



## Federal Update for August 3 - 7, 2015



**Starting on August 17, 2015, the Federal Update will be posted on Monday instead of Friday.**

### ***Sequestration Update ► Obama Reiterates Budget Bill Veto Pledge***

President Obama on 21 JUL reiterated his pledge to veto defense budget bills if Congress does not lift mandatory spending caps on several federal agencies, saying Republican funding plans jeopardize national security. “(Sequestration) is not the way to keep our armed forces ready ... or to keep America strong,” he told attendees at the Veterans of Foreign Wars annual convention in Pittsburgh. “These mindless cuts need to end.” The comments were greeted with applause from veterans advocates even though the threat could undermine a host of military policy updates and reforms in coming weeks.

Lawmakers are finalizing details of the 2016 defense authorization bill this week — legislation that includes provisions to overhaul the military retirement system and the Pentagon’s acquisition processes. But the bill also is based on a \$612 billion spending plan for the Defense Department in fiscal 2016 that uses temporary war funds to sidestep spending caps mandated under the 2011 Budget Control Act. Republicans have insisted the plan fully fund military needs without providing unnecessary money for other government agencies, and accused Obama of putting bloated federal programs ahead of troops’ needs. But in his speech to the VFW, Obama again argued that national defense depends on more than military might and that the spending caps are hurting diplomatic and homeland security operations. “We cannot expect the military to bear the entire burden of our national security alone,” he told the crowd. “Everyone has to bear that.”

Obama said his budget plans — which would require lawmakers to repeal the Budget Control Act — would “keep the military strong” despite drawdowns in active-duty end strength in coming years. He accused his critics of “playing partisan politics when it comes to national security,” reversing the same charge his opponents have used against him for months. VFW officials have made ending sequestration their top lobbying priority in recent months and issued a statement days before the convention calling it the “most significant military readiness and national security threat of the 21st century.”

Obama's address largely focused on military and national security issues, with more lobbying for the newly announced nuclear deal with Iran and discussion of ongoing military efforts in Afghanistan and Iraq.

But the president also acknowledged the need for further reforms within the Veterans Affairs Department, still under harsh public scrutiny more than a year after its former secretary was forced to resign following revelations of widespread records manipulation and care delays. "Whenever there are any missteps, there are no excuses," Obama told the convention attendees. He said the demand on the VA for health care is exceeding capacity, and officials will need to work with Congress to ensure the department has appropriate funding flexibility to provide services through the end of the fiscal year. [Source: MilitaryTimes | Leo Shane | July 21, 2015 ++]

## **Guantanamo Bay Navy Base Update ► Relations Restoral Impact**

Normalization of relations between the U.S. and Cuba will not immediately impact the American naval base at Guantanamo, officials said this week. In other words, for now, it's business as usual. Cuban flags were hoisted 27 JUL at the Cuban embassy and at the State Department in Washington, marking the end of over 50 years of ruptured diplomatic relations going back to 1961, when those relations were abruptly severed.

But at the U.S. Navy base in Guantanamo Bay — on the far opposite end of Cuba from where the U.S. embassy in Havana has re-opened for full diplomatic business — it was as if nothing unusual had happened. "There's no impact on the base at this point. We're continuing to execute our mission here," said Kelly Wirfel, public affairs officer for the base, the U.S. Navy's oldest overseas outpost. "Those discussions for the normalization of relations are all at a higher level than what is happening here in Guantanamo Bay," Wirfel said. Those sentiments were echoed by Capt. Christopher Scholl, director of public affairs for the Joint Task Force in Guantanamo Bay, which operates independently of the naval base. "Nothing is changed for us," Scholl said. Havana has repeatedly called for the return of the Guantanamo base, leased to the U.S. in 1903.

In a 1934 treaty reaffirming the lease, Cuba granted trade partners free access through the bay and added a requirement that the termination of the lease requires the consent of the U.S. and Cuban governments, or the abandonment of the base by the U.S. When diplomatic relations were officially restored Monday, Cuban foreign minister Bruno Rodriguez repeated the country's request for the "return of the illegally occupied territory of Guantanamo, full respect for Cuban sovereignty and compensation of our people" in order to move the relationship forward.

But Secretary of State John Kerry, who will travel to Havana on Aug. 14 to raise the American flag over the U.S. Embassy, later said: "At this time, there is no discussion and intention on our part ... to alter the existing lease treaty or other arrangements with respect to the naval station in Cuba. "We understand Cuba has strong feelings about it," Kerry went on. "I can't tell you what the future will bring." Wirfel said the topic of returning the base to Cuba had not been broached in any way with the base commander, Capt. David Culpepper. These days, the U.S. Navy holds monthly fence-line meetings with the Cuban frontier brigade. The sessions are held in converted Marine barracks near the 17.4 mile-long security fence. Culpepper conducts the administrative meetings to discuss upcoming scheduled drills with the Cuban representatives.

