



## Federal Update for August 17 - 21, 2015



### VA Announces New Rules Regarding Service Animals in VA Facilities

WASHINGTON – Today the Department of Veterans Affairs (VA) announced that it has revised its regulation regarding the presence of animals on VA property. The updated regulation will ensure VA practices remain consistent with applicable federal law. It will also assist individuals entering VA facilities in developing a clear and consistent understanding of the criteria governing facility access for service animals.

“As I have traveled to VA facilities throughout the country, I have heard from many Veterans about what a vital role their service animals play in their lives,” said Secretary of Veterans Affairs Robert A. McDonald. “The revised regulation will ensure Veterans and employees have clear guidance regarding the presence of service animals in our facilities. VA remains committed to ensuring America’s Veterans have access to the health care benefits for which they are eligible.”

Under the revised regulation, only dogs that are individually trained to perform work or tasks on behalf of an individual with a disability will be considered service animals. Other animals will not be permitted in VA facilities, unless expressly allowed as an exception under the regulation for activities such as animal-assisted therapy or for other reasons such as law enforcement purposes. The regulation further confirms that service animals may access VA property subject to the same terms that govern the admission of the public to VA property, and may be restricted from certain areas on VA properties to ensure that patient care, patient safety, and infection control standards are not compromised.

In accordance with required practices, the revised regulation was published in the Federal Register in November 2014, to obtain feedback from Veterans, advocacy organizations and other stakeholders.

Over the next thirty days, VA will provide training to frontline employees and ensure policies at all facilities are consistent with the new regulation.

## NDAAs for 2016 Update ► Stuck | Compensation & Retirement Reform

Both the House of Representatives and the Senate have passed versions of the fiscal year (FY) 2016 National Defense Authorization Act (NDAAs). The two chambers are now negotiating a final bill, but according to press reports, the negotiators are stuck on the details of a major military compensation and retirement reform proposal. Both chambers of Congress included a similar major reform in military retirement, but each differs in the specifics of the benefits and how to pay for them. When considering this debate, a few things should be kept in mind.

- *First*, when discussing Department of Defense (DOD) personnel and benefits reforms, there are two basic ways to achieve financial savings: change the system or pass the costs on to the service members. The reform proposals outlined below include examples of both. Increasing the enrollment fee for TRICARE—the health care program for uniformed service members—is passing a cost directly to a service member or military retiree. An investment-based retirement system, on the other hand, uses the power of markets to create value for service members and reduce costs to the government and, hence, to taxpayers. Increasing TRICARE co-pays likely has a bit of both: Some costs are passed to service members, but by incentivizing certain behaviors (using preferred facilities or generic drugs), systemic savings can also be achieved.
- *Second*, many argue that rising personnel costs are a major problem for DOD. Former Secretary of Defense Robert Gates famously stated that “health care costs are eating the Department of Defense alive.” At the same time, others argue that DOD’s personnel costs are not problematic because the share of the DOD budget for personnel costs has remained fairly steady over time. An analysis of the DOD budget shows that both sides are somewhat correct. Military pay and benefits constituted 34.6 percent of DOD’s budget in 2001 and 35.5 percent of the budget in 2015. However, the cost per service member has risen dramatically. In 2014 dollars, the cost per service member has gone from roughly \$93,000 in 2001 to approximately \$133,000 in 2015, an increase of over 40 percent. By comparison, the cost per DOD civilian employee increased by just under 20 percent over the same period. Since 2012, however, the inflation-adjusted cost per service member and per civilian has been remarkably static.

### Specific Compensation Issues

**Pay Raise.** The formula in existing law would lead to a 2.3 percent pay raise in January 2016. The House is silent on the issue, in effect supporting the 2.3 percent pay raise. The Senate supports the President’s budget request of a 1.3 percent pay raise and also would prohibit a pay raise for general officers. The Senate position saves \$717 million in FY 2016 and \$4.8 billion over five years. Unless Congress explicitly enacts the 2.3 percent pay raise into law, the President can waive current law and implement the lower pay raise.

**Basic Allowance for Housing.** Basic Allowance for Housing (BAH) is a tax-free payment that service members receive to cover the cost of their housing, which is based on the average rental costs in particular geographic areas. The FY 2015 NDAA reduced BAH from 100 percent to 99 percent of the area average rental cost. The President’s budget proposed reducing BAH from 99 percent to 95 percent of area average rental cost. The House bill does not allow for this reduction. The Senate bill includes the BAH reduction, which saves \$389 million in FY 2016 and \$3.8 billion over five years.

**BAH Reduction for Married Couples and Housemates.** Under current law, two service members who are married can each receive BAH regardless of whether they live together or separately. Additionally, nonmarried service members can live together and still receive the full amount for BAH. The Senate prohibits married service members assigned to the same duty location from both receiving BAH and reduces the BAH for unmarried service members who live together. This saves \$77 million in FY 2016 and \$1.7 billion over five years. The House is silent on this topic.

