



## Federal Update for July 28 – August 1, 2014



### ***Walz Supports VA Reform Compromise***

Washington, DC [7/28/14] – Today, Representative Tim Walz (D-MN), a Member of the VA Reform Conference Committee and highest ranking enlisted soldier to ever serve in Congress, announced his support for the bipartisan conference committee compromise to reform the VA and increase access to care for veterans.

“When this conference committee began, our number one goal was to produce legislation that put veterans first; legislation that would increase access to care, reduce long wait times at VA hospitals, give the VA Secretary greater authority to hold employees accountable, and reform the broken system at VA,” Representative Walz said. “While the bill isn’t perfect, it does provide real solutions to help veterans and their families. I urge both chambers of Congress to swiftly pass this bipartisan legislation and send it to the President for his signature.”

Walz continued, “That being said, our work is far from finished. As we move forward we must continue to work diligently to hold VA accountable and ensure the bill is being implemented promptly and properly. Our veterans deserve nothing less.”

The bipartisan VA reform compromise:

- Increases health care choices and access to care for veterans by expanding the ability of veterans to see private doctors for care if a veteran resides more than 40 miles away from a VA facility or if they are forced to wait longer than one month to see a VA doctor.
- Authorizes the VA to lease and create 27 new major medical facilities across the country to increase access to care for veterans within the VA health care system.

- Ensures private providers receive prompt payment and reimbursement from the VA for care provided to veterans.
- Authorizes VA to hire badly needed doctors and nurses and expands the loan-repayment program for health care professionals who choose a career caring for veterans at VA.
- Expands eligibility for counseling and treatment for sexual trauma survivors.
- Holds incompetent and dishonest VA employees accountable by granting the Secretary the ability to immediately fire these employees.
- Ends the practice of tying bonuses to scheduling and wait-times metrics.

## ***VA Legislation from Senator Sanders and Rep. Miller***

### **THE VETERANS ACCESS, CHOICE AND ACCOUNTABILITY ACT OF 2014 HIGHLIGHTS**

To improve access to and quality of care for veterans, the bill would:

- Require VA to offer an authorization to receive non-VA care to any veteran who is enrolled in the VA health care system as of August 1, 2014, or who is a newly discharged combat veteran if such veteran is unable to secure an appointment at a VA medical facility within 30 days (or a future published goal established by VA) or resides more than 40 miles from the nearest VA medical facility, with certain exceptions.
- Require VA to provide a Veterans Choice Card to eligible veterans to facilitate care provided by non-VA providers.
- Provide \$10 billion for the newly-established “Veterans Choice Fund” to cover the costs of this increased access to non-VA care.
- Require an independent assessment of VA medical care and establish a Congressional Commission on Care to evaluate access to care throughout the VA health care system.
- Extend the ARCH (Access Received Closer to Home) pilot program for two years.
- Extend for three years a pilot program to provide rehabilitation, quality of life, and community integration services to veterans with complex-mild to severe traumatic brain injury

- Improve the delivery of care to veterans who have experienced military sexual trauma as well as care for Native Hawaiian and Native American veterans.

To expand VA's internal capacity to provide timely care to veterans, the bill would:

- Provide \$5 billion to VA to increase access to care through the hiring of physicians and other medical staff and by improving VA's physical infrastructure.
- Authorize 27 major medical facility leases in 18 states and Puerto Rico.

To provide real accountability for incompetent or corrupt senior managers, the bill would:

- Authorize VA to fire or demote Senior Executive Service (SES) employees and Title 38 SES equivalent employees for poor performance or misconduct.
- Provide an expedited and limited appeal process for employees disciplined under this authority. Appeals would go to a Merit Systems Protection Board administrative judge, who would have 21 days to decide on the appeal. If a decision is not reached within that 21-day period, then VA's decision to remove or demote the executive is final.
- Prohibit SES employees from receiving pay, bonuses and benefits during the appeal process.
- Reduce funding for bonuses available to VA employees by \$40 million each year through FY 2024.

To improve education benefits for veterans and dependents, the bill would:

- Require public colleges to provide in-state tuition to veterans and eligible dependents in order for the school to remain eligible to receive G.I. Bill education payments.
- Expand the Sgt. Frye Scholarship Program to provide full Post 9/11 G.I. Bill benefits to spouses of servicemembers who died in the line of duty after 9/11.

