



## Federal Update for June 17 – 21, 2013



### ***Walz Wants Justice for Wrongfully Discharged Veterans***

Washington, DC [6/14/13] – Today, Representative Tim Walz (D-MN) spoke on the House floor about his allowed amendment to the National Defense Authorization Act (NDAA) that would commission a GAO study on the military’s use of personality and adjustment disorder discharges. He also spoke about his *Service Members Mental Health Review Act* (H.R. 975), which would ensure justice for wrongfully discharged veterans by reviewing and, when necessary, correcting service records for over 31,000 veterans who may have been misdiagnosed by the Department of Defense with a personality or adjustment disorder and improperly discharged. Earlier this week, Rep. Walz joined Rep. Jeff Denham (R-CA) to propose H.R. 975 as an amendment to the NDAA, but the amendment was blocked and was not allowed to be debated on the House floor.

Please find Rep. Walz’s remarks as prepared for delivery below:

“Sergeant Chuck Luther joined the Army after the 9-11 attacks. He served in Iraq until a mortar round hit near him knocking him unconscious. What followed were classic symptoms of Traumatic Brain Injury. Blurred vision, pain, and trouble concentrating.

“Liz Luras served this nation honorably as a soldier in the U.S. Army. She survived a rape at the hands of a fellow service member. She did her best to continue her military career with dreams of attending West Point. She was raped two more times with police reports and hospital visits to prove it.

“I know each of my colleagues here would expect that these warriors were cared for to the best of this nation’s ability. Sadly, the reality is far from that.

“Along with Liz and Chuck, since 2001 over 31,000 of our warriors have been discharged from the military without benefits because they were determined to have a personality or adjustment disorder. These are considered preexisting conditions.

“Even though Sergeant Luther had multiple mental health evaluations and served for a decade, it was only after the mortar attack the military determined he had a preexisting condition and casually threw him away with no benefits or healthcare.

“A 2008 GAO study concluded that at least 40 percent of these discharges were handed down without going through the proper Department of Defense process—that is without the service member being diagnosed by a licensed mental health care professional, without the service member receiving notification of their impending discharge, and without the service member receiving formal counseling.

“Five years after this report, Congress still has not done anything to ensure these veterans’ records are reviewed and, when necessary, corrected.

“Yesterday, Mr. Denham and I presented an amendment to this NDAA that would have allowed these warriors a basic appeal process to determine if they were improperly discharged. This amendment is the same as our bill H.R. 975. That amendment was not allowed to come to this floor for debate and a vote. Shame on us!

“A second amendment I offered would have put a moratorium on these discharges until we figure out if personality and adjustment disorder discharges are being used properly. That amendment was not allowed to come to the floor for debate and a vote. Shame on us!

“So the amendment I was allowed to offer today asks the GAO to do another study like the one that was done in 2008, to update the data.

“That’s fine and good, but Chuck Luther doesn't want just a study. He wants justice. Liz Luras doesn't want just a study. She wants justice. The American people don't want just another study. They want justice for our warriors.

“I challenge each of my colleagues to go home this weekend and ask your constituents if they want another study done or if they would rather fight for the rights of our warriors to get justice. I would also encourage my colleagues to ask why Mr. Denham and my amendments were not allowed to be heard on this floor.

“So while I ask my colleagues to support this amendment to study the scope of this self-inflicted tragedy, it is not enough. Not nearly enough.

“We should be ashamed that we have not shown Liz and Chuck, and the tens of thousands of warriors like them, the respect they have shown this nation by serving in our military. I for one will not rest until H.R. 975 is signed into law and this injustice is made right.”

