



## Federal Update for July 1 – 5, 2013



### ***Vet Scholarships Update***

Many job ratings in the military require security certification, and many veterans perform tasks in the military that could prepare them for work in the cybersecurity field if they received additional training. More organizations are coming on board to help train up and prepare military veterans for careers in information technology and cybersecurity. The (ISC)2 Foundation and Booz Allen Hamilton on 20 JUN announced the launch of the U.S.A. Cyber Warrior Scholarship program, which will provide scholarships to veterans to obtain specialized certifications in the cybersecurity field. The scholarships will cover all of the expenses associated with a certification, such as training, textbooks, mobile study materials, certification testing and the first year of certification maintenance fees. For more information on the scholarships refer to <https://www.isc2cares.org/USA-Cyber-Warrior-Scholarship/default.aspx>. [Source: NextGov.com | Brittany Ballenstedt | 21 Jun 2013 ++]

### ***Don't Ask, Don't Tell Update***

A bill circulating in the House would upgrade the service records of gay, lesbian and bisexual troops who were discharged due to sexual orientation and eventually open the door to veterans' benefits. The Restore Honor to Service Members Act was proposed 20 JUN by Rep. Charles Rangel (D-NY) and Rep. Mark Pocan (D-WI) according to a joint statement from their offices. The congressmen are trying to muster co-sponsors before bringing it to committee in hopes of a floor vote. From World War II to the repeal of "don't ask, don't tell," roughly 114,000 servicemembers were discharged because of sexual orientation, the statement said. In many cases, depending on the discharge classification and the state in which they lived, they could be treated as felons and precluded from voting and collecting unemployment and veterans' benefits, such as health care and disability.

“As we celebrate the considerable progress we’ve made toward full equality in our military, we cannot forget about those who continue to suffer because of the discriminatory policies of our past,” said Pocan, co-chairman of the Congressional LGBT Equality Caucus. “Our legislation ensures that gay veterans who selflessly served our country no longer live with tarnished records that prohibit them from receiving the recognition, benefits and honors they deserve. By enshrining the implementation of the “don’t ask, don’t tell” repeal into law, our country can finally close this dark chapter of our history and move forward.” The statement said the bill would essentially turn the current broad review policy, outlined in a memo from the undersecretary of defense, into clear law. All servicemembers discharged because of sexual orientation would receive a “timely, consistent and transparent” review, and those who served honorably would see their records upgraded. Any indication of a servicemember’s sexual orientation would be struck from their record, and consensual relations between same-sex couples would be decriminalized — bringing military law in line with Supreme Court rulings. The move has already been applauded by gay rights’ groups. “The brave patriots who served so honorably in silence for so long deserve their service to be honorably recognized,” said Zeke Stokes, a spokesman for OutServe-SLDN, a Washington-based advocacy group for gay military personnel. “At OutServe-SLDN, we hear from these veterans every day and have assisted hundreds of them in applying to upgrade their discharge paperwork. To the extent that this bill — or any bill — can expedite that process or ease the burden for veterans, it will have our support.” Discharges varied over the years, but many gay and lesbian servicemembers who were outed received other-than-honorable or dishonorable discharges, especially prior to “don’t ask, don’t tell” in 1993, the statement said. Even receiving a general discharge precluded some from gaining civilian employment.

Almost two years ago, “don’t ask, don’t tell” was repealed, allowing gay and lesbian servicemembers to serve openly in the armed forces. “Now is the time to finish the job and ensure that all those who served honorably are recognized for their honorable service regardless of their sexual orientation,” said Rangel, a Korean War veteran. There is no time line for the bill to be brought to the House floor for a vote. If it gains enough support, it most likely would go first to the House Committees on Veterans’ Affairs and the House Armed Services Committee. It could also theoretically be attached to next year’s defense authorization bill. “There was bipartisan support for the repeal of ‘don’t ask, don’t

tell,' and because our bill codifies the repeal into law, we expect to receive bipartisan support for our legislation," a spokesman from Pocan's office said. [Source: Stars & Stripes | Matthew M. Burke | 21 Jun 2013 ++]

## ***DoD Fraud, Waste, & Abuse Update***

A recent government audit revealed that the Defense Department is again buying more than \$1 billion worth of aircraft and support services for an Afghan military from the Russian government-controlled defense contractor, Rosoboronexport — a corporation Congress has repeatedly voted to bar from Pentagon business. Fully \$690 million of the sum is being used to buy, not American made helicopters, but Russian-made Mi-17 Hinds. Under current law (PL 112-239), the Pentagon is prohibited from doing any business with Rosoboronexport unless such deals are deemed to be in the U.S. national security interest. Despite this legislated proscription, it is apparent that national security waivers have been granted that allow the Pentagon to make these purchases. Nevertheless, Congress returns again to legislate further prohibitions against using DoD funds for the Russian helicopters. In fact, Congress strongly spoke on the issue twice in the past month.