**Commissaries.** The Defense Commissary Agency runs 241 stores around the world, including 178 in the United States, to sell groceries to service members and retirees at cost plus 5 percent. The 5 percent surcharge does not cover the full operating costs, so each year an appropriation is required to cover this deficit. In 2014, DOD contributed \$1.4 billion to subsidize the commissaries. The President’s budget proposed reducing this subsidy and making a variety of changes in how commissaries operate, which would reduce the subsidy by \$322 million in FY 2016 and save \$4.4 billion over five years. The House bill prohibits these changes and includes funds to pay for the FY 2016 costs of the current program. The Senate does not add additional funds and allows some of the proposed reforms to be implemented. A Heritage Foundation paper has recommended cutting the commissary subsidy.

**Retirement.** In January 2015, the Military Compensation and Retirement Modernization Commission (MCRMC) issued its final report, in which it proposed a significant overhaul of military compensation and retirement. One of the most significant proposals is to move from a defined-benefit retirement plan to a blended-benefit retirement plan. Today, service members who serve for 20 or more years earn a pension (“defined benefit”) and can contribute their own funds to the government’s version of a 401(k) retirement plan, the Thrift Savings Program (TSP). The MCRMC proposed reducing the pension for those who serve 20 or more years in exchange for government contributions to the TSP. Under the current system, 83 percent of enlisted service members and 51 percent of officers do not receive any government-sponsored retirement benefit for their military service. Both the House and the Senate included blended retirement plans starting in FY 2018, but with some differences. A Heritage Foundation paper supports military compensation reform.

One area of difference between the House and the Senate is the lump-sum payment option. The Senate includes a provision allowing a military retiree to receive a lump sum upon retirement in exchange for not receiving monthly pension checks until the age of 67. The

service member could also choose to receive half of the lump sum and still receive half of his or her pension payments until age 67. In both scenarios, full pension payments would resume at age 67. According to the Congressional Budget Office (CBO), the average lump-sum payment would exceed \$250,000. This lump sum would give military retirees access to capital immediately upon retirement and would enable them to buy property, pay for a child's college tuition, or start a business. However, the lump-sum benefit is financially complicated for the government. If a service member chooses to receive a lump sum, the government is paying more to the service member up front and less over the long term. For budgetary purposes, this means that there is increased mandatory spending in the near term in exchange for reduced mandatory spending over the longer term. The CBO estimates that the lump-sum benefit would increase mandatory spending by \$2.1 billion from 2018 to 2025 and would accelerate in the following decade. The increase in spending would accelerate beyond 2025, as an increasing number of military members would be bound by the rules of the new retirement system and would thus be eligible for a lump-sum payment when they retire. Eventually, however, the savings from the reduced and foregone annuities would exceed the annual spending on lump-sum payments.

**TRICARE.** The President's budget proposed a number of changes in TRICARE. These changes were proposed in addition to a series of changes that have been instituted by the FY 2012, FY 2013, FY 2014, and FY 2015 NDAs. In the FY 2015 NDA in particular, TRICARE pharmacy co-pays were increased by \$3, and maintenance drugs were required to be dispensed only via on-base pharmacies or via mail order. The President's budget also proposed consolidating the various TRICARE health plans, adding an enrollment fee for TRICARE-for-Life and increasing pharmacy co-pays. The House does not accept any of the President's proposed changes in TRICARE. The Senate, however, does include the TRICARE pharmacy co-pay increases. Under the Senate bill, pharmacies on military bases will still provide free prescriptions to eligible recipients. However, starting in FY 2019, the co-pay for generic prescriptions purchased at retail pharmacies will go up by \$1 per year. Co-pays for brand name and non-formulary drugs will be increased as well. The CBO estimates that this change will save \$2.3 billion in discretionary funding in the first five years. TRICARE co-pay increases will also affect mandatory spending and in this case will save \$1.4 billion over the first five years and \$3.8 billion over the first 10 years.

### **Impact on the Federal Debt**

According to the CBO, the House bill increases the national debt by \$330 million over the first five years and a total of \$1.3 billion over the first 10 years. This is due to the decreased income tax revenue as service members contribute to the TSP. However, once the retirement provisions are fully implemented, the bill would save approximately \$10 billion per year. The Senate also reduces tax revenue by \$1.1 billion due to TSP contributions. However, the Senate reduces the deficit by \$1.96 billion in the first five years and a total of \$3.8 billion over the first 10 years. This is due primarily to the TRICARE pharmacy co-pays and BAH reductions for veterans on the GI Bill. However, due to the lump-sum provision, the CBO believes that in the decade after 2025, this bill will increase deficits by approximately \$18 billion. These lump-sum payments would be offset in subsequent decades but would take time to accrue.