According to current CBO estimates, the bill would result in nearly \$17 billion in spending over a 10-year period, with 10-year offsets totaling roughly \$5 billion,

making it less expensive than previous VA reform packages passed by the House and Senate.

## ***Amphibious Assaults ► Full-Frontal Attempts a Thing of the Past***

World War II-style full-frontal amphibious assaults are relegated to the annals of history, a top Marine general told reporters 26 JUN in Washington. In the future, Marines will conduct amphibious invasions by setting ashore and massing in areas that are not hotly contested before assaulting towards enemy forces over land, said Lt. Gen. Kenneth Glueck, the deputy commandant for Combat Development and Integration Command at Marine Corps Base Quantico, Va. “The intent is not to go force on force,” Glueck said. “The intent is to find the seams and gaps. We are not going into the teeth of the enemy. We will go where they are not – where they are weak.”

Some of the most violent battles at Iwo Jima, Tarawa or Inchon, Korea, come to mind when considering Marine amphibious landings. Thousands died establishing beach heads during those assaults. But today, the difficulties of taking a contested beach are compounded by advances in missile technology; missiles can strike not just the Marines storming ashore, but also the ships from which they launch. The wide proliferation of cheap but deadly systems has forced amphibious ships out as much as 100 miles from the beach. Glueck acknowledged the challenges posed by relying on Navy ship-to-shore connectors, which have limited speed and capacity. Only two of the Amphibious Combat Vehicle (ACV) 1.1, now under development as a replacement for the Amphibious Assault Vehicle, will be able to fit on a Landing Craft Air Cushion (LCAC), he said. Marine officials are working to make more space on the next generation LCAC, officially called the Ship-to-Shore Connector, so that it can carry three or four ACVs.

Critics of the ACV have cited its inability to swim ashore under its own power and the slow speed of an LCAC traveling 100 miles over open water as reasons to scrap the ACV and focus on a platform that would be light enough to airlift ashore. Two retired Marine infantry officers turned industry armor experts recently authored a paper arguing in favor of that, but Glueck says rotary airlift has never been used to move vehicles; tactically, that is not being considered. For

now, distance, water speed and cargo space remain barriers to quickly massing forces ashore. For that reason, the service will use advanced “high-speed – low signature” forces as part of its new Expeditionary Force 21 doctrine to maneuver ashore and secure a non-contested or lightly-contested area for the follow on forces to land and aggregate for battle. EF-21 aims to preposition gear near flash points and quickly aggregate scalable forces — ranging in size from a company to a Marine Expeditionary Force — to move ashore.

The idea of landing uncontested and assaulting over land is not without precedent, Glueck said. It was done on Tinian in the Pacific during WWII. There Japanese forces had heavily fortified the island’s southern beaches, where they believed Marines would land. Instead, Marines were able to traverse barrier reefs on the opposing side of the island. By putting ashore on the north end and flanking the enemy, they secured the island with little contest. Landing where enemy forces are lightest will also allow for minimal risk to some of the Navy’s more vulnerable ship-to-shore connectors like the joint high speed vessel. The catamaran is capable of traveling 40 miles per hour, which is significantly faster than 24 miles per hour for amphibious transport dock ships. But catamarans are constructed with a light aluminum hull that some critics have said makes them vulnerable to enemy fire. While the Marine Corps continues to bet much of its future on amphibious landings, they will bear little resemblance to those in the past. [Source: MarineCorpsTimes | James K. Sanborn | Jun 30, 2014 ++]

## ***D-Day ► Operation Neptune | Landing Craft Role***

To the Army 70 years ago, the beaches of Normandy had code names like Omaha and Utah. But to the sailors whose job it was to take those soldiers to battle under withering fire again and again in landing craft, it was simply “The Far Shore.” The searing experience of June 6, 1944, is now part of the Navy’s DNA. “When friends ask me what I do for a living, I ask them if they ever saw the movie ‘Saving Private Ryan’ about the D-Day landings in France,” said Boatswain’s Mate 1st Class (SW/AW) Jason Davis, a utility landing craft craftmaster at the Little Creek, Virginia-based Assault Craft Unit 2 — today’s landing craft operators. “It’s our direct heritage,” he said. Not since the Korean War and the Inchon landings have the Navy’s assault boats and landing craft attempted to put Americans ashore on hostile beaches. But if that call came, it would be Davis and his crew of 12 who operate the 134-long landing craft utility boats.