In June, the Navy conducted a bilateral exercise with Cuban medical responders and emergency services, practicing for the possibility of a fire or accident along the fence line. During these annual exercises, medical responders are allowed to cross over the fence lines, but can't enter into town. Wirfel said the base also is preparing to participate next year in Integrated Advance, an exercise to prepare for a "mass migration event."

In the 1990s, the base conducted Operation Sea Signal, providing humanitarian assistance to 50,000 Cuban and Haitian migrants who flocked to Guantanamo following political and social upheaval in their countries. "Certainly the naval station ... plays a huge role in a lot of things that happen in the Caribbean," Wirfel said.

While the Navy's mission will remain unchanged for now, unexpected shifts in daily life soon may ripple across the base. Foreign contract workers on the base today are mainly Filipinos and Jamaicans. Before relations were cut off with Cuba, those jobs were filled by Cuban workers. If relations continue to improve, the base's contractor workforce may see more Cubans. Another change: Now, children born on the base are not immediately considered U.S. citizens, and must apply for a consular birth report abroad through the U.S. Embassy in Jamaica. When the U.S. Embassy in Havana is fully operational, American diplomats there may take over this role. While the relationship between the U.S. and Cuba thaws, at least in terms of civilian travel to Havana, the limbo for sailors stationed at Guantanamo Bay — who are restricted to the 45-square-mile base and are prohibited from traveling into Cuba itself — remains. "I've never, of course, been into Cuba," Wirfel said. "But I've heard it's beautiful." [Source: Medill News Service | Taylor Hall | July 24, 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**

None

### **World War II**

After 73 years, Pvt. Arthur Kelder, of McHenry, Illinois, who died in a Japanese POW camp in the Philippines during World War II, is finally home. "I feel like a lot of weight has been lifted off my back," said Douglas Kelder, Pvt. Kelder's nephew and primary next-of-kin who went to Hawaii to bring his remains back for internment in a family plot near Chicago. "It's a bittersweet moment. I'm extremely happy that he's finally home, but I'm also a little bit frustrated that it took them so long to identify him." Kelder's family has been fighting throughout these years for his return. Douglas Kelder said Pvt. Kelder's parents kept writing letters to the Army for his remains, but they were told each time that Kelder was "unidentifiable." About five years ago, John Eakin, Douglas Kelder's cousin, got dental records of the grave where Pvt. Kelder was believed to be buried along with nine other soldiers' remains in Manila, Philippines. Douglas Kelder said his father, Herman Kelder Jr., a dentist, put golden inlays on Pvt. Kelder's teeth prior to his induction into military service, and that his father's treatment records matched perfectly with the dental records Eakin got from the government. But the family still didn't get Pvt. Kelder's remains back until they filed a lawsuit against the Army. The challenges to proper identification were many.

- First, according to the Defense POW/MIA Accounting Agency, Pvt. Kelder's remains were commingled along with nine other servicemen in the Philippines who had died in a Japanese POW camp. "Due to the circumstances of the POW deaths and burials, the extensive commingling, and the limited identification technologies of the time, all of the remains could not be individually identified," the agency said.
- Second, the military believed a portion of Pvt. Kelder's remains were buried with four other soldiers who were returned to their families in the United States after the war. As a result, the military had to disinter those four soldiers' remains in order to get all of Pvt. Kelder's bones back to his family.

While the challenges were real, Douglas Kelder said the family kept getting letters from the military saying there was not enough evidence to identify Pvt. Kelder, even though family members felt they had enough evidence to be certain of the location at a cemetery in the Philippines. The final identification was made in the Joint POW/MIA Accounting Command Central Identification Laboratory in Hawaii. The Defense POW/MIA Accounting Agency has been criticized for years for the slow process of recovery and identification of MIAs. Last year, former Defense Secretary Chuck Hagel called for a reorganization of the agency, including developing an initiative to expand public-private partnerships in identifying the unknown. "This key step will expand how DPAA engages with private organizations and individuals to increase our ability to account for missing," Maj. Natasha Waggoner, public affairs deputy at the agency, said. The University of Wisconsin Biotechnology Center is one of the POW/MIA agency's potential civilian partners. Charles Konsitzke, associate director of the center, said there are many possible sites where the Defense Department might not have the time or resources for recovery. "We are not trying to take over any aspect of the recovery and identification," Konsitzke said in a telephone interview. "What we are trying to do is to complement the process." Currently, there are still 78,000 names listed as missing from WWII in the electronic database provided by the Department of Defense POW/Missing Personnel Office. [Source: MilitaryTimes | Siyao Long | July 21, 2015 ++]