During House Appropriations consideration of the defense spending bill (H.R.2397), the appropriators approved a provision that "prohibits funds from being used" to make purchases from the Russian firm. And during full House consideration of the fiscal 2014 NDAA (H.R.1960), the House voted 423 to 0 to stop Pentagon contracts with the Russian government's arms dealer. Regarding the recent purchase, Defense Secretary Chuck Hagel said, "Certifying that M-17 helicopter was clearly in the interest of our relations with Afghanistan and our commitment to them." Army Gen. Martin E. Dempsey, chairman of the Joint Chiefs of Staff, said accelerating the strengthening of Afghanistan's military is in the interest of the United States, which plans to remove most U.S. combat forces from that country by the end of 2014. [Source: NAUS Weekly Update 21 Jul 2013 ++]

## ***Gulf War RAC***

Twenty-three years have passed since the start of the deployment and combat operations known as Operations Desert Shield and Desert Storm. These two military operations comprise the 1990-1991 Gulf War. Since then, many Veterans of that conflict have suffered from adverse health consequences. Congress created the Research Advisory Committee (RAC) on Gulf War Veterans' Illnesses

in 1998 to make recommendations to the Secretary of Veterans Affairs about government research on health effects of military service during the Gulf War. We've come a long way in recognizing the illnesses suffered by Gulf War Veterans, and we have rejected the notion the symptoms result from mental health issues like post-traumatic stress. That's why in the years following the first Gulf War, VA has continued to provide quality healthcare and benefits to those Veterans, and to invest in research to understand and treat Gulf War Veterans illnesses, including Chronic Multi-Symptom Illness and related health areas. In 2009, Secretary Shinseki directed the formation of the VA Gulf War Veterans' Illnesses Task Force, previously led by former Chief of Staff and Gulf War Veteran John Gingrich, to better synchronize department-wide efforts to serve Gulf War Veterans. The VA's Interim Chief of Staff, Mr. Jose Riojas, also a Gulf War Veteran, continues this work.

The Research Advisory Committee on Gulf War Veterans' Illnesses (RAC) has led the way on crucial initiatives ever since. As a result of their work, VA has more than doubled the number of requested research projects on specific Gulf War areas of study. Additionally, VA has funded all proposals for Gulf War research that have met scientific and quality merit review standards. We've done that by increasing R&D funding directly obligated for Gulf War research to \$7.3 million this year—a nearly \$2 million boost from 2011. In 2010, Secretary Shinseki recognized nine new diseases as associated with Gulf War service, reflecting a determination of positive association between service in the region and those diseases. VA has relied on the RAC to provide expert advice to the Secretary on optimizing VA's Gulf War research portfolio. The most technological and current scientific tools are being deployed to better understand these complex illnesses. Recently approved research initiatives include investigations regarding biomarkers, imaging diagnostics, and clinical treatment trials, which have come from committee recommendations. The Committee's work has been invaluable to bring these issues to light and ensure they are high priorities within the Department from the top down.

As the Committee has matured, changes were made to the RAC's charter to align it with similar VA charters in accordance with the Federal Advisory Committee Act and the requirements of Public Law 105-368, § 104. For example, Women Veterans and the Rural Health Advisory Committees. VA completed a departmental review of the charter in October 2012. One notable issue was that

membership terms have expired so there will be also a rotation of some Committee members. Chairman James Binns has been asked to stay for another year to help in the transition of new members and oversee the completion of the RAC's major scientific review, a critical report that assists VA in setting Gulf War research priorities. Make no mistake—the momentum the Committee has achieved to bring sweeping and lasting change to the research and treatment of Gulf War Veterans' Illnesses will not falter. We have turned a corner on this issue, and there is simply no going back. VA is continuing efforts to be responsive to the Committee's recommendations by increasing senior leadership engagement between the RAC Chairman, myself and Dr. Madhu Agarwal, Assistant Deputy Undersecretary for Health for Policy and Services.