Davis is the craftmaster — essentially the CO of one of the Navy’s utility landing craft, which is operated by two assault craft units, one on each coast, with detachments forward-deployed overseas. Operating mostly out of the well decks of amphibious ships, Navy LCUs can operate independently for up to 10 days — with their own messing and berthing areas. Fully loaded, they can carry two tanks or 350 troops ashore. It was the ancestors of these LCUs, nearly 3,500 strong and manned by several thousand sailors that massed off Normandy’s beaches and ran multiple trips to shore taking in fresh troops and returning with the wounded. At the end of the day, 36 large landing craft, similar to Davis’ LCU, and 98 smaller landing craft were lost to enemy fire — along with 624 sailors, according to the Navy’s official after-action report of Operation Neptune, as the Navy called its part of the D-Day operations.

Lt. Cmdr. Max Miller, who chronicled the campaign, spent time with small boat crews and their coxswains and wrote that the Navy’s D-Day memorial should be a statue of a landing craft and the sailors who drove it. He referred to that sailor as the “American small-boat boy.” “He, as much as anybody, won that lengthy battle for the storm-stricken Normandy beachhead,” Miller wrote. The sailor’s uniform, Miller wrote, was “devoid of what customarily goes for Navy regulation.” And the boats he drove were “grimy both inside and outside, with a hull bearing the bumps of many batterings and with some bullet holes.” The job of the crews was to beach their landing craft as quickly as possible, get men and ammunition offloaded and head back out to sea in under three minutes — before the German gunners could zero in. All too often, the Germans or the waves of the English Channel would claim these small boats and their crews. “The sea off the beachhead contains dead sailors long after the beachhead officially was declared secure, days and days after,” Miller wrote in his book, “The Far Shore.” The lucky ones managed to get picked up by other landing craft when their boats were sunk. Others simply disappeared. “The sea is different from land,” Miller wrote. “The sea sometimes never does tell.” [Source: NavyTimes | Mark D. Faram | Jun 04, 2014 ++]

## ***Health Care Reform Update ► Medicaid Impact on Low Income Vets***

Getting healthcare is a real problem for many low income veterans & their families needing medical if:

- They are under age 65,
- Don't live near a VAMC, and are not service connected, and
- Their state is one of those 25 states that did not expand MEDICAID under the affordable health care act (Obamacare).

Also, some of the VA backlog for healthcare appointments is caused by veterans without healthcare, living in these 25 states, now trying to get into the VA healthcare system. Texas and Florida still have the highest uninsured rates in the nation.

Analysis of the 2008–2010 American Community Survey (ACS) indicates that 535,000 uninsured veterans and 174,000 uninsured spouses of veterans—or four in 10 uninsured veterans and one in four uninsured spouses—have incomes below 138 percent of the federal poverty level (FPL) and could qualify for Medicaid or new subsidies for coverage under the Affordable Care Act (ACA). Most of these uninsured—414,000 veterans and 113,000 spouses—have incomes below 100 percent of FPL guidelines (<http://aspe.hhs.gov/poverty/14poverty.cfm>) and will therefore only have new coverage options under the ACA if their state expands Medicaid. However, fewer than half live in states in which the governor supports their state participating in the expansion, while the majority live in states that have chosen not to expand Medicaid or have not yet decided whether to expand. The extent to which uninsured veterans and their family members with incomes below the FPL will have access to new coverage options under the ACA will depend on whether they live in a state that adopts the Medicaid expansion.