## Enacting Major Reforms

Military personnel are the most important part of America's national defense. In addressing compensation and benefits for military personnel along with the full range of federal programs, Congress should take appropriate account of the nation's need to both (1) reduce federal spending and ensure effective use of taxpayer resources, and (2) provide a strong national defense, including by continuing to attract to and retain in military service highly qualified, talented, and experienced individuals. As it finalizes the FY 2016 NDAA, Congress should therefore:

- Focus on the most important reforms. The introduction of a blended-benefit retirement system will be of significant value to the vast majority of service members who do not receive any government-sponsored retirement benefit today. It will also produce significant savings, which will allow DOD to focus on its primary task of protecting America.
- Protect married service members. Married service members should not be financially penalized for being married. This is unfair and discourages those in uniform from committing to marriage.
- Be clear about the costs and benefits of the lump-sum proposal. The lump-sum benefit is a good policy that gives service members more options and produces savings for DOD. However, the lump sum proposal also carries a significant mandatory spending cost.
- Reform TRICARE entirely. Increasing pharmacy co-pays does not address the larger reforms in TRICARE that need to be made. Instead, Congress should move service members and their dependents into the same commercial health insurance system that federal employees use. [Source: the Heritage foundation | Justin T. Johnson | August 7, 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 31 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 Pfc. George L. Rights, 23, of Winston-Salem, N.C., will be buried Aug. 9, in his hometown. In February 1951, Rights and elements of Battery B, 15th Field Artillery (FA) Battalion, 2nd Infantry Division (ID), were supporting the Republic of South Korea when the 15th FA was attacked by Chinese forces near Hoengsong, South Korea. Elements of the 2ID suffered more than 200 casualties, and more than 100 men were taken as prisoners during this attack. Following the battle, Rights was reported as missing in action. In 1953, during a prisoner of war exchange historically known as Operation Big Switch, returning American soldiers who had been held as prisoners of war reported that Rights had been captured by Chinese forces, and died in May 1951, in a prisoner of war camp, known as Bean Camp, in Suan, North Korea.

Between 1990 and 1994, North Korea turned over to the U.S. 208 boxes believed to contain the remains of more than 400 U.S. servicemen who fought during the war. North Korean documents turned over at that time indicated that some of the remains were recovered from the area where Rights was believed to have died. To identify Rights' remains, scientists from the DPAA and the Armed Forces DNA Identification Laboratory (AFDIL) used circumstantial evidence and two forms of DNA analysis including; mitochondrial DNA, which matched his brother and sister, and Y-chromosome Short Tandem Repeat DNA (Y-STR) analysis, which matched his brother and nephew.

The Department of Defense POW/MIA Accounting Agency (DPAA) announced 6 AUG 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 Cpl. Nehemiah E. Butler, 19, of Pocomoke City, Md., will be buried Aug. 10, in Arlington National Cemetery, near Washington D.C. In late December 1950, Butler and elements of Company C, 19th Infantry Regiment (IR), 24th Infantry Division (ID), were deployed near Seoul, South Korea, when their unit was attacked by enemy forces. During the attempt to delay the enemy forces from advancing, Butler was separated from his unit while moving towards a more defensible position. Butler was reported missing Jan. 1, 1951. On July 19, 1951, a Republic of South Korea military officer told U.S. Army Graves Registration Services (AGRS) personnel about the remains of a U.S. serviceman, who, died and was buried near the village of Chik-Tong-ni. The AGRS team located the remains. Due to lack of documentation, the remains were declared unidentified. The remains were interred as unknown at the U.N. Military Cemetery in Tanggok, and were later disinterred and transferred to the Central Identification Unit (CIU) in Kokura, Japan. In 1955, the

remains were transferred to the National Memorial Cemetery of the Pacific (NMCP), commonly known as the "Punchbowl".

In 2009, the Department of Defense (DoD) re-examined records and concluded that with advances in technology, the possibility of identification of some of these unknowns buried in the Punch Bowl now existed. In the identification of Butler's remains, scientists from the DPAA and the Armed Forces DNA Laboratory (AFDIL) used circumstantial evidence, dental and chest radiographs comparison, and mitochondrial DNA analysis, which matched his sister.

The Department of Defense POW/MIA Accounting Agency (DPAA) announced 31 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 Cpl. Donald A. Therkelsen, 23, of Chicago, will be buried Aug. 8, in Medical Lake, Wis. In July 1953, Therkelsen was assigned to Medical Company, 1st Battalion, 15th Infantry Regiment, 3rd Infantry Division (ID). On July 16, 1953, Chinese forces launched a massive attack, commonly known as the Battle of Kumsong, centered along the Kumsong River, North Korea. The attack caused Therkelsen and elements of the 3rd ID to withdraw to a more defensible position. Therkelsen was reported missing in action July 17, 1953. In June 1955, a military board interviewed three U.S. soldiers who all stated that Therkelsen died while providing aid to a fallen soldier during the battle. Based on this information, the military review board amended Therkelsen status to killed in action. His remains were not among those returned by Chinese forces during Operation Glory in 1954.