VA knows we must continue the progress we've made together for our Gulf War Veterans. We must ensure every Gulf War Veteran is aware of the disability and health care benefits to which they may be entitled as the result of their wartime service and to assist them in accessing these services. Since its inception, the RAC has been the catalyst for change and unquestionably guided VA to deliver on its core mission to care for our Nation's Veterans. They have my greatest confidence in continuing that mission, and we look forward to working with them to achieve our mutual goals. [Source: Comments of Dr. Robert Jesse, the Principal Deputy Undersecretary of Health at the U.S. Department of Veterans Affairs, in VAantage Point 18 Jun 2013 ++]

## ***Legionnaires Disease Update***

The Department of Veterans Affairs would support a bill requiring its hospitals to disclose Legionnaires' and other infectious diseases to state and local health officials, but wants an exemption from proposed fines and would prefer voluntary reporting rules, VA officials said 19 JUN. "VA is committed to expanding and making more consistent its reporting" of diseases to local and state health agencies, Robert L. Jesse, the VA's principal deputy undersecretary for health, told the House Veterans Affairs subcommittee on oversight and investigations. Jesse's comments marked the first position the VA has offered on the legislation, proposed by Rep. Mike Coffman (R-CO) after the Legionnaires' outbreak in the VA Pittsburgh Healthcare System. Similar bills have been proposed by Rep. Tim Murphy (R-PA-18) and Rep. Mike Doyle (D-PA-14) in the House and by Sen. Bob Casey Jr. (D-PA) in that chamber.

At least five veterans died and at least 16 others contracted Legionnaires' disease between February 2011 and November 2012 at VA campuses in Oakland and O'Hara, according to the federal Centers for Disease Control and Prevention. It remains unclear whether more veterans may have fallen ill or even died from bacteria-tainted water at the VA Pittsburgh Healthcare System campuses. The Tribune-Review, using documents obtained through a Freedom of Information Act request, reported 16 JUN that Legionella bacteria were found in water samples dating back to September 2007 — more than five years before the VA publicly disclosed the outbreak. The CDC said it checked medical records back that far but acknowledged it did not ask for earlier water sample reports and did not want the documents when offered by the Trib. The Trib investigation underscored the need for the bill before the House, said Coffman, who chairs the congressional VA oversight panel. “The fact that VA provided information to reporters that this subcommittee has been requesting since January is unacceptable,” Coffman said. “This lack of transparency looks like an attempt to evade legislative oversight and makes me wonder whether there is more to this story than what VA has chosen to reveal.”

Pittsburgh VA officials “could have and probably should have” more readily shared information with government health officials as the identified outbreak developed, state Secretary of Health Michael Wolf told the Trib in April. The newspaper revealed then that VA hospitals escape state and local health rules that mandate the reporting of Legionnaires' and other infectious diseases to government monitors, though many VA hospitals file the reports voluntarily. Coffman's bill, introduced in April, would require VA facilities to follow state standards for those disclosures. It also would allow state health agencies to pursue civil action and impose the same civil fines for failure to comply with reporting requirements that private hospital systems face. Jesse told House VA subcommittee members that VA officials would prefer a voluntary reporting approach instead of a congressional mandate, but they agree public disclosures are important to help identify and stop disease outbreaks quickly.

If the proposed bill is adopted, the VA wants an exemption from potential fines for violations, said Jane Clare Joyner, assistant general counsel for the department. She told the congressional panel the VA would rather keep those funds for patient care. Rep. Dan Benishek (R-MI) pushed back, saying the fines would encourage VA hospitals to take the reporting requirement seriously.

“We're just trying to think of a compliance motivator, I guess,” Benishek said. Rep. Keith Rothfus (R-PA-12) announced 18 JUN he would join as a co-sponsor of the Coffman version of the legislation. [Source Pittsburgh Tribune-Review | Adam Smeltz | 20 Jun 2013 ++]

## ***VA Clinic Openings Update***

The Department of Veterans Affairs (VA) plans to open 38 new community outpatient clinics, in 22 states and territories, between now and 2017. These clinics will be in leased buildings, with VA employees providing the services. This same arrangement has worked well in hundreds of existing VA clinics, nationwide. Last year, the Congressional Budget Office (CBO), an independent arm of Congress, decided these lease contracts would become long-term debts of the federal government. In considering the first 15 leases, Congress, based on the new CBO interpretation, forced VA to find funds for all 15 leases to cover an entire 20-year leasing period, rather than provide the money for only the first year. The authorizing law only requires the first year to be funded, with future payments to be managed through the annual VA budget. Because VA could not pay the entire cost (between \$1.2 and \$1.5 billion) in the first year for 15 clinics, this new interpretation effectively stopped all VA proposed leases. This program, both new clinic leases and renewals for existing leases, is now in jeopardy. Without these clinics, VA will be denying care to veterans in need, while making their health care more expensive overall. The cost to the government is far less than construction of major VA hospitals. Without the ability to lease, from a practical point of view the change in Congressional policy forces VA to buy land and build government-owned clinics, or to do nothing. At a minimum this new requirement will add years to the existing planning process, will delay or deny care for veterans, and is unacceptable to veterans who need VA health care. VA is managing almost 900 existing community-based outpatient clinics, all established under the prior policy, and operating under leases. Veterans who receive this care are highly satisfied. In Disabled American Veterans' opinion this successful arrangement should not be abandoned at the expense of 340,000 or more veterans who would be denied care. [Source: DAV National Commander | Larry A. Polzin | 12 Jun 2013 ++]