The Department of Defense POW/MIA Accounting Agency (DPAA) announced 23 JU that a U.S. serviceman, missing from World War II, has been identified and is being returned to his family for burial with full military honors. Army Air Forces 2nd Lt. Edward F. Barker, 21, of Herkimer, N.Y., will be buried Aug. 1, in his hometown. On Sept. 30, 1944, Barker was the pilot of an P-47D Thunderbolt that failed to return from a training mission in Papua New Guinea. The aircraft was last seen flying north-northwest of Finschhafen, and all search efforts failed to locate Barker and the aircraft. Barker was reported as missing when he failed to return after the mission. A military review board later amended his status to presumed dead. In 1962, a U.S. military team discovered P-47D aircraft wreckage in the mountains of the Huan Peninsula in Morobe Province. The aircraft was correlated to Barker; however, the team found no evidence of the pilot. From Jan. 22-25, 2002, a Department of Defense (DoD) team located the crash site, but no remains of the pilot were discovered during the survey of the site. In late 2012, another DoD team began excavating the site. The team recovered human remains, aircraft wreckage, military gear and personal effects. To identify Barker'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 his niece and nephew. [Source: <http://www.dpaa.mil/NewsStories/Releases.aspx> | July 23, 2015 ++] [Source: <http://www.dpaa.mil> | July 30, 2015 ++]

## **VA Vet Choice Program Update ► Appointments Double in 2 Months**

The number of appointments made and authorized under the Veterans Choice program has more than doubled in the past two months, according to Veterans Affairs Department officials.

As of 26 JUN, VA had granted 115,645 authorizations for appointments and 84,385 appointments have been made under the Veterans Choice program, up from 48,583 authorizations and 40,546 appointments in April. A VA official said the increase can be attributed to a change in the program's eligibility requirements. VA expanded eligibility in late April by changing the 40-mile requirement from a straight distance measure to actual driving distance from a VA medical facility.

The Veterans Choice program was launched in early 2015 to improve health care access to veterans who live in remote areas or have waited more than 30 days for an appointment. Veterans and advocacy groups have pushed for broader expansion of the program, seeking legislation that would allow veterans who live less than 40 miles to a facility to use the program if the medical services they need are not available at their closest VA clinic or medical center. The Senate passed legislation that would allow the change; the House has not yet considered a similar measure.

VA budget officials have asked for flexibility to use some of the \$10 billion marked for the Veterans Choice program for other funding needs, including the Care in the Community medical outsourcing program and hepatitis C medications. VA Deputy Secretary Sloan Gibson told lawmakers that the department faces shutting down hospital operations if it does not get the OK to use VA Choice funds or receive more money. VA officials and lawmakers say they are confident they can reach an agreement on covering a \$3 billion shortfall before the end of July. [Source: MilitaryTimes | Patricia Kime | July 16, 2015++]

## ***VA Budget 2015 Update ► VA Accused of Creating Shortfall Crisis***

Lawmakers are accusing Veterans Affairs Department officials of creating and concealing an almost \$3 billion budget hole that threatens health care for millions, but appear reluctantly willing to move forward on the department's plans for a quick fix before hospital shutdowns occur. VA officials are warning that without a funding shift by 1 AUG, the department will begin closing clinics, canceling private-care appointments and furloughing staff due to a shortage of usable funds in the fiscal 2015 budget. They propose moving about \$3 billion from the new Choice Card program approved by Congress last summer to cover shortfalls in other, separately funded private-care programs — the reason for the shortfall.

On 22 JUL, VA Secretary Bob McDonald touted that plan to members of the House Veterans Affairs Committee as a commonsense move that must be completed quickly. "My worst nightmare is a veteran going without care because I have money in the wrong pocket," McDonald said. "I earlier compared the inflexibility we face to having one checking account for gasoline and another for groceries. The inflexibility we're talking about today is even more puzzling — I can't spend food money for food." But lawmakers on both sides of the political

aisle called that an oversimplification of the problem, which they see as stemming from poor forecasting and poor management by VA officials.

“There’s a lack of trust and transparency, and giving them a blank check is not what we need to do,” said Rep. Jeff Miller (R-FL), chairman of the veterans committee. “They knew they could come at the last minute and force the committee’s hand, and make us appropriate the dollars to fix their budgeting problems.” Miller said he believes the problems stemming from VA leadership decisions undermine the Choice Card program, put in place in response to long wait times facing veterans at health clinics last year. While that program has slowly grown, costs and use of other programs for care outside VA have skyrocketed. McDonald has been asking for months for to get more flexibility with the Choice Card funds, and suggested the wide range of non-VA care options need to be consolidated in future years.

Lawmakers on the committee also complained that the VA gave only a few weeks' warning of the looming budget crisis, despite internal indications months ago that actual spending was veering away from earlier projections. Still, Miller said he sees few other options besides raiding the Choice Card funds to fix the budget shortfall without imperiling services for veterans. Both he and Sen. Johnny Isakson (R-GA) chairman of the Senate Veterans Affairs Committee, said they expect to have legislation drafted by early next week to correct the problem. Isakson blasted the VA for causing public alarm over the possibility of a shutdown, rather than working with Congress for a calmer compromise. But, like Miller, he said veterans should not be caught up in the political games.

