will:

- Display the veteran's name and photograph.
- Serve as proof that the veteran has a DD-214 form or other official document in his or her military personnel file that describes the veteran's military service.
- Does not serve as proof of entitlement to any benefits.

In pushing his bill in recent months, Buchanan has noted veterans are forced to carry DD-214 paperwork, which contains sensitive information including Social Security numbers, and an ID card would be more convenient and would do a better job of keeping their personal

information secure. "A simple, standardized ID card will make life easier for our veterans and serve as a reminder that our brave service men and women deserve all the respect a grateful nation can offer," Buchanan said on 23 JUN. Buchanan insisted his bill was budget neutral since veterans who opted for the ID card would have a small fee which the VA secretary would examine every five years.

In the Senate, U.S. Sen. Richard Blumenthal (D-CT) offered an amendment to Buchanan's bill ensuring all veterans would be eligible for the ID card, sending the bill back to the House. Buchanan's office expects the bill to sail through the House once again and be signed into law by President Barack Obama. The bill has won the backing of veterans groups including AMVETS and Veterans for Common Sense (VCS). Anthony Hardie, the director of VCS, praised the bill on Tuesday. "Veterans who have honorably served their country deserve to have a simple, straightforward way to prove their veteran status," Hardie said. "Veterans for Common Sense supports sensible legislation like Rep. Buchanan's Veterans ID Card Act." [Source: Sunshine State News | Kevin Derby | June 23, 2015 ++]