## ***VA Mental Health Care Update***

Sen. Jon Tester introduced legislation last week to improve the quality of care for veterans and to strengthen the Department of Veterans Affairs' mental health and telemedicine initiatives. Sen. Tester (D-MT) is chairman of the Governmental Affairs subcommittee on federal workforce and programs. He introduced the Rural Veterans Mental Health Care Improvement Act after the group's first hearing in May. "I dedicated my first hearing to learning more about the challenges and opportunities facing our rural health initiatives, and this bill is a direct result of that," Tester said. The legislation encourages the VA to recruit more licensed professional mental health counselors, as well as marriage and family therapists. It also gives the VA authority to provide mental health services to veterans' immediate family members. It looks for issues hindering the expansion of telemedicine as a tool for treatment. "This legislation is critical to ensuring the best care for our veterans, particularly mental health care," said Thomas Clawson, president of the National Board of Certified Counselors. "By expanding the VA training program, the bill ensures an adequate mental health workforce for the growing veteran population." The bill also has the support of the Wounded Warrior Project. Tester said he's working to pass his Ruth Moore Act in the Senate. The bill helps survivors of military sexual assault win VA disability benefits. As chairman of the subcommittee, Tester said the next hearing will analyze private contractors in the U.S. intelligence community and their access to classified security information, which was recently leaked. [Source: Missoulian | Martin Kidston | 15 Jun 2013 ++]

## ***VA Claims Backlog Update***

The U.S. Veterans Affairs department says it has hit a tipping point, cutting its monstrous backlog of disability claims by 74,000 since late April, yet agency critics contend that growing throngs of ex-troops waiting for injury compensation in America's biggest cities show the VA is over-promising and under-delivering. Amid scrutiny from Capitol Hill and the White House, a top VA official reaffirmed last week the agency will meet its goal to process all disability-benefit claims within 125 days by 2015. Three of the VA's 56 regional offices — St. Paul, Minn., Sioux Falls, S.D., and Providence, R.I. — have achieved that threshold, and VA officials told NBC News they will pluck lessons from those pockets of success. "We can get those best practices, (and) shine the light on some of our problem areas," said Beth McCoy, who oversees 14 VA regional offices in the country's midsection, including St. Paul, where benefit claims are typically processed in 100 days. But

those “problem areas” — where some duty-injured veterans wait 16 to 19 months for disability checks to stay financially afloat — are coloring the national mood regarding the VA.

Jonathan Goodman, 29, a Marine veteran from Tulsa, Okla., and his wife, Shannon, say the delay in his disability-benefit claim has been putting a strain on their finances. “It's sad to see so many veterans come back and apply for this, and it just takes so long. It can send a lot of guys into a downward spiral,” said Jonathan Goodman, 29, a Marine veteran from Tulsa, Okla. who earned a Purple Heart Medal for wounds sustained in a 2004 suicide-bomb blast. He's been waiting 11 months for the VA to process his disability-benefit claim. “I just want to see guys get the (financial) help they've earned. I don't want to see veterans put on the back burner,” he added. Veterans in 12 cities now face delays of more than 400 days, on average, for their regional VA offices to handle their disability claims. One year ago, no cities posted VA backlogs surpassing 400 days, according to the agency's online benefits dashboard. As of May 30 this year, the average backlog wait for veterans in New York City was 496 days, up 34 percent from a year ago, the dashboard shows. In Los Angeles, the average wait is now 568 days, up 63 percent since last year. In May 2012, the VA reported a national “rating claims processing time” of 250 days. As of May 30 this year, that national average was 302 days.

“VA has been over-promising and under-delivering for decades under both Democrat and Republican administrations,” said Rep. Jeff Miller (R-FL), chairman of the House Committee on Veterans' Affairs. “While VA leaders seem confident they're on track to break the backlog by 2015, they haven't provided us with any evidence to support that projection. That's why the closer we get to 2015, the more I'm convinced that ending the backlog by then will require a commitment from the only person with the power to ensure VA lives up to its word: President Obama.” And veterans are challenging President Barack Obama to act. Iraq and Afghanistan Veterans of America (IAVA), which represents more than 200,000 men and women, posed five questions about the backlog to Obama on 5 JUN. They asked, for example, how the White House is coordinating efforts between the Department of Defense and the VA to slash wait times. Other VA watchdogs want to know: Does the quick work executed at VA regional offices in St. Paul, Sioux Falls (where it typically takes 115 days to process claims) and Providence (117 days) foreshadow the dawn of a larger fix? “It's worth looking at the

leadership climate and the procedures used at those regional offices to see what they are doing differently,” said Tom Tarantino, IAVA's chief policy officer. “You also have to consider ... you only have 831 claims pending at the Sioux Falls office. When we solve those problems in L.A., then we will see progress.”