## ***Veteran eMentor Program***

The Veteran eMentor Program leverages the internet to create a dynamic information sharing, learning and support community that extends far beyond the veteran's current network. Protégés can receive personalized career guidance, advice, support and inspiration from more experienced veterans, career mentors and veteran-friendly employers. This is how it works:

- Mentors and protégés are matched through a state of the art virtual mentoring website
- New Mentors and protégés complete an online profile, providing background information and interests that help match them to a suitable mentoring partner
- Once their profile is complete, protégés can immediately seek a mentor, ask a question, join a discussion forum, review posted resources, and more.
- When a mentor accepts a protégé’s invitation to connect, the pair work together to establish goals, develop an action plan, and measure progress against the stated objectives.
- Most relationships take place mainly online using either the platform's messaging tool or via regular email. Mentor pairs may choose to connect on the phone (which is highly encouraged) or meet in person.

- The relationship is supported with periodic training emails, newsletters, and online training opportunities for mentors and protégés, and the availability of phone or online coaching on any aspect of mentoring.
- Whether paired or unpaired, mentors can interact with protégés by posting in a discussion forum, answering protégés' questions, posting an article, or messaging specific protégés they would like to assist.

There are no fees or costs associated with this program. If interested go to [http://ementorprogram.org/registrations/join\\_request](http://ementorprogram.org/registrations/join_request) and complete the online request form to participate as a protégé or a mentor. In addition to the Veteran eMentor Leadership Program you can sign up for the three other programs offered which are:

- CadetMidnWomen eMentor Leadership Program
- OfficerWomen eMentor Leadership Program
- MilSpouse eMentor Leadership Program

[Source: Military.com Veterans Report article 10 Jun 2013 ++]

## ***VA Performance Update***

It seems to be human nature to complain when something goes wrong but not praise success -- and the adage "If it bleeds, it leads" still seems to hold sway in most newsrooms. That's also true when it comes to the modern Department of Veterans Affairs (VA) -- we hear much more about what goes wrong than what is working. VA certainly has room to improve, but I worry the relentlessly negative coverage could deter vets from seeking the care and benefits they deserve. I've previously written about the disability claims backlog at the Veterans Benefits Administration (VBA). The Veterans Health Administration (VHA) offers many benefits that make it a total system of care. I encourage veterans to use VHA, even though individual VA Medical Centers may vary fairly significantly, and some are struggling. Independent assessments have shown that VA outperforms Medicare and other systems. Today, I'd like to call attention to some great things VA does that many people may not know about.

1. Prosthetics -- There's nowhere else I'd want to go for a prosthetic device: "America's veterans receive the best prosthetic care in the world." VA works with veterans to get them what is required to do the types of activities they want to

do. For example, VA provides one of my friends with three legs: a regular leg for everyday use and two different specialty legs for use while doing CrossFit and running. In a review of civilian health insurance plans, over half did not specifically mention prosthetics; of those plans that covered, many had caps (often of \$5,000 or less). The X2, provided to veterans by VA, costs \$30,000. In addition to prosthetic devices, VA will also cover automobile adaptive equipment and provides a clothing allowance since prosthetics can cause clothing to wear out faster.

2. Service dogs -- VA covers veterinary care for the service dogs of blind and hearing-impaired veterans.

3. Transportation -- Veterans may be eligible for mileage reimbursements or have certain kinds of transportation (ambulance, wheelchair van, etc.) paid for when such transportation is considered necessary for travel to receive VA services.

4. Rural health care -- Many veterans live in remote areas and face challenges accessing health care; VA is pursuing multiple methods to better serve them, including opening new Community-Based Outpatient Clinics and sending mobile medical units and Vet Centers into many communities to make it easier for vets to get routine care and counseling. In addition, VA is expanding telemedicine technologies, eliminating the need for many veterans to travel long distances for routine visits.

5. Free care for OIF/OEF veterans -- All OIF/OEF/OND veterans get five years of free health care after they leave active duty. Beyond that, the tiered priority system can be confusing to many, but it's important to remember that all eligible veterans can use VA for care, though some (for example, those in higher income brackets without any service-connected disability) may have copayments.