The authors of the ACA didn't foresee this outcome, which was made possible by a Supreme Court ruling in 2012 giving states the right to opt out of Medicaid expansion. Twenty-five states didn't take up the Obamacare Medicaid expansion at the beginning of this year and the results speak for themselves: A new survey shows more than one-third of their lowest-income residents remain uninsured, a rate virtually unchanged from last year, even as millions gained coverage elsewhere. Nationwide, the share of Americans 19 to 64 years old without health insurance fell from 20 percent to 10 percent, as 9.5 million people got covered by Medicaid or private health insurance, according to a poll of Obamacare enrollees published Thursday by the Commonwealth Fund. Among adults who earn less

than poverty wages in states that didn't expand Medicaid, the uninsured rate is 36 percent, a decline of two percentage points (termed not statistically significant) from last year. That compares to a dramatic drop from 28 percent to 17 percent in states that expanded Medicaid.

The debate over the Medicaid expansion remains arguably the most consequential unresolved matter related to the Affordable Care Act, as the refusal by Republican governors and state legislatures to accept federal dollars to provide health care to poor people is having real effects on the ground. The law was originally designed to make Medicaid available to anyone who earns less than 133 percent of the federal poverty level, or \$15,282 this year for a single person. The law also lets individuals who make between the poverty level of \$11,490 to four times that amount get tax credits to cut the cost of private health insurance. But anyone who makes less than that -- or even nothing -- gets no assistance if they live in Texas, Florida, Louisiana or the other states that didn't expand the program. [Source: Veteran Issues & Huff Post | Dan Ceduskey & Jeffrey Young | Jul 12, 2014 ++]

## ***Traumatic Brain Injury Update ► Concussion Related Sleep Problems***

The Defense and Veterans Brain Injury Center (DVBIC) has released new clinical recommendations and support tools to assist in the identification and treatment of a sleep disturbance occurring in patients after a concussion (mild traumatic brain injury or mTBI). The suite of products assists health care providers in the identification of a sleep problem and provides recommendations for its treatment. "Sleep disorders are common after a person sustains a concussion," said Army Col. Sidney Hinds, II, M.D., DVBIC's national director. "The prompt identification and treatment of sleep disorders are an important part of the recovery process for concussion. Sleep is critical to the brain's healing and recovery processes. Research shows that if sleep is regular and adequate, restorative processes are promoted." Since 2000, more than 300,000 U.S. service members have sustained a traumatic brain injury.

Common sleep disorders associated with TBI include insomnia, circadian rhythm sleep wake disorder and obstructive sleep apnea. Insomnia is the most common sleep disturbance after concussion. The new Management of Sleep Disturbances

following Acute Concussion/Mild TBI Clinical Recommendations suite is composed of clinical recommendations, a clinical support tool, a provider education slide deck and a patient education fact sheet. “These clinical recommendations advise that all patients with concussion symptoms should be screened for the presence of a sleep disorder,” said U.S. Public Health Service Capt. Cynthia Spells, DVBIC’s clinical affairs officer. “Patients should be asked if they are experiencing frequent difficulty in falling or staying asleep, excessive daytime sleepiness or unusual events during sleep. The initial step in the diagnosis of a sleep disorder includes a focused sleep assessment.”

Non-pharmacological measures to treat insomnia that focus on stimulus control and good sleep hygiene are the preferred methods of treatment. Short-term use of sleep medication may be necessary in addition to these measures if they are not effective by themselves. Spells said stimulus control means controlling your environment to help promote sleep. Examples of stimulus control measures include relaxing before bedtime, going to bed only when sleepy, getting out of bed when unable to sleep, removing electronics (TV, smart phone, computer) from the bedroom and using the bedroom only for sleep and intimacy. Sleep hygiene habits include avoiding caffeine and other stimulants close to bedtime, daily physical activity but not exercising close to bedtime, arising at the same time every morning, getting natural light exposure every day, and avoiding alcohol, nicotine and large meals close to bedtime.

Spells said the new sleep disturbance clinical recommendations and support tool product suite was developed by the Department of Defense in collaboration with the Department of Veterans Affairs and civilian medical professionals. “Although tailored for the military and VA health care systems, these recommendations may be used by civilian health care providers treating concussion associated sleep disorders,” Spells said. “Many service members and veterans, especially those serving in the National Guard and Reserve, receive care from civilian health care specialists.” DVBIC serves as the Department of Defense subject matter expert on TBI and manager of the TBI pathway of care. [Source: [www.health.mil](http://www.health.mil) article Jun 26, 2014 ++]