In Tulsa, where Marine veteran Goodman waits on a disability claim he filed with the VA in July 2012, life means managing wounds and ailments he sustained during two Iraq tours: a traumatic brain injury, back problems, and migraines plus memory and anxiety issues — all of which make working and going to school difficult, he said. While he appreciates the medical treatment he gets from his local VA hospital, he said, the job that best suits his symptoms is night bartending: dark and calm. The benefit-compensation delay, meanwhile, forced his wife, Shannon, to pull extra work hours. Goodman had to grab additional bar shifts. “It’s put a lot of stress on our marriage. It’s been rough financially. She works full time. I work nights. We spend a lot of time just seeing each other in passing,” Goodman said, adding that tax-free VA compensation for his combat wounds “would help us actually enjoy a normal life.”

As 30,000-plus troops return from Afghanistan by 2014, the VA is completing a wholesale transformation. Workflow is being redistributed to cities with available hands and reorganized from an “assembly-line system” to a network of “express lanes” for simple claims and “special-operations lanes” for complex claims like brain injuries, said VA’s McCoy. New employees are being trained to work more efficiently. And the biggest overhaul: VA is switching to digitized benefits claims, replacing “thousands of tons of paper on shelves,” McCoy said. The electronic system is considered the lynchpin to reducing all backlog waits to 125 days or less. Meanwhile, the VA says it has processed more than 1 million disability claims during each of the past three years. “We have a sense of urgency,” McCoy said. “We don’t have the luxury of shutting down the shop, building a great system then opening the doors back up,” McCoy said. “We’re flying the plane as we’re changing it.”

## ***VA Claims Backlog Update 2***

U.S. Senator Barbara A. Mikulski (D-MD), Chairwoman of the Senate Appropriations Committee, announced that a 10-point action and reform plan to address the VA claims backlog is included in the fiscal year 2014 Military

Construction, Veterans Affairs (VA) and Related Agencies Appropriations Bill approved by the Subcommittee 18 JUN. "When our veterans return from war, they shouldn't have to face a quagmire of bureaucracy in getting their claims processed," Chairwoman Mikulski said. "The solution to this problem must come right from the top. That's why as Chairwoman of the Appropriations Committee, I convened a meeting with leaders from DOD, VA, Social Security and the IRS. Our Committee insisted on a sense of urgency and a fire in the belly to get the job done. The result is the 10-point action plan to end the backlog included in this bill. It's progress. But more needs to be done. The Appropriations Committee will keep fighting the red tape across all the agencies responsible for our veterans because our wounded warriors can't wait."

The backlog of veteran's compensation claims for service-related disabilities has soared to record levels over recent years. VA reported 816,839 pending claims as of June 10, 2013, of which 66 percent have been pending for more than 125 days and are considered to be backlogged. Claims are often more complex due to more complex injuries. The problems are even worse at VA's Baltimore Regional Office. There, the average wait time is 332 days, or 11 months. More than 16,000 claims, or 84 percent, are older than 125 days. The Baltimore Office has the highest error rate of any regional office, with an error rate of 26.2 percent compared to 13.7 percent nationally. In addition to fully funding the President's budget request for claims processing operations, the bill includes a 10-Point Action Plan to give the VA additional tools to address the backlog and to strengthen training, oversight, and accountability:

- 1) Provides \$20 million above the budget request to upgrade computer hardware, such as servers, in VA Regional Offices to handle the advanced program requirements of the Veterans Benefits Management Program (VBMS). VBMS, which is a paperless claims system, is scheduled to be installed in all Regional Offices by the end of June;
- 2) Provides an additional \$10 million for targeted overtime and training for claims processors as needed to increase production and help eliminate the claims backlog;
- 3) Directs the VA to increase training of claims processors to achieve not only expedited production but also to ensure quality and accuracy to reduce claims

appeals. Additionally, training programs are to be accompanied by regular testing and monitoring of poorly performing Regional Offices to identify and remediate performance problems;

4) Directs the VA to provide Quality Review Teams and spot audits at Regional Offices to assess the performance of the claims processing operations and flag any management or operational weaknesses;