At various points in my life, I've had no health insurance, civilian health insurance, and military health insurance and have used military medical care and VA medical care. None of these systems has been perfect -- I've gotten both good and bad care in every type of setting. Yet I've seen the most negative coverage of the VA. Veterans, advocates, and all citizens should certainly continue urging for continual improvement at VA. But rather than only sharing bad news when it pops up, we should also spread the success stories about what VA is getting right and urge

veterans to seek the care and benefits they have earned. [Source: The Blog | Kayla Williams [www.twitter.com/kwilliams101](http://www.twitter.com/kwilliams101) | 7 Jun 2013 ++]

## ***John Kline: Defense Bill Supports Troops and Their Families, Honors Veterans***

WASHINGTON – Congressman John Kline supported the bipartisan National Defense Authorization Act (NDAA) which passed the House of Representatives by a vote of 315-108. The bill, H.R. 1960 serves as the budgetary blueprint for the Pentagon.

“One of my priorities in Congress is championing legislation to support our men and women in uniform, veterans, and their families. I am pleased the national defense bill received bipartisan support from my colleagues in the House,” said Kline, a 25-year veteran of the U.S. Marine Corps whose son has served three tours in Iraq and Afghanistan. “This legislation, including a provision I championed ensuring health care for our veterans, provides critical support for our troops and veterans past and present and programs vital to the defense of our nation.”

Included in this year’s bill is Kline’s provision to ensure our veterans are given the choice they were promised between TRICARE Prime and TRICARE Standard health care insurance. In the absence of Kline’s provision, many veterans would be automatically enrolled in TRICARE Standard, leaving many retirees unable to cover the increased costs. The bill also maintains Kline’s Yellow Ribbon Reintegration Program, which provides for a stronger and more resilient ready reserve component.

In addition to Kline’s proposals, the legislation contains an annual pay increase for our troops above the president’s request and rejects the administration’s proposals to dramatically increase TRICARE fees.

Congressman John Kline serves on the House Armed Services Committee. He also serves as the Chairman of the Education and the Workforce Committee. He and his wife, Vicky, live in Burnsville.

## *Depleted Uranium Update*

The process of manufacturing enriched uranium from natural uranium used in nuclear reactors or weapons leaves “depleted” uranium (DU). DU has 40 percent less radioactivity, but the same chemical toxicity as natural uranium. The U.S. military uses tank armor and some bullets made with DU to penetrate enemy armored vehicles, and began using DU on a large scale during the 1990-1991 Gulf War. When a projectile made with DU penetrates a vehicle, small pieces of DU can scatter and become embedded in muscle and soft tissue. In addition to DU in wounds, soldiers exposed to DU in struck vehicles may inhale or swallow small airborne DU particles. Some Gulf War, Bosnia, Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans who may have been exposed to DU are those who were: on, in or near vehicles hit with friendly fire; entering or near burning vehicles; near fires involving DU munitions; or salvaging damaged vehicles.

DU is a potential health hazard if it enters the body, such as through embedded fragments, contaminated wounds, and inhalation or ingestion. Simply riding in a vehicle with DU weapons or DU shielding will not expose a service member to significant amounts of DU or external radiation. The potential for health effects from internal exposure is related to the amount of DU that enters a person’s body. If DU enters the body, it may remain in the body. Studies show high doses may especially affect the kidneys. So far no health problems associated with DU exposure have been found in Veterans exposed to DU. Researchers and clinicians continue to monitor the health of these Veterans. If you think you were exposed to depleted uranium during your military service, talk to your local VA Environmental Health Coordinator. A directory of these by state which provides names and contact info is available at <http://www.publichealth.va.gov/PUBLICHEALTH/exposures/coordinators.asp>. Ask to be screened for depleted uranium exposure, and ask about the Depleted Uranium Follow-Up Program. Refer to [http://www.publichealth.va.gov/PUBLICHEALTH/exposures/depleted\\_uranium/foollowup\\_program.asp](http://www.publichealth.va.gov/PUBLICHEALTH/exposures/depleted_uranium/foollowup_program.asp) for more info on the program.