Between 1990 and 1994, North Korea turned over to the U.S. 208 boxes of human remains believed to represent 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 Therkelsen DNA Identification Laboratory (AFDIL) used circumstantial evidence, chest radiography analysis, and mitochondrial DNA analysis, which matched his cousins.

## **World War II**

The Department of Defense POW/MIA Accounting Agency (DPAA) announced 6 AUG that the remains of a 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. Stephen V. Biezis of Chicago will be buried Aug. 14, in Arlington National Cemetery. His co-pilot, 1st Lt. James F. Gatlin of Jacksonville, Florida, was buried Jan. 30, in Bushnell, Florida. On Dec. 23, 1944, Biezis and his crew of five were assigned to the 575<sup>th</sup> Bombardment Squadron, 391st Bombardment Group, 9th Air Force and were deployed to Germany. Biezis was the co-pilot of a B-26C Marauder that crashed after being struck by enemy fire while on a bombing mission against enemy forces near Ahrweiler, Germany. Biezis, Gatlin and three other crew members were reported killed in action. His remains were not recovered during the war. One of the crew members parachuted from the aircraft but was captured and held as a prisoner of war by German forces. Following his release, he reported to U. S. officials that he had no knowledge of the fate of the remaining crewmen.

Following the war, the American Graves Registration Command (AGRC) conducted investigations on the loss of Biezis and his crew and successfully located the crash site, near Manderscheid and Bettenfeld. The remains of two crewmen were recovered. On May 27, 1999, a U.S. team investigating World War II losses in Germany visited a crash site near Bettenfeld. Two German nationals had researched the crash site and showed the team artifacts that were found and turned over remains collected from the site. Those remains were identified as Army Air Forces Staff Sgt. Joe R. Sanchez, 20, of Los Nietos, Calif. He was accounted for in March 2011 and returned to his family for burial with full military honors. Between 2011 and 2014, the Department of Defense teams traveled to Bettenfeld and conducted operations at the crash site. To identify Biezis' remains, scientists from DPAA and the Armed Forces DNA Identification Laboratory (AFDIL) used forensic identification tools to include mitochondrial DNA, which matched his sister and cousin.

The Department of Defense POW/MIA Accounting Agency (DPAA) announced 11 AUG that servicemen, missing from World War II, have been accounted for and their remains are being returned to their families for burial with full military honors. Army Air Forces 1st Lt. William P. Cook of Alameda, California; Flight Officer Arthur J. LeFavre of Red Bank, New Jersey; Staff Sgts. Maurice J. Fevold of Chicago, Frank G. Lane Jr. of Cleveland and Ward C. Swalwell Jr. of Chicago; and Sgt. Eric M. Honeyman of Alameda, California, have been accounted for and will be buried with full military honors. Cook was buried Oct. 18, 2014, in Oakland, California. Fevold was buried Oct. 20, 2014, in Ft. Dodge, Iowa, and Lane was buried May 2 in Willoughby, Ohio. Honeyman was buried on June 22 in Trail, British Columbia, Canada. LeFavre will be buried on Aug. 18 in Arlington National Cemetery. The group representing the crew will be buried on Aug. 18 in Arlington National Cemetery. Swalwell will be buried on Aug. 20 in Arlington National Cemetery.

On Dec. 23, 1944, Cook along with five other B-26G Marauder crewmembers took off from Saint Quentin, France, on a mission to bomb an enemy-held bridge in Eller, Germany. The aircraft was shot down by enemy anti-aircraft fire near Seffern, Germany, near the Belgium border. Following World War II, the Army Graves Registration Command (AGRC) conducted extensive field investigations and was unable to locate the aircraft and the crew. In May 1949, AGRC concluded the crew members were unrecoverable. In 2006, a group of researchers from Airwar History Working Group Rhine-Moselle and History Flight -99<sup>th</sup> Division MIA Project located the wreckage of a B-26G associated with the loss of this crew, near Allmuthen, Belgium and notified the U.S. Army Mortuary Affairs Activity – Europe. In 2007, a Department of Defense (DoD) team investigated the site and recommended it for excavation. In 2012 and 2013, another DoD team excavated the crash site and recovered human remains, aircraft wreckage, and personal effects.

- To identify Honeyman's remains, scientists from DoD and AFDIL used circumstantial evidence and forensic identification tools including, partial Y-Chromosome Short Tandem Repeat (Y-STR) DNA, which matched Honeyman's paternal-line cousins.