## ***Chronic Pain Update***

### ***► Nearly Half of Combat Veterans Suffer***

Nearly half of a group of infantry soldiers who had seen combat in Afghanistan have reported experiencing chronic pain and 15 percent said they recently used opioid pain relievers, according to a study released 30 JUN. Of 2,597 active-duty Army troops surveyed three months after their redeployment, 44 percent said they experienced recurring or unceasing pain after returning from Afghanistan, according to the study, published in the Journal of the American Medical Association Internal Medicine. The number of soldiers affected by chronic pain was a surprise to researchers, said Robin L. Toblin, the lead author of the study, one of the first to quantify the impact of recent wars on the prevalence of pain and narcotic use among soldiers. "War is really hard on the body," said Toblin, who is affiliated with the Walter Reed Army Institute of Research. "I think that's the take-home message." But she said that researchers didn't expect that nearly half of young, otherwise healthy men who were not seeking medical treatment would suffer from chronic pain.

The percentage was far higher than an estimated 26 percent of chronic pain sufferers in a Kansas study of civilians ages 18 to 65. In that study, which looked at a group comparable to the soldiers — men aged 18 to 34 — only 15 percent reported chronic pain, Tobin said. Chronic pain is defined as pain that continues beyond the normal time expected for healing or that accompanying chronic conditions like arthritis. It is associated with the onset of changes in the central nervous system that may adversely affect well-being, cognition, level of function and quality of life, according to the Defense Department's Pain Management Task Force. Opioids, whose pharmacological effects resemble morphine or other opiates, are strong medicines that can relieve pain caused by serious injuries. Of the chronic pain sufferers, 48.3 percent reported pain duration of a year or longer. More than half — 55.6 percent reported nearly daily or a constant frequency of pain. About half — 51.2 percent — reported moderate to severe pain. The survey did not ask for the location of the pain, Tolbin said.

The troops' reported use of opioid pain relievers — 15.1 percent of all surveyed troops and 23 percent of those with chronic pain — was also far higher than the estimated civilian use of 4 percent. But that finding was less of a surprise, she Toblin said. "It's consistent Army-wide," she said. About a quarter of soldiers use opioids within a given year, she said. The findings "suggest a large unmet need for assessment, management and treatment of chronic pain and related opioid use and misuse in military personnel after combat deployments," the study authors

note. In commentary accompanying the study, Lt. Col. Dr. Wayne B. Jonas, and Lt. Gen. Eric B. Schoomaker, both retired, said that the study raised concerns. “The nation’s defense rests on the comprehensive fitness of its service members — mind, body and spirit. Chronic pain and use of opioids carry the risk of functional impairment of America’s fighting force,” they wrote.

According to a 2010 report by DOD’s Pain Management Task Force, “Pain is a disease state of the nervous system and deserves the same management attention given to any other disease states.” But pain management is a special challenge in military settings, the report said.” “The transient nature of the military population, including both patients and providers, creates extraordinary challenges to providing continuity of care, something very important to pain management.” Data for the JAMA study were collected in 2011 from an infantry brigade redeployed from Afghanistan, and most of the 2,597 survey participants were men, 18 to 24 years old, high school-educated, married and of junior enlisted rank. Nearly half - 45.4 percent - reported combat injuries. [Source: Stars and Stripes | Nancy Montgomery | Jun 30. 2014 ++]

## ***Walz Statement on Senate Confirmation of New VA Secretary Robert McDonald***

Washington, DC [7/29/14] – Today, Representative Tim Walz, the highest ranking enlisted soldier to ever serve in Congress and negotiator on the bipartisan VA conference committee tasked with reaching an agreement to reform the VA, released the below statement following Senate confirmation of Robert (Bob) McDonald, West Point graduate and former CEO of Procter & Gamble, as the new Secretary of the U.S. Department of Veterans Affairs.

“I’m pleased the Senate moved quickly to confirm Secretary McDonald. Right now, veterans need a leader that will take a hands-on, no-nonsense approach in order to change the culture at VA. I believe Secretary McDonald is the right person for the job, and I look forward to working with him as we continue reforming the VA to better serve veterans and their families.”

The VA reform legislation worked on by Representative Walz and the bipartisan, joint House and Senate conference committee is expected to receive a vote on the House floor tomorrow.