Veterans who served in the 1990-1991 Gulf War, Bosnia, OEF, OIF, or OND may be eligible for the Depleted Uranium Follow-Up Program at the Baltimore VA Medical Center, a program to screen and monitor health problems associated with

depleted uranium exposure. Those exposed may be eligible for VA disability compensation benefits and health care benefits for health problems associated with depleted uranium in military service. Dependents and survivors of exposed vets also may be eligible for benefits. [Source: [http://www.publichealth.va.gov/PUBLICHEALTH/exposures/depleted\\_uranium/index.asp](http://www.publichealth.va.gov/PUBLICHEALTH/exposures/depleted_uranium/index.asp) Jun 2013 ++]

## ***National Women Vets Hotline Update***

A new national hotline is operated out of the Canandaigua VA (Department of Veterans Affairs) Medical Center and has the special focus of helping female veterans. The National Women Veterans Call Center opened in late April and is staffed by women employees. Female veterans from across the country can call the hotline and get information about benefits, resources for homeless veterans, education benefits and those seeking help for mental illness and military sexual trauma. Currently about ten female staff members man the phones so that women veterans feel comfortable asking questions. “Women veterans who have any sort of questions or concerns, they can call us and we will provide them the answers they need,” said Director Krista Stephenson. “We see ourselves as one-stop shopping for women veterans. We will get them the answers and refer them appropriately.”

Since opening in late April, the call center has reached out to more than 16,000 female veterans to let them know they are eligible for VA benefits. They also get, on average, about 100 calls a day from female veterans seeking help or information. Stephenson said that women make up 15 percent of today’s active duty military and the number of female veterans grows each year. However, Stephenson said many female veterans don’t seek help or benefits from the Department of Veteran Affairs. She explained that it may be because they don’t know they are eligible veterans. “Unfortunately, women do not see themselves as a veteran and they don't identify as a vet. Maybe because they were in a support role or they've never been deployed, so they don't see themselves as veterans.” Mother Kelly Ayer, the executive director of the Zion House in Avon, also said women veterans often do not seek help. The Zion House is a transitional home for female veterans and Ayer has seen women veterans who live on the streets because they don’t reach out for help. Ayer said, “One of the current residents did a full three-year tour in the Army and Navy. She served a total of six years in the military and had no clue that she was eligible for service. She's 60 years old and

she was ready to pitch a tent and live under a bridge.” Ayer said for a long time the problem was that there weren’t many resources for female veterans. She feels that that’s slowly starting to change and she supports this new hotline. “They can call this hotline and potentially get some resources and plugged into resources that would keep them from becoming homeless in the first place,” Ayer explained. “That’s huge. These women served honorably and served with distinction. I think it’s about time we be intentional about serving them so I’m very encouraged.”

Stephenson also acknowledges that the VA has recently improved its efforts in helping female veterans. “The VA has come a long way in providing women-specific services. I think where the VA was 20 years ago and where it is today is drastically different,” Stephenson said. If you would like to contact the National Women Veterans Hotline, call 1-855-VA-WOMEN (1-855-829-6636) [Source: ABC WHAM-13 | Angela Hong | 6 Jun 2013 ++]

## ***PTSD Update***

While post-traumatic stress disorder (PTSD) is often associated with Service members and veterans, affecting an estimated 11 to 20 percent of Service members after a deployment, eight percent of the U.S. population at large will be affected by PTSD in their lifetime. The observance of June as PTSD Awareness Month helps highlight this issue of national importance. PTSD is an anxiety disorder which may occur after experiencing a traumatic event such as combat exposure, physical or sexual assault or a serious accident, and may result in symptoms ranging from chronic sleep problems to irritability and hyper-vigilance. Not all Service members or veterans suffer from PTSD as a result of their military service, and those Service members who do experience PTSD are rarely dangerous to themselves or others, as the stereotypes imply. As President Obama recently noted in his remarks at the National Conference on Mental Health, “the overwhelming majority of people who suffer from mental illnesses are not violent. They will never pose a threat to themselves or others.”