5) Directs the VA to create Centers of Excellence at selected Regional Offices for certain types of complex claims, such as claims for PTSD or TBI compensation. With the VBMS paperless claims system, these centers could use their expertise to field claims from across the nation;

6) Directs the VA to have the data management capability to receive all Department of Defense (DOD) health records in an electronic format by the end of calendar year 2013. DOD is implementing a program to have all service treatment records digitized and sent electronically to VA by the end of 2014. DOD must accelerate this effort to achieve full electronic transmission of records by the end of 2013 and VA must be prepared to accept them;

7) Requires the VA to provide monthly reports to the House and Senate Committees on Appropriations on performance measures for each Regional Office, including the number of backlogged claims, the average number of days to complete a claim, and error rates;

8) Requires the VA to submit quarterly reports that include the number of claims personnel in each Regional Office, corrective action taken to remedy any problems at poorly performing offices, training programs undertaken by Regional Offices, and Quality Review Team audits performed during the quarter;

9) Directs the VA Inspector General in coordination with the DOD Inspector General to examine the processes and procedures involved in the transmission of medical and personnel records from DOD to VA to identify any problem areas and provide recommendations for improvements; and,

10) Provides an additional \$12.9 million for the Board of Veterans Appeals to hire additional personnel to expedite the processing of appeals. The VA estimates that

in 2014, the Board's inventory of appeals will reach 46,860 with an average processing time of 625 days.

This legislative plan follows a roundtable discussion convened by Chairwoman Mikulski and Senator Tim Johnson (D-SD) with senior Administration officials, including Secretary of Defense Chuck Hagel, Veterans Affairs Secretary Eric Shinseki, Social Security Administration Acting Commissioner Carolyn Colvin, and Internal Revenue Service Deputy Commissioner for Operations Support Beth Tucker, to finally put an end to the claims backlog that has troubled the DVA for years. Following that meeting, the participants agreed:

- Each agency will identify a single high level person whose sole focus is fixing problems, and who reports directly to the Secretary or Administrator.
- Secretaries Hagel and Shinseki agreed to meet every 60 days as we progress toward ending the claims backlog.
- A method of accountability to the Chairwoman and to the Committee, including a coordinated progress report to the Committee every 60 days.

The Military Construction, Veterans Affairs (VA) and Related Agencies Appropriations Bill provides funding for the construction of mission critical and quality of life facilities for U.S. military personnel and their families serving around the world, including schools, hospitals, child care centers and family housing. The bill also provides funding for veterans medical care and benefits, and for VA facilities throughout the country. The Related Agencies funded in the bill include Arlington National Cemetery, The American Battle Monuments Commission, the U.S. Court of Appeals for Veterans Claims, and the Armed Forces Retirement Homes. [Source: Sen. Mikulski News Release 18 Jun 2013 ++]

## ***VA Gulf War Advisory Committee Update***

Many veterans with Gulf War Illness see the past two decades as one battle after the next. First, they began experiencing chronic unexplained symptoms like fatigue, joint and muscle pain, and headaches following their service in the Gulf War. Then, the Department of Defense denied for years that soldiers had been exposed to chemical agents - until the agency reversed itself and acknowledged that, in fact, some may have breathed the nerve gas sarin after American forces destroyed an ammunition depot in Khamisiyah, Iraq. The government, critics say,

did a poor job of researching causes and treatments for the disease, attributing its symptoms to the effects of wartime stress. In 1998, as a counter-measure, Congress created an advisory committee to provide rigorous oversight of research conducted by the government, particularly the Department of Veterans Affairs. For the past decade, that committee has reviewed scientific literature, worked on a strategic plan to treat Gulf War Illness, and published comprehensive reports (PDF) on the disease's origins and possible avenues for treatment.

Now advocates say that recent changes to the committee's charter approved by VA Secretary Eric Shinseki strip the panel of its independence and its mandate to press the federal government to develop treatments. "The [research advisory committee] was intended to be an independent body that provided an accountability check on the federal government," said Anthony Hardie, a Gulf War veteran and member of the panel since 2005. "Collectively, these changes are sweeping." In the 2010 charter, the committee's "guiding principle" is described as ensuring that government research on Gulf War Illness ultimately improves the health of sick veterans, but that language has been omitted from the new document. The charter also leaves out a sentence that charged the panel with assessing the "overall effectiveness of government research to answer central questions on the nature, causes and treatments for health consequences of military service...during the 1990-1991 Gulf War."