Congress and VA officials already are sparring over next year’s budget as well, with early congressional proposals trimming about \$1 billion off the White House's fiscal 2016 request for the department. Lawmakers have promised even closer scrutiny of that \$164 billion appropriations plan before it is finalized in light of the VA's near-term money problems. [Source: MilitaryTimes | Leo Shane | July 22, 2015 ++]

## ***VA Budget 2015 Update ► Bill Passed to Cover \$3.3B Shortfall***

Veterans Affairs Department officials will get the budget help they need to avoid facility shutdowns in August after the Senate approved a last-minute deal 30 JUL. The move comes a day after House lawmakers overwhelmingly backed the plan and about a week after VA Secretary Bob McDonald appeared on Capitol Hill to warn Congress that health care for tens of thousands of veterans could be disrupted without a budget fix. The measure allows the VA to use about \$3.3 billion in funds assigned solely to the new Choice Card program to cover other account shortfalls, a move that lawmakers have resisted over the last year. But McDonald said use of the Choice Card program has grown slowly while outside care programs have increased dramatically, leading to the budget problems.

The measure includes language to consolidate all outside care efforts into a single "Veterans Choice Program," to provide less bureaucracy and better funding flexibility. VA officials must submit plans to do that by November. It also requires biweekly reports to Congress on how the transferred money is being spent, in response to lawmakers' concerns they were caught unaware of the department's mounting financial problems. "We're in this situation, quite frankly, because of gross ineptitude in planning that can only be characterized as malpractice in management," said Sen. Richard Blumenthal (D-CT), ranking Democrat on the Senate Veterans' Affairs Committee, in the moments before the vote. "Congress cannot be expected to continue to bail out VA because of mismanagement." Department officials said they didn't know the extent of the shortfall until the start of the summer, but have warned for the last year that inflexible budget accounts could create such fiscal woes.

The VA funding transfer was included as part of the three-month highway bill extension rushed through Congress in the final days of the summer session. It also includes language expanding the Choice Card program to allow more veterans facing lengthy wait times for VA care to seek private-sector help, including exemptions for veterans who live within 40 miles of a VA clinic to go outside if that facility doesn't offer the specialized services they need. The bill also includes the so-called "Hire More Heroes" Act, billed by Republicans as both a boost to veterans employment and a chance to roll back part of the president's controversial health care law. The measure would allow businesses to hire veterans without having them count as full-time employees under the Affordable Care Act, provided they already have health insurance through the VA or the Defense Department.

Congressional Democrats and the White House have publicly complained about the motivation behind the law but also offered limited objections, calling it a reasonable update to health insurance rules. President Obama is expected to sign the measure into law in the next few days. [Source: MilitaryTimes | Leo Shane | July 30, 2015 ++]

## **VA "IU" Compensation ► Age Ceiling Proposal**

Representatives of The American Legion and Disabled American Veterans have warned lawmakers to reject calls to impose an age ceiling or other new cost control on VA compensation payments to veterans whose service-connected disabilities leave them unemployable. An age ceiling is perhaps the most tempting cost control option discussed in a new Government Accountability Office report that examines weaknesses and inefficiencies in the way the Department of Veterans Affairs administers Individual Unemployability benefits for 318,000 recipients.

Bradley Flohr, a senior adviser on VA compensation for the Veterans Benefits Administration, told the House Veterans Affairs Committee on 15 JUL that VA is adopting more measured GAO recommendations to improve its process of monitoring IU pay and deciding future IU recipients. These steps include fielding improved guidance for VA claim reviewers on

determining IU eligibility, and better quality assurance screens so that IU claim decisions are more consistent across VA regions. VA also promises to launch by January long-delayed software that will allow electronic verification of income reported by IU recipients, by matching it with earnings on file at IRS and the Social Security Administration. VA also promises to study whether VA should use age, or to employ vocational assessments, to tighten eligibility for new IU claimants. More than 316,000 veterans today see their monthly VA disability compensation enhanced by IU eligibility. These are veterans with service-connected disabilities rated below 100 percent by the VA rating schedule. But VA verifies that the same disabilities prevent these veterans from working, at least in jobs that pay wages above federal poverty guidelines. Given IU status, they draw VA compensation at the 100 percent level despite having lower-rated disabilities. To qualify they must have at least one service-connected disability rated at least 60 percent, or two or more disabilities with a combined rating of 70 percent with at least one disability rated 40 percent. They also must be "unable to maintain substantially gainful employment" as a result of their disabilities.

The gain in VA compensation from IU status is significant. A 60-percent disabled veteran with no dependents draws monthly compensation under IU of \$2,907 instead of \$1,059, a difference of more than \$22,000 a year. A 70-percent disabled vet with a spouse and a child and IU status will receive \$3188 a month instead of \$1,531 for their rated disability alone.