PTSD can still impact a Service member’s successful recovery and transition, however, particularly in the area of employment. Many organizations, such as the White House’s Joining Forces initiative <http://www.whitehouse.gov/joiningforces>, GE’s Get Skills to Work coalition <http://www.getskillstowork.org>, and the US

Chamber of Commerce’s Hiring Our Heroes program <http://www.uschamber.com/hiringourheroes> have made great strides in improving Service member and veteran employment outcomes, but myths and misperceptions about Service members and veterans with PTSD still persist. Campaigns such as the Army’s “Hire a Veteran” <http://www.wtc.army.mil/employers> have been launched to debunk these myths, and additional information about PTSD is available from sources including the Defense Centers of Excellence (DCoE) <http://www.dcoe.health.mil> and others. Another important component of addressing PTSD is to ensure that it is properly diagnosed and treated. In his speech, President Obama also noted that “less than 40 percent of people with mental illness receive treatment — less than 40 percent. We wouldn’t accept it if only 40 percent of Americans with cancers got treatment. We wouldn’t accept it if only half of young people with diabetes got help. Why should we accept it when it comes to mental health? It doesn’t make any sense.” If you are, or know of, a Service member in need of help or treatment, resources from the National Resource Directory (NRD) [https://www.nrd.gov/health/medical\\_psychological\\_and\\_behavioral\\_health\\_conditions/post-traumatic\\_stress\\_disorder\\_ptsd](https://www.nrd.gov/health/medical_psychological_and_behavioral_health_conditions/post-traumatic_stress_disorder_ptsd), the DCoE’s Real Warrior’s Campaign <http://www.realwarriors.net> and the Department of Veterans Affairs (VA)’s National Center for PTSD [http://www.ptsd.va.gov/about/ptsd-awareness/ptsd\\_awareness\\_month.asp](http://www.ptsd.va.gov/about/ptsd-awareness/ptsd_awareness_month.asp), are excellent places to start. [Source: Warrior Care blog | Lethadolza | 6 Jun 2013 ++]

## ***PTSD Update 2***

Veterans with post-traumatic stress disorder can be treated with transcendental meditation, says a leading US expert on the practice. Fred Travis of the Maharishi University of Management in Iowa has won a \$2.4 million grant from the US Department of Defense for research on the use of meditation to help veterans from the Afghanistan and Iraq conflicts cope with stress. Dr Travis, who is speaking in Sydney this week, believes its application with Australian Defense Force staff should also be investigated. Three US studies have shown that transcendental meditation can have remarkable results. There are concerns that, when the ADF pulls out of Afghanistan at the end of the year, there will be a higher number of veterans with PTSD. A Defense spokesman said that, by the end of last year, about 28,300 veterans of all wars, conflicts, peacekeeping and other eligible services had an accepted disability through Department of Veterans'

Affairs for stress disorders, including PTSD. Dr Travis said transcendental meditation helped to reverse the effects of PTSD in Vietnam veterans after 30 days. Symptoms went from severe to non-symptomatic. "The very foundations of the problems of PTSD are turned off," he said. "Trauma is a specific type of experience and, when the mind settles down to silence within, you feel complete, you feel in control, which is the opposite experience of trauma." Renee Ireland of the Centre for Military and Veterans' Health at Queensland University said it was seeking funding to get a pilot study off the ground in Australia. She said meditation could help people where more conventional treatments hadn't worked. "There isn't as much stigma attached to it as there might be for people having to go into a psychologist's or a psychiatrist's office," she said. [Source: The Sydney Morning Herald | Tim Barlass | 9 Jun 2013 ++]