In addition, the Office of the Secretary no longer supports the committee. Instead, the Veterans Health Administration's Office of Research and Development now has this responsibility, which has traditionally involved determining the budget and providing support staff. This change, Hardie said, means the committee will be under the auspices of the very staff it is designed to scrutinize. Finally, VA has announced that it is not renewing the appointment of half of the committee's members, and it is removing its longtime chair next year. Dr. Robert Jesse, the VA's principal deputy undersecretary of health, said in a blog post 19 JUN that revisions to the charter were made for administrative purposes after a review in October 2012. ( <http://www.blogs.va.gov/VAntage/9644/our-sustained-commitment-to-care-for-gulf-war-veterans/#more-9644> ). Jesse applauded the research advisory committee's work: "Since its inception, the RAC has been the catalyst for change and unquestionably guided VA to deliver on its core mission to care for our Nation's Veterans. They have my greatest confidence

in continuing that mission, and we look forward to working with them to achieve our mutual goals.”

Yet, Hardie, along with other committee members and Gulf War vets, are suspicious of the timing. The committee said in a report ([http://www.va.gov/RAC/GWVI/docs/Committee\\_Documents/CommitteeDocJune2012.pdf](http://www.va.gov/RAC/GWVI/docs/Committee_Documents/CommitteeDocJune2012.pdf)) that it had “no confidence” in VA’s ability to “formulate and execute an effective VA Gulf War illness research program.” In March, members of the panel, including Hardie, testified before Congress about VA’s alleged failures in commissioning rigorous Gulf War Illness research. At the same hearing, a leading epidemiologist and former VA investigator accused the agency of suppressing important data on Gulf War Illness research. (Refer to <http://www.forbes.com/sites/rebeccaruiz/2013/03/13/whistleblower-alleges-va-neglected-suicidal-vets-suppressed-study-findings>). In a letter to Jim Binns, the chairman of the advisory committee, VA interim chief of staff Jose D. Riojas said that the group’s work should focus on proposed research studies, plans and strategies, and not on “being a ‘watchdog’ for all Gulf War related work at VA.” He noted that VA “has robust oversight and investigation capability to address alleged wrongdoing.”

On 24 JUN, Riojas spoke to the committee in Washington D.C.; Hardie and two other Gulf War veterans walked out in protest. Rep. Mike Coffman (R-CO) chair of the House Veterans’ Affairs Subcommittee on Oversight and Investigations and a Gulf War veteran, is skeptical of the changes. “I don’t think there’s anything procedural about it,” he said of the new charter. “I think the [committee] has been able to report to Congress on what the Veterans Administration has done or hasn’t done and VA is taking action against that. I worry that voice will now be gone.”

Coffman called the quality of VA’s Gulf War Illness research “alarming.” An inquiry earlier this year by the subcommittee on oversight and investigations found that VA infrequently publishes its research and has regularly spent funding for Gulf War Illness research on important but unrelated projects, including a brain tissue bank for patients with Lou Gehrig’s disease. In his blog post, Dr. Robert Jesse touted a nearly \$2 million increase – to \$7.3 million –for research this year and noted that it had funded all proposals that met “scientific and quality merit review standards.” He also said that VA has “rejected the notion the symptoms

result from mental health issues like post-traumatic stress.” While VA is set to move forward with the new committee charter, Coffman said he and other legislators are considering a bill that would address VA’s changes. “There were years they weren’t doing research,” Coffman said of the government’s response to Gulf War Illness. “I think that there’s just a history of well-founded distrust by Gulf War veterans of the actions of the VA in addressing this issue.” [Source: Forbes | Rebecca Ruiz | 21 Jun 2013 ++]

## **VA Health Care Access Update**

Rep. Ron Barber (D-AZ) wants to expand veterans’ access to private health care by requiring the Veterans Affairs Department to make the best interest of the patient a priority when deciding whether contracted care is appropriate. Barber, who estimates that one out of every six adults in his congressional district is a veteran, said his intent is to help vets in rural areas who would have to travel long distances to receive VA care, as well as veterans in urban areas who face long waits for appointments. “I’m working to make it as easy as possible for them to receive the care they need and have earned, without excessive waits or travel,” Barber said in a statement. A former aide to Rep. Gabrielle Giffords (D-AZ), Barber grew up in an Air Force family, although he never served in the military. His congressional district includes Davis-Monthan Air Force Base.

VA currently contracts for health care with private doctors and hospitals for some specialty services so veterans do not have to travel long distances, and it also provides contract care in some rural areas. In some cases, VA also helps coordinate treatment with private doctors. However, written VA policy discourages what it calls “dual” treatment: “Continuity of primary care has been shown to have significant benefits, including lower rates of hospitalization and lower mortality. By splitting care between two or more health systems and multiple providers, dual care may pose risks to patients.” Additionally, for VA patients also receiving outside care, “VA staff experience concerns regarding legal liability and a sense that their professional skills are devalued,” reads VA’s guidance to health care workers. The Veterans Health Access Act, H.R.2412, introduced by Barber on Thursday, is co-sponsored by Rep Joe Heck, (R-NV), an Army Reserve colonel and medical officer who has been selected for promotion to brigadier general.