- To identify Cook's remains, scientists from DoD and the Armed Forces DNA Identification Laboratory (AFDIL) used circumstantial evidence and forensic identification tools, including mitochondrial DNA, which matched Cook's maternal-line cousins.
- To identify LeFavre's remains scientists from DPAA and the Armed Forces DNA Identification Laboratory (AFDIL) used circumstantial evidence and forensic identification tools, including, mitochondrial DNA, which matched LeFavre's maternal-line niece and grandniece.
- To identify Lane's remains, scientists from DPAA and AFDIL used circumstantial evidence and forensic identification tools including, partial Y-Chromosome Short Tandem Repeat (Y-STR) DNA, which matched Lane's paternal-line nephew.
- To identify Fevold's remains, scientists from DoD and AFDIL used circumstantial evidence and forensic identification tools including, mitochondrial DNA, which matched Fevold's maternal-line niece.
- To identify Swalwell's remains scientists from DPAA and the Armed Forces DNA Identification Laboratory (AFDIL) used circumstantial evidence and forensic identification tools, including, mitochondrial DNA, which matched Swalwell's maternal-line sister and niece. [Source: <http://www.dpaa.mil> | August 14, 2015 ++]

## **Combat Vet Enhanced Benefits Update ► 35K+ Vet Claims on Hold**

More than 35,000 combat veterans are allegedly being denied health care enrollment by the Department of Veterans Affairs because of a computer system error, according to an internal document obtained by The Huffington Post. Scott Davis, a program specialist at the VA's Health Eligibility Center in Atlanta and a past whistleblower on VA mismanagement, provided HuffPost with a recent VA analysis of the number of combat vets, by city, who are listed as "pending" for health care enrollment because they didn't complete a so-called means test, which assesses their household income. Many vets have to submit a means test to be enrolled, but it's not required for combat vets, who are automatically eligible for five years of free care. The policy is spelled out on the VA's website.

The document shows that 35,093 combat vets who applied for health care aren't getting it because the VA system has erroneously flagged them as needing to submit a means test. "The VA has created an illegal, artificial barrier for people to access care," Davis said. "We're not talking about people who didn't get care because they didn't want it. We're talking about people who turned in applications and VA said, 'No, go into a backlog because you didn't give us financial information.'"

VA spokeswoman Walinda West confirmed that combat vets aren't required to provide financial information to be enrolled in health care. "VA is actively taking action to enroll and further reach out to these Veterans (by telephone and letters) due to the length of time some

of these applications have been pending," West said. The vast majority of these combat vets served in Iraq or Afghanistan. About 16,000 of them have been pending for more than five years, while about 19,000 have been pending from between one month and five years. Combat vets lose their eligibility for free health care after five years.

The VA is denying that the computer glitch caused the combat veterans to be denied VA Health Care saying that the problem rests with incomplete applications. "The computer system is operating as it was designed and according to VA policy," spokeswoman West said. What is happening is that some veterans did not answer questions on income eligibility or, alternatively, agree to cover applicable co-pays for noncombat related care. "If a combat veteran declines to provide income information, there are two questions that must be answered related to paying copays for non-combat related care," she said. "If these last two questions are not answered during the intake process, the application is placed into a pending status." West said the financial questions are partly intended to ensure that veterans with less means get additional benefits, including travel for beneficiaries and exemptions for co-pays for care not related to military service. They are not required to fill out the income questions, she said, but if they decline to do so they are asked to agree to cover any non-military service related care co-pays. If they do not complete the last part after declining to provide income information, she said, the applications goes into pending status. She said the VA makes "multiple attempts" to reach veterans and get the information if their applicators end up in pending status, but did not say how frequently. She also acknowledged that the department has identified a problem with "frontline employees" communicating directly with veterans, and that it is developing teaching aids to help them improve.

The document comes on the heels of another leaked VA document from April showing that nearly one-third of 847,000 vets with pending applications for health care had already died. Davis contacted the House and Senate veterans affairs committees about the glitch. The House committee reached out to VA officials on 3 AUG asking for details, but hasn't heard back yet. A spokeswoman for the Senate committee said committee staff are scheduled to meet with VA officials at the Health Eligibility Center this week and plan to press for information on this issue. VA management has known about the problem since at least April. Last month, they issued a "change request" directing their systems management staff to create a computer script to "automatically complete a means test" for all pending combat vets. [Source: Huffington Post & NAUS Weekly Update | Jennifer Bendery | August 8 & 14, 2015 ++]

## ***VA Vet Choice Program Update ► Permanent VA Choice Card Act***

Senator John McCain (R-AZ) has introduced legislation "Permanent VA Choice Card Act" that would allow any veteran enrolled in the agency's insurance network to seek private care any time they'd like by getting rid of criteria like the 30-day wait time to get an appointment at their local facility or needing to live more than 40 miles from a VA facility. McCain's legislation would

essentially make the “Choice Card” pilot program permanent. The original restrictions and the three-year length of the program were put in place because of the astronomical costs associated with allowing veterans to receive care from private physicians.