## **VA Budget 2014 Update**

The U.S. House voted to give the Veterans Affairs Department, which was exempted from this year's budget cuts and furloughs, the money to hire more staff in fiscal 2014. The Military Construction and Veterans Affairs, and Related Agencies Appropriations Act (H.R.2216) spending bill, which advanced on a vote of 421-4, would allow the department to hire 94 new employees to help handle a backlog of disability claims that has drawn the ire of lawmakers. The department has 56 regional benefits offices serving more than 20 million veterans. "I will not accept any further excuses; the VA must make progress," Representative Nita Lowey, the top Democrat on the panel that wrote the appropriations bill, said. Average wait times for first-time disability claims range between 316 days and 327 days, according to a May 28 bipartisan letter signed by 165 House lawmakers. The legislation was the first of its 12 annual spending bills to reach the House floor. It would increase resources for military veterans and reduce funding for Pentagon construction projects. The bill's \$157.8 billion total is almost \$13 billion more than current funding levels. The Veterans Affairs Department would be given 3.5 percent more in fiscal 2014, in part to help reduce its backlog of disability claims, while funding for Defense Department construction spending would decline by about 7 percent. "Clearly this is an austere budget year, to put it mildly," Kentucky Republican Hal Rogers, chairman of the House Appropriations Committee, said. "Virtually all areas of the government will face cuts."

The bill would place restrictions on some funds in order to require the Pentagon and VA to develop a single system for housing medical records. The Pentagon said last month that it plans to buy a new electronic health records system, instead of building a single system to handle current and former troops' health records with the VA. Defense Secretary Chuck Hagel promised to work closely with VA Secretary Eric Shinseki to develop a "seamless system," according to a Pentagon statement on 22 MAY. The measure "does not mandate the adoption of a particular system, only that it be a single system," said Sanford Bishop of Georgia, the top Democrat on the Appropriations Military Construction, Veterans Affairs and Related Agencies Subcommittee, said. "I don't think that we should get into the business of picking software." Companies including Palo Alto, California-based Hewlett-Packard Co. (HPQ), Armonk, New York-based International Business Machines Corp. (IBM) and McLean, Virginia-based SAIC Inc. (SAI) have won contracts for work on the Pentagon's existing system for maintaining medical records.

The bill would prohibit using funds for new construction or renovations to facilities in the U.S. to house individuals detained at Guantanamo Bay, creating a potential roadblock for President Barack Obama, who on May 23 said he is directing the Defense Department to designate a U.S. site where trials by military commissions can be held. Obama said that he'll ask Congress to lift restrictions on transferring Guantanamo detainees to other countries and lift a moratorium on transfers to Yemen. Obama pledged in 2009 to close the prison at Guantanamo. Lawmakers didn't include the \$185 million requested by the Obama administration to cover a 1 percent civilian pay raise. That omission is one of the reasons that the White House objected to the way the bill was written. Other objections included the prohibition on funding to house Guantanamo Bay detainees in the U.S.; and incremental funding for a military construction project at Aberdeen Proving Ground in Maryland, which "runs counter to sound budgeting principles and fiscal discipline."

Seeking to pressure the House GOP into making a larger budget deal to avert another debt ceiling fight later this year, President Obama on Monday threatened to veto all spending bills that come to his desk, including the Military Construction and Veterans' Affairs spending bill. The Hill reported this week that House Democrats will support a GOP-backed spending bill despite President Obama's veto threat. Minority Whip Steny Hoyer (D-Md.) said on 4 JUN that while

Democrats would support a bill to fund military construction and the Department of Veterans Affairs, they would also vote to uphold a veto if it ever got to the president's desk and Obama used his veto pen. Democrats and the White House want Republicans to negotiate a budget agreement for fiscal 2014 that eliminates the sequestration spending cuts that took effect earlier this year. The military construction and Veterans Affairs appropriations bill is the most bipartisan of the 12 appropriation bills. But while Democrats support the legislation, they also oppose Republican attempts to make steep spending cuts in other departments to keep with an overall spending level consistent with sequestration. [Source: TREA News for the Enlisted 31 May & Bloomberg News | Timothy R. Homan | 4 Jun 2013 ++]