The GAO reports concludes that in recent years lax VA procedures have resulted in IU benefit decisions that are not "well supported." The report notes that IU payments increased 30 percent from 2009 to 2013. The compensation gain for veterans from IU status totaled \$5.2 billion in 2013. Rep. Jeff Miller (R-FL) chaired the hearing only long enough to make an opening statement, but he turned a spotlight on concerns raised in the GAO report that, he said, "question of whether VA should consider age as a factor when deciding that a veteran is eligible to receive IU benefits." Miller noted that 180,000 veterans, more than half of those receiving IU benefits, are at least 65 years old. And at ages when many Americans have left the workforce, many vets are filing first claims for IU compensation due to disabilities that prevent them from holding down decent jobs. Even "more surprising," Miller said, "408 veterans age 90 and older began receiving IU benefits for the first time in fiscal year 2013."

The rising number of IU claims and age of claimants are not the result of "a failure or fault in the administration of this benefit," said Paul R. Varela, assistant national legislative director of Disabled American Veterans. Factors truly responsible, Varela said, include increases in the number of VA claims being processed, due in part to an intense outreach to veterans with disabilities; a 2009 easing of rules on rating post-traumatic stress disorders, and a 2010 expansion of the list of diseases presumed caused by Agent Orange exposure during the Vietnam War. Ian de Planque, legislative director for The American Legion, joined Varela in cautioning the committee against reducing or eliminating IU benefits based on age.

- First, he said, current law is clear that a veteran's age shouldn't be considered in eligibility for any VA compensation.

- Second, the rising age of veterans who find they want to work and can't is "reflective of the modern workforce" with the number of Americans over age 65 who are still working having doubled over the past 30 years.
- Third, de Planque said, most U.S. workers can build a retirement nest egg over the course of their working lives to support them in old age. That isn't true for many veterans with service-connected disabilities.

Flohr, testifying for VA, agreed with the veteran service organizations that the notion of using an age threshold, whether set at 65, 75 or 90, as a cutoff for IU benefits is not supported by VA regulation or recent case law involving VA compensation claims. Daniel Bertoni, director of income security audits at GAO, said when veterans "at the outer reaches of these ages" are found eligible for IU, it "strains the credibility" of the program. He suggested that an intent-to-work factor could be built to require new elderly IU claimant to show they "at least tried and fell out of the work force periodically" in, say, the past decade. Rep. Phil Roe (R-TN) agreed that boosting VA compensation of veterans 90 and older due to "unemployability" seems to fail a "straight face test." Roe said he also is sympathetic to arguments that these disabled vets deserve and, most likely, depends today on IU. But because "probably no one is working at that age, we may wish to label it something else."

Interviewed after the hearing, Flohr said that no veterans currently eligible for IU benefits need to worry that the ideas floated by the GAO or debated in Congress will result in their own compensation being cut. "They should have no concern," Flohr said. "The rating schedule specifically states that any time there is a change in the schedule, people are grandfathered at their current evaluation, regardless of whether it would be lowered under the new schedule." [Source: Pensacola News-Tribune | Tom Philpott | July 18, 2015 ++]

## **Center for Women Veterans ► Jobs | U.S Mint/VA Partnership**

Women have served in the U. S. Armed Forces since the Revolutionary War. Today, there are over two million women Veterans across the nation, representing 9.2 percent of the entire living veterans' population. Women are one of the fastest growing segments of the overall Veteran population. Women Veterans face a landscape that continues to evolve with the demands of recent wars, the rescinding of the ground combat exclusion policy for women, and the possibility of challenging readjustments upon returning home. They are also faced with higher unemployment rates, further exacerbated by child care issues, unique health care issues and higher homelessness rates. Accordingly, the VA is stepping-up its efforts to meet these challenges.

In 1994, Congress established the Center for Women Veterans to address the changing needs of women veterans. One of the Center's priorities is to build and enhance partnerships that can enable women veterans to build economic stability and improve their well-being and that of

their families. One recent partnership, established this May, is with the U.S. Mint. Agreed to by Elisa Basnight, the Director of the Center for Women Veterans, and Rhett Jeppson, the Principal Deputy Director of the Mint, the partnership could not have come at a better time—and represented two distinctly separate Federal agencies coming together to solve a problem.

The Mint's circulating coin production levels over the past several months increased dramatically due to an improved economy. The Mint's leadership realized that it needed to add another shift at its Denver and Philadelphia facilities to meet the demand from the Federal Reserve. Both Denver and Philadelphia had been operating with two shifts. Going to three shifts, however, was going to require hiring additional people. And what a better and more deserving force to offer employment opportunities to than our veterans?

The Center for Women Veterans and the Mint held two career fairs—one in Denver and the other in Philadelphia. Although open to the public, the fairs focused on Veterans with a special outreach effort to women Veterans. Available positions included metal forming machine operators; coin manufacturers; tool and parts attendants; and materials handlers.