The House passed legislation last month that in effect would make the Choice Card permanent, but it kept many of the cost-saving features that the McCain bill would do away with. If passed it would apply with to hospital care and medical services furnished on and after the date that is 90 days after the date of the enactment of the Act.

TREA has always opposed privatizing VA health care but the crisis in wait times that were revealed in the last two or three years made it clear that offering certain veterans the option of going to private doctors was needed. Certainly, one of our concerns about the McCain bill is the effect it would have on the VA. Would it erode VA infrastructure or would it rob from some veterans to pay for private care for other veterans? These are important questions that we will be asking if the McCain bill seems to gain momentum in the Senate. Secretary of Veterans Affairs Bob McDonald has expressed his opposition to privatizing VA health care. “What would be lost by privatization would put veterans at risk and be a significant loss to the American public,” he stated. He also said that some members of Congress have asked him, “Why don’t you just blow up VA and give out vouchers?” [Source: TREA | News for the Enlisted | August 10, 2015 ++]

## ***PTSD Update ► Treatment Effectiveness Study***

A new study published 4 AUG suggests commonly used first-line treatments for PTSD in veterans may not work as well as medical experts once thought. The number of American veterans who suffer from PTSD continues to be a serious national public health problem. Recent data show that more than 200,000 Vietnam War veterans still have PTSD (<http://time.com/3967590/vietnam-veterans-ptsd>) , and other research shows that around 13% of Iraq or Afghanistan veterans who experienced combat have PTSD. The numbers continue to climb. As TIME previously reported, PTSD diagnoses among deployed troops grew by 400% from 2004 to 2012.

Now new research, published Tuesday in the Journal of the American Medical Association, reveals that go-to treatments for the disorder may not be as effective as many in the medical community may have believed or hoped. To reach their findings, researchers from the Steven and Alexandra Cohen Veterans Center for Post-Traumatic Stress and Traumatic Brain Injury at NYU Langone Medical Center reviewed 36 randomized control trials of psychotherapy treatments for veterans suffering from PTSD over a 35-year span.

Two of the most commonly used treatments—and the most widely studied—are cognitive processing therapy (CPT) and prolonged exposure (PE) therapy. CPT is a treatment that focuses on changing dysfunctional thoughts, and exposure therapy is meant to help patients face what’s causing them stress and fear. The research showed that while up to 70% of the men and

women who received CPT or PE experienced symptom improvements, around two-thirds of people receiving the treatments still met the criteria for a PTSD diagnosis after treatment. The researchers note that current veterans affairs policies emphasize the use of the two methods as treatments of choice. The researchers also argued that veterans with PTSD are likely to have worse outcomes from treatment compared to civilians with PTSD. Though the researchers are unsure why that is, there's some speculation: "Compared to civilian traumas such as car accidents and natural disasters, military deployment involves repeated and extended trauma exposure," says study author Maria M. Steenkamp, an assistant professor of psychiatry at NYU Langone. "It also involves not just life-threat, but exposure to traumatic losses and morally compromising experiences that create shame and guilt." Veterans are also more likely to have additional mental health issues such as anxiety or substance abuse, she adds.

The researchers also raise the question of whether focusing on trauma during PTSD treatment is really that effective. Based on their review of the trials, they found that when CPT and PE were compared to nontrauma focused psychotherapy, patients showed similar improvement. However, not everyone agrees that the findings should be cast in such a light. Dr. Paula Schnurr, the executive director of the National Center for PTSD under the U.S. Department of Veterans Affairs says there's no consensus that veterans have a more difficult time overcoming PTSD symptoms compared to civilians, and adds that some people who treat veterans feel avoiding fears and trauma perpetuates problems, rather than processes them. In addition, symptom improvement is an important part of PTSD treatment since it improves veterans' quality of life. Schnurr was not involved in the study, though some of her own research was analyzed in it. *"If a person has a meaningful response, they have a meaningful improvement in their quality of life," says Schnurr, adding that many treatments for other mental health conditions have similar outcomes. "As scientists we will always try to enhance the effectiveness of these treatments for more people...My takeaway message [from the study] is one of optimism and also encouragement for people to seek treatment."*

The researchers say other treatment options should continue to be explored, and there are practitioners who are trying different methods, from acupuncture to healing touch therapy. Another new study published 4 AUG in JAMA (<http://jama.jamanetwork.com/article.aspx?articleid=2422542>) looked at 116 veterans with PTSD who either underwent mindfulness-based stress reduction therapy that focused on being present and non-judgmental in the moment or a present-centered group therapy that focused on current life problems.