Heck said veterans “face numerous challenges in trying to access the health care services” in Nevada. “The burdens our veterans face when trying to access health care are significant. We should be working to eliminate those burdens.” Making the best interests of the patient the primary consideration in deciding whether a VA facility or private facility will be used to provide care likely will increase private-sector treatment, Heck said. Wait time, distance and quality of care would also be factors in the decision, under Barber’s bill, which was referred to the House Veterans’ Affairs Committee for consideration. That committee will look at another veterans’ bill introduced Thursday by Rep. Jon Runyan (R-NJ), that also would expand contracting with private doctors. Runyan’s bill, H.R.2423, is aimed at a different problem: the wait for medical examinations to receive a rating for a service-connected disability. It would expand contracting so that more civilian doctors are involved, a move intended to speed claims decisions. [Source: ArmyTimes | Rick Maze | 19 Jun 2013 ++]

## **PTSD Update**

More scientists worry that mental illnesses from war, such as post-traumatic stress disorder, can damage the body as much as the emotions. Some even speculate that war could cause an early aging affect. It means the cost of war can last decades beyond the battles fought. An unusual study released 25 JUN underscores these fears. During 13 years of research, scientists followed twins who were Vietnam-era veterans -- 340 identical and 222 fraternal -- and found that those with PTSD were more than twice as likely to develop coronary heart disease. The findings were published today in the *Journal of the American College of Cardiology*. "This study provides further evidence that PTSD may affect physical health," says Gary Gibbons, director of the National Heart, Lung and Blood Institute, part of the National Institutes of Health, which provided some funding for the research.

Scientists at the Emory University Rollins School of Public Health followed Vietnam-era veterans, about half of whom had served in Southeast Asia. By using the 562 twins, researchers were able to control for genetic or environmental influences in the development of heart disease and PTSD. Heart disease was found among 22.6% of veterans with PTSD compared with 8.9% without the mental illness. Studies show that about 10% to 12% of troops who served in the Iraq and Afghanistan wars suffer from PTSD, a characteristic wound of those

conflicts. Scientists speculate that because the mental disorder causes high rates of anxiety, it can lead to heart-damaging higher blood pressure and heart rates. Heart disease in this study was defined as suffering a heart attack, being hospitalized overnight with a heart-related problems or having undergone a heart operation. Scientists with the Department of Veterans Affairs tracking veterans who served in Iraq and Afghanistan and who have been diagnosed with PTSD and mild traumatic brain injury also report finding signs of heart disease, diabetes, slowed metabolism and obesity among young veterans -- maladies more common to middle age and beyond. [Source: USA TODAY | Gregg Zoroya | 25 Jun 2013 ++]

## ***Traumatic Brain Injury Update***

The military brain tissue bank has been established with the hope that scientists will learn more about the long-term effects of traumatic brain injury (TBI) of service members returning from combat. "After more than a decade or war, service members exposed to blasts are coming home with troubling, persistent problems and we don't know the nature of this, whether it's related to psychiatric responses from engagement in warfare or related to actual damage to the brain, as seen in football players," said Dr. Daniel Perl, a neuropathologist and director of the brain tissue repository, in a press release. "We hope to address these findings and develop approaches to detecting accumulated tau in the living individual as a means of diagnosing CTE during life - and, ultimately, create better therapies or ways to prevent the injury in the first place." The Department of Defense established the Center for Neuroscience and Regenerative Medicine Brain Tissue Repository for Traumatic Brain Injury at the Uniformed Services University of the Health Sciences (USU) in Bethesda, Md. to advance the understanding and treatment of TBI in service members. TBI questions for which answers are being sought are:

- Does TBI lead to Chronic Traumatic Encephalopathy (CTE) - a neurodegenerative disorder that involves the progressive accumulation of the protein tau in nerve cells within certain regions of the brain? As the tau protein accumulates, it disturbs function and appears to lead to symptoms seen in affected patients such as boxers and, more recently, football players with multiple head trauma according to the DoD press release.
- What does blast exposure do to the brain?

- Do the different forms of brain injury experienced in the military lead to CTE?
- What are effective ways to treat and prevent CTE?

You can get more information on donations to the brain tissue repository and their research by contacting the Repository team at [CNRM-TBI@usuhs.edu](mailto:CNRM-TBI@usuhs.edu) or 855-366-8824. [Source: Off the Base | Bobbie O'Brien | 1 jun 2013 ++]