The first career fair was conducted in May in Philadelphia. Of the 41 attendees, 20 were veterans. All seven selected to be interviewed were offered positions. Four were women. In June, the second fair was held in Denver where 42 individuals attended—38 of which were veterans. Nine Veterans were interviewed and eight were offered positions. Seven of the eight were women. Prior to the career fairs, the Center for Women Veterans alerted VA's Homeless Office to ensure that veterans who are homeless or at risk of being homeless were made aware of the events and able to participate. Both career fairs were considered to be extremely successful and were great ways to say "thanks" to our Veterans in a subtle but still substantive way.

The partnership between the Center for Women Veterans and the Mint continues with the two agencies coming together at upcoming Nationwide Women Veterans Campaign events in various cities around the country. The Campaign events will raise awareness and celebrate the stories of women veterans and provide an overview of services and benefits available to them. Experts will be available to answer veterans' questions, and exhibitors will share information on their resources. For more information on the Campaign events, visit: <http://www.va.gov/WOMENVET/wvCampaign.asp>. [Source: Vantage Point Blog | July 18, 2015 ++]

## ***VA Death Verification System ► 2.7M Active Patients are Dead***

The Veterans Affairs Department's system for verifying whether a veteran is alive or dead contributes to costly or embarrassing errors, including compensation being paid to veterans who have passed away and records indicating they had visited doctors after they died,

according to an internal VA report. The report, a review of the VA's death eligibility system, found that the department's medical records system lists as active patients 2.7 million veterans who are, in fact, dead. But the VA can't expunge them from their rolls because the death notices came from sources such as the Social Security Administration, Medicare, the Defense Department and other government entities that the VA does not accept as proof of death. The VA accepts only actual death certificates, a record of a death at a VA facility or a notification from the National Cemetery Administration as sufficient verification to remove a veteran from the system, according to department officials. This method of record-keeping creates confusion over who is receiving care and benefits, and has prompted charges that nearly 30 percent of the 847,882 veterans waiting to hear whether they are eligible for VA health care died before they ever received word of a decision, as was reported Monday in the Huffington Post.

Whistleblower and VA employee Scott Davis told Military Times on 14 JUL that the VA is failing its veterans by not keeping decent records and not following up to ensure that veterans are still in need of care. "Every year, thousands of veterans lose their eligibility for VA health care due to the agency's inactions and some are dying while they wait," he said. Another problem with the poor record keeping: dead patients making and keeping doctor's appointments, receiving checks and filling prescriptions. According to the internal VA report published 1 APR by the department's Date of Death Workgroup, the records of 10 percent of veterans in the VA system indicated "activity" — they received compensation payments, visited a doctor, made an appointment or had a prescription filled — after their actual date of death.

The discrepancy is likely the result of a gap between the actual date of death, as determined by a source outside VA such as Social Security, and the date when the department receives notice through one of its accepted official channels. In one case, however, such a miscommunication allowed 76 prescriptions to be filled at one pharmacy for controlled substances such as oxycodone, hydromorphone and Valium. And, according to the report, some prescriptions have been filled years after the date of death — "on average, almost 12 years after the date of death." In addition to reviewing "activity" by patients after their deaths, the internal working group analyzed the list of pending applications to enroll in the VA health care system dating to 1996. According to VA, 847,882 veterans are on that list because they must furnish either additional proof that they served or verify that their income meets the required threshold for care.

But the list is actually much shorter, according to outside government sources. The report found that 2.3 million veterans with applications for VA enrollment actually are deceased. A VA spokeswoman said the report points to the need for the VA to improve its methodology for verifying deaths. "The reason for this report was to figure out the lay of the land and be able to ask these questions" about how to improve recordkeeping," the spokeswoman said. The working group recommended that VA develop an algorithm to identify individuals whose dates of death could be updated from other sources. [Source: MilitaryTimes | Patricia Kime | July 14, 2015 ++]

## **VA Anniversary ► 85 Years of Service**

On July 21, 1930, President Herbert Hoover signed Executive Order 5398, elevating what was then the Veterans Bureau to a federal administration, and creating the Veterans Administration — with the purpose to “consolidate and coordinate Government activities affecting war veterans.” This, the second consolidation of federal Veterans programs, included the National Homes and the Bureau of Pensions of the Interior Department. These three component agencies became bureaus within the Veterans Administration. VA was elevated to a cabinet-level executive department by President Ronald Reagan in October 1988. The change took effect March 15, 1989, and the Veterans Administration was renamed as the U.S. Department of Veterans Affairs.

The Veterans Health Administration (VHA) — the largest of the three administrations that comprise VA — evolved from the first federal soldiers’ facility established for Civil War Veterans of the Union Army. On March 3, 1865, the day before his second inauguration and six weeks before his assassination, President Abraham Lincoln signed a law to establish a national military and naval asylum for sick and injured Union Veterans of the Civil War. The National Home for Disabled Volunteer Soldiers, established by this legislation — later known as VA homes, and then domiciliary — was the first major federal program to provide hospitals, medical and rehabilitative services exclusively to America’s Veterans. The first national home opened Nov. 1, 1866, near Augusta, Maine.