The results showed that those in the mindfulness group had a greater improvement in self-reported PTSD Symptom severity. However, they were no more likely to lose their PTSD diagnosis. There may not be a cure yet for PTSD, but the amount of research looking into how to improve or innovate treatments is encouraging. Veterans who need support can find resources at <http://www.ptsd.va.gov/apps/AboutFace>. [Source: TIME | Alexandra Sifferlin | August 5, 2015 ++]

## **VA Whistleblowers Update ► VA's Watchdog Office is Failing Them**

A year after the Department of Veterans Affairs scandal came to light, whistleblowers and lawmakers on 30 JUL lamented what they see as an absence of reforms and employee protections. "This is the Veterans Affairs, a taxpayer-funded agency which is allowed to ignore the law and behave with brazen impunity," said Lisa Nee, a former cardiologist at an Illinois VA hospital who reported hundreds of unread tests and dozens of unnecessary surgeries. At issue during the Senate Appropriations subcommittee hearing was the department's Office of Inspector General, tasked with investigating whistleblower complaints—especially after last year's revelations. According to witnesses, however, the OIG has failed to do so. "Frankly, the malignant culture is so pervasive at the Phoenix VA in all levels of administration that there are only two reasons why an IG team would fail to substantiate bullying behavior," said Katherine Mitchell, the doctor who discovered the secret Phoenix wait-lists. "The first is that it deliberately chose to not look for the behaviors. Or the second: It has such poor investigative training skills that it could literally not investigate its way out of a paper bag." Last month, acting VA Inspector General Richard Griffin resigned amid accusations that he whitewashed his department's reports throughout the scandal's duration.

The post is currently vacant. "It's deeply disturbing that the administration continues to drag its feet on filling the inspector-general position at the VA ... despite the crisis that exists within that agency," Republican Sen. Susan Collins said. Linda Halliday, the deputy inspector general, now serves as the department's de facto director. Halliday announced several steps taken in recent weeks to apparently strengthen whistleblower protections, but she pushed back at arguments by whistleblowers that they should be allowed to remain anonymous when bringing complaints forward. "In many cases, these referrals involve veterans' complaints regarding specific episodes of medical care, and it is not possible for VA to review the complaint without the OIG disclosing the identity of the complainant," Halliday said. Whistleblower claims can be difficult to verify, she added. "Vague allegations often present a task akin to looking at a needle in a haystack." But the whistleblowers weren't happy with this characterization. "It's much easier to kill the messenger than it is to fix the problem," said Mitchell, who submitted a 54-page written testimony for the record.

Nee testified that Griffin, the former inspector general, wrote a letter to Republican Sen. Mark Kirk, chairman of the Military Construction and Veterans Affairs Appropriations Subcommittee, saying her claims lacked evidence. "They had evidence the first time, they had evidence the second time. They have two hours of testimony," Nee rebutted. "You have to think about that," she continued. "Someone is putting, in a letter to a senator of the United States and then it goes out on a press release, that you are a liar." When asked by Kirk if anything has changed at the Phoenix VA, Mitchell said, "Retaliation is alive and well. I have many friends ... that are scared to speak up." And when Kirk asked Nee about her VA hospital in Chicago, she said, "Nobody was held accountable for the allegations that were substantiated, except people were

told not to do that again. So if that's someone's definition of accountability, then, I suppose 'yes.' " Carolyn Lerner, head of the U.S. Office of Special Counsel, said her agency is on pace to receive over 3,800 prohibited personnel-practice complaints from federal workers this year. Thirty-five percent of those will be from VA employees, she said, noting that the OSC resolved three VA whistleblower complaints last week. "It shows how widespread this corruption is," Kirk commented. "It's happening nationwide; that's right," Lerner replied. [Source: National Journal | Colby Bermel | July 31, 2015 ++]

## **VAMC St. Cloud MN Update ► Probe Finds Mismanagement**

The St. Cloud Veterans Affairs Medical Center has suffered mass resignations of health care providers, sending patient loads soaring and leading to rampant cancellations of veteran health care appointments, and the center's leadership has fostered a work environment where employees are scared to report problems, an internal VA probe concluded. The investigation found pervasive "fear of reprisal and not wanting to get on the bad side of the medical center director and chief of staff." Between 2011 and 2013, more than two dozen primary care doctors resigned. Average workloads per doctor skyrocketed to 1,800 patients in July 2013, up by more than 400 patients from only a month earlier. Care delivery site data showed the appointment cancellation rate hit 40 percent. Employee satisfaction ranked among the lowest of any VA facility in the country in 2013 and 2014, according to statistics cited by investigators and the VA inspector general.

St. Cloud VA officials say that since the investigation was completed in January 2014, they have hired more doctors, decreased patient loads, instituted supervisory training and conducted regular employee town halls to improve communication. "We have taken the review findings seriously and have instituted numerous actions to correct the deficiencies noted," spokesman Barry Venable said in a statement. But union officials who represent St. Cloud employees say problems remain. "It's just a sick, pervasive, toxic environment up there," said Jane Nygaard, national vice president of the American Federation of Government Employees.