Today’s VA continues to meet Veterans’ changing medical, surgical and quality-of-life needs. New programs provide treatment for traumatic brain injuries, post-traumatic stress, suicide prevention, women Veterans and more. The VA health care system has grown from 54 hospitals in 1930, to a network of 1750 points of care including hospitals, community-based outpatient clinics, nursing home care units and domiciliaries. VA has opened outpatient clinics, and established telemedicine and other services to accommodate a diverse Veteran population, and continues to cultivate ongoing medical research and innovation to improve the lives of America’s patriots. VHA operates one of the largest health care systems in the world serving over 9 million enrolled Veterans.

VA is vital to the U.S. health care and provides training for a majority of America’s medical, nursing and allied health professionals. An estimated 70 percent of all U.S. doctors have trained with VA, and 120,000 healthcare professionals are trained each year — more than any system in the nation. VA continues to recruit aggressively, through increased salaries for physicians and dentists, to close the pay gap with the private sector and make VA an employer of choice. As part of the MyVA initiative, VA is working to reorganize for success—guided by ideas and initiatives from Veterans, employees, and all of its shareholders. VA seeks to provide Veterans with a seamless, integrated, and responsive customer service experience.

VA continues to serve our Veterans and the American people through efforts to expand access to care by increasing the number of medical appointments. Over the past year, the combination

of increasing appointments inside VA and in the community has resulted in Veterans receiving approximately 7 million additional appointments for care. More Veterans come to VA for their healthcare, even though 81 percent of them have the option of Medicare, Medicaid, Tricare, or private insurance. In fiscal year 2014, VA completed a record-breaking 1.32 million claims providing veterans their earned benefits. As it tackles current challenges, the organization remains focused on the future—to meet the increasing demand for services and benefits, embrace opportunities for transformation, and strategize for the unique needs of a growing, changing Veteran population.

Caring for our nation’s Veterans, their survivors and dependents continues to be the guiding mission of VA. Under the leadership of Secretary Bob McDonald and Deputy Secretary Sloan Gibson, VA has charted a path forward and made significant progress to enhance our health care system, improve service delivery and set the course for long-term reform. As Secretary McDonald wrote in the Baltimore Sun, “Veterans need VA and many more Americans benefit from VA.” [Source: VAntage Point | July 21, 2015 ++]

## ***VA Expands Review of Chemical Exposure in Drinking Water at Marine Corps Base Camp Lejeune***

WASHINGTON – As part of VA’s ongoing commitment to provide care to Veterans and their families, the Department of Veterans Affairs today announced that it will start the process of amending its regulations to establish presumptions of service connection for certain conditions resulting from exposure to contaminated drinking water at the U.S. Marine Corps Base Camp Lejeune in North Carolina.

This process is in addition to the healthcare VA already provides for 15 conditions to eligible Veterans who were stationed at Camp Lejeune for at least 30 days between August 1, 1953 and December 31, 1987 as a result of the Honoring America’s Veterans and Caring for Camp Lejeune Families Act of 2012. VA also provides reimbursement of healthcare expenses for those 15 conditions to eligible family members who resided at Camp Lejeune during that time period.

The Secretary of Veterans Affairs recently met with Senators Isakson, Burr and Tillis and the Director of the Agency for Toxic Substances and Disease Registry (ATSDR) to discuss the creation of presumptions of service connection for diseases associated with the contaminated water at Camp Lejeune. The diseases that are currently being reviewed for potential presumptive service connection include kidney cancer, angiosarcoma of the liver, and acute myelogenous leukemia, which are known to be related to long-term exposure to the chemicals that were in the water at Lejeune from the 1950s through 1987. The chemicals are Benzene, Vinyl Chloride, Trichloroethylene and Perchloroethylene, which are known as volatile organic compounds, used in industrial solvents and components of fuels. ATSDR and VA

representatives will meet at ATSDR offices on August 19 to begin discussions on establishing these presumptions.

VA will also work with ATSDR and potentially the National Academy of Sciences to evaluate the body of scientific knowledge and research related to exposure to these chemicals and the subsequent development of other diseases. VA will carefully consider all public comments received when determining the final scope of any presumptions.

Veterans with health problems they believe are related to exposure to the water at Camp Lejeune may file a claim for disability compensation online at [www.ebenefits.va.gov](http://www.ebenefits.va.gov), or call 1-800-827-1000 for assistance.

For more information, Veterans and family members should contact the nearest VA healthcare facility by calling 1-877-222-VETS (8387) or visit [www.publichealth.va.gov/exposures/camp-lejeune](http://www.publichealth.va.gov/exposures/camp-lejeune). For further information on Camp Lejeune: VHA Office of Public Health has a Website on Camp Lejeune historical water contamination at:

[www.publichealth.va.gov/exposures/camp-lejeune/index.asp](http://www.publichealth.va.gov/exposures/camp-lejeune/index.asp).

The U.S. Marine Corps encourages all those who lived or worked at Camp Lejeune before 1987 to register for notifications regarding Camp Lejeune Historic Drinking Water at <https://clnr.hqi.usmc.mil/clwater>.

## ***VA Launches New No-Cost Training Programs***

WASHINGTON – The Department of Veterans Affairs (VA) today launched two new no-cost training programs, Accelerated Learning Programs (ALPs) and VA Learning Hubs, to help transitioning Servicemembers and Veterans from all eras learn skills, earn credentials, and advance in civilian careers following separation from service.

ALPs and Learning Hubs are part of VA's Veterans Economic Communities Initiative (VECI), promoting education and employment opportunities for Veterans through integrated networks of support in 50 cities. VA launched the VECI program in response to President Obama's August 2014 challenge to help Veterans and families integrate with their communities and find meaningful jobs that can lead to economic success. Under VA Secretary Robert McDonald's MyVA transformation, VECI is now in place in cities across the United States.

"My message to transitioning Servicemembers is simple: Plan early and stay engaged, because transition is the mission," said McDonald. "These two new resources provide no-cost opportunities for our transitioning Servicemembers and Veterans to learn new skills and earn credentials, which can increase their competitiveness during their transition."

ALPs offer transitioning Servicemembers and Veterans the opportunity to build on their world-class training and technical skills gained through their military service, and earn certifications in high-demand fields.

VA is piloting ALPs this summer with seven courses focusing on building skills and certifications needed to advance in high-demand careers in information technology (IT), as part of the President's TechHire initiative. Each ALP course is offered at no cost and includes free referral and support services.

The first ALP cohort includes seven courses covering a range of IT-related topics, including:

- Coding/Programming Boot Camps;
- 80+ IT Certifications in Hardware, Software, Networking, Web Services, and more;
- Network Support Engineer Job Training and Certification;
- Cybersecurity Training and Certification;
- IT Help Desk Job Training; and
- IT Boot Camps for Desktop Support and Windows Expertise.

Transitioning Servicemembers and Veterans from any era are invited to apply to their choice of courses. Applications will be accepted starting August 17, 2015 – seats in the pilot cohort are limited; applicants are encouraged to apply early. ALPs do not involve use of the Post-9/11 GI Bill. Students are able to participate in these programs while also pursuing other programs of study using Post-9/11 GI Bill benefits. Visit the ALP website to learn more about each program and apply.

VA is also launching Learning Hubs in 27 cities across the country this year in partnership with the American Red Cross, The Mission Continues and Coursera, an online education platform. Transitioning Servicemembers and Veterans can take advantage of both online and in-person study. Each week, online course modules will be completed outside the classroom while class sessions, led by Learning Hub facilitators, provide opportunities to discuss course materials with peers, hear from subject matter experts, and network. Upon completion of the program, Servicemembers and Veterans may elect to receive one free verified certificate issued by Coursera.

## ***PTSD Update ► 271,000 Vets Still Suffer 40 Years after Vietnam***

New research reveals considerable PTSD in some vets, even decades after war, many veterans who served in the Vietnam War still have war-zone-related post-traumatic stress disorder, according to a new study published in JAMA Psychiatry. The researchers, led by Dr. Charles R. Marmar, of the New York University Langone Medical Center, wanted to look at the prevalence of PTSD over time. Thanks to the National Vietnam Veterans Longitudinal Study, a study of PTSD in Vietnam vets done more than 25 years ago, they had historic data on the prevalence of PTSD; they conducted a follow-up to the study by gathering new data from the 1,450 veterans who were still alive and willing to participate in another round of PTSD assessments. From 2012-2013, researchers gathered from each vet a self-report health questionnaire, a telephone

health survey or a clinical interview by phone. (Some vets participated in two or all three of the measures.)

The team determined that even now—40 years after the war ended—about 271,000 Vietnam vets have full war-zone-related PTSD plus war-zone PTSD that meets some diagnostic criteria. More than a third of the veterans who have current war-zone PTSD also have major depressive disorder. Men who served in the Vietnam war had a war-zone-related PTSD prevalence of 4.5%; when factoring in vets who met some of the criteria, that number climbed to almost 11%. For women veterans, those prevalences were about 6% and 9%, respectively.

“An important minority of Vietnam veterans are symptomatic after four decades, with more than twice as many deteriorating as improving,” the study authors write. “Policy implications include the need for greater access to evidence-based mental health services; the importance of integrating mental health treatment into primary care in light of the nearly 20 percent mortality; attention to the stresses of aging, including retirement, chronic illness, declining social support and cognitive changes that create difficulties with the management of unwanted memories; and anticipating challenges that lie ahead for Iraq and Afghanistan veterans.”

[Source: Time | Mandy Oaklander | July 22, 2015 ++]