The problems have simmered without public knowledge for years, in part because of a little known complaint resolution system that allows the VA to investigate itself and close cases without notifying the public. Complaints to the agency's inspector general's office, which is responsible under federal law for acting as an independent watchdog to root out mismanagement within the VA, are routinely referred to local and regional VA officials to investigate, fix any problems and report back. If the inspector general's office believes they have adequately addressed any issues, it closes the case without releasing the investigation report.

That's what happened with the St. Cloud probe. But a whistleblower at the Phoenix VA obtained a copy of the investigation report and is making it public for the first time while calling

for the release of other similar reports from across the country. “Ideally all of them (should be released) for complete transparency, but at least the substantiated reports need to be public record,” said Dr. Katherine Mitchell, who helped expose the patient wait-time scandal that led to the resignation last year of former VA Secretary Eric Shinseki. “Right now it’s going to be up to the public to demand follow-up, because the IG doesn’t seem to be following up.” The inspector general received 62,316 complaints between Oct. 1, 2013, and March 31 this year, according to reports submitted to Congress. Of those, the inspector general opened 2,424 cases. It’s unclear how many of those resulted in substantiated claims that were never made public. Catherine Gromek, a spokeswoman for the VA Office of Inspector General, did not respond to messages seeking comment.

Someone complained to the inspector general about conditions at the St. Cloud VA after five health care providers resigned from the facility in a six-week span during summer 2013. The inspector general asked regional VA officials who oversee the facility to investigate. The complainant, who is not named in the investigation report, recounted the mass resignations and said providers were treated in an “abusive and disrespectful manner by management.” The complainant further alleged that veteran care was jeopardized, and facility management did not respond adequately to what was happening. The regional VA investigators concluded that veteran care was not compromised, but they did confirm that “excessive workloads” led to mass departures of health care providers and that providers were treated in a “disrespectful manner” by senior management.

The investigators dismissed claims from facility leadership that complaints came from a “small group of disgruntle(d) employees,” and pointed to employee satisfaction surveys in 2013 that showed higher discontent among St. Cloud employees than the national VA average. The report said facility managers were trying to correct the problems with an aggressive recruiting push, attempts to better retain staff with a mentoring program for new hires and slower orientation, and pledges that facility Director Barry I. Bahl and Chief of Staff Dr. Susan M. Markstrom would meet regularly with providers to improve communication. But a year later, a separate inspector general report issued in January 2015 said employee satisfaction at the St. Cloud VA remained low in 2014, ranking among the 25 lowest-scoring VA facilities out of 128 across the country. And Nygaard, the AFGE union representative who has traveled to St. Cloud to represent VA employees, said senior managers have done little to improve the work environment. “They continue to lose doctors,” Nygaard said. She said employees still are scared to report problems for fear of retaliation from management.

Venable contends the data in the January 2015 report was outdated and said the most recent data shows employee satisfaction has improved the facility’s rank to among the 50 lowest facilities in the country. He said improvements indicated “an increase in the providers’ belief that they can bring up problems.” He said recruiting and retention challenges faced by the facility mirror those of the health care industry as a whole, which is facing provider shortages. And he said finding people to work at a facility in rural Minnesota can be “very challenging.” Nevertheless, he said, the facility hired eight doctors and 14 mid-level providers in 2014. “The

St. Cloud VA Health Care System is focused on providing high quality health care in a timely manner and delivering it with a positive experience,” he said. “When we fall short of these goals, we take steps to correct deficiencies.” [Source: USA Today | Donovan Slack | August 8, 2015 | ++]

## ***Arlington National Cemetery ► Expansion Scale Back***

An expansion of Arlington National Cemetery could be scaled back because the county and state of Virginia want to build a bus facility, according to Sen. John McCain. McCain sent a letter to Army Secretary John McHugh on Wednesday calling the possibility “shameful” and urging the service to maximize the number of plots in the project. The national cemetery could reach capacity within a decade and is encouraging cremations and enforcing strict burial regulations to save space. But the Navy Annex facility that once overlooked the Pentagon has been demolished and offers an opportunity for an additional 7,600 internment sites. “It would be shameful to have to tell the family of a fallen American hero that there is no space available at Arlington National Cemetery, because rather than expand its grounds, Arlington County and the Virginia Department of Transportation decided to build a bus maintenance facility,” McCain wrote in a copy of the letter to McHugh shared with media. The county and state want to realign Columbia Pike, a state highway, in a way that leaves space for the busing facility, he wrote. Arlington County and the Virginia Department of Transportation did not return calls for comment. “As you proceed with discussions on this matter ... I encourage you to pursue a solution that maximizes property for the cemetery and restricts incompatible use, and to use whatever tools available to you to ensure this outcome,” McCain told McHugh. [Source: Stars & Stripes | Travis J. Tritten | August 13, 2015 ++]