## ***NDAAs 2014 Update***

House lawmakers on 5 JUN moved to tie military sexual assault policy reform to next year's defense funding, linking two of the Pentagon's biggest headaches in a single legislative package. A day after top military brass were called before the Senate to address a perceived indifference toward sexual assault problems, members of the House Armed Services Committee opened debate on their annual defense authorization bill, which includes stricter punishment for rapists and less discretion for commanders reviewing sexual assault crimes. Committee ranking member Adam Smith (D-WA) called the problem "a stain on the military right now" and a "deep cultural problem" that legislation alone won't fix. Debate over specific steps was expected to stretch late into the evening of 12 JUN, but lawmakers in both chambers were considering limiting military authorities' ability to dismiss or reduce court martial convictions and expanding resources to help victims of such attacks. Pentagon officials have already promised the latter but oppose the former, saying such sweeping changes to military justice rules could have wide-ranging, unintended consequences. However, Senate Armed Services Committee chair Carl Levin killed the proposal to take away military commanders' control in deciding whether to prosecute sexual assault cases and give it to an independent prosecutor. Levin will likely opt for a weaker proposal, from Sen. Claire McCaskill, that prevents commanders from overturning a court martial conviction.

The Senate Armed Services Military Personnel Subcommittee drafted its version of the FY 2014 defense authorization bill on 11 JUN. The subcommittee rejected DoD's proposal to dramatically increase TRICARE fees while accepting a proposal

to cap the 2014 military pay raise at 1 percent – well below the 1.8 percent established under current law. Despite this early success on TRICARE fees there is concern whether the subcommittee's proposal will survive as the bill moves forward. The subcommittee's ranking member, Sen. Lindsey Graham (R-SC) stated he would attempt to include some of the Pentagon's TRICARE fee hikes when the bill is debated by the full committee later in the week.

The annual authorization bill sets policies and priorities for the Defense Department, along with outlining anticipated spending for the upcoming fiscal year. Lawmakers began debate on the annual defense appropriations bill, the other half of the Pentagon's budgetary legislation. Both plan for a 1.8 percent pay raise for troops next January — higher than the White House's 1 percent raise proposal — and would drop Pentagon plans for another base closure round to create future savings. But neither the \$638 billion authorization bill nor the \$512 billion appropriations bill (which differ due to war funding issues and outside agency overlaps) deal with the reality of sequestration, deep automatic budget cuts mandated by Congress two summers ago. Since then, defense leaders have lamented that arbitrarily trimming up to 10 percent from military agencies to meet deficit reduction goals is bad policy, and pleaded with lawmakers to reverse the cuts. They have not, despite repeated promises to do so.

Defense department civilian employees face 14 days of furloughs to help budget officials reach the first round of sequestration cuts for fiscal 2013. Pentagon leaders have warned that cuts in future years could be more severe, limiting training and readiness of troops. But the White House defense budget request this spring was sent to Congress about \$30 billion above the fiscal 2014 sequestration level, gambling that a divided Congress will finally find a solution to the issue. On 5 JUN Smith said he worries that administration officials and lawmakers still haven't grasped the reality of the deep automatic budget cuts, leading the department towards another fiscal panic if a last-minute solution doesn't emerge. Senate committee members are expected to finalize both budget bills in coming days, and forward them to the full House for votes in late June or early July. The Senate still has not offered any public drafts of its defense budget plans, and the two sides likely won't settle on a final bill until this fall. That could be too slow a process for many critics of the military's handling of sexual assault issues. In recent weeks, the military has endured harsh criticism over an increase in estimated cases of assault in the ranks and a series of high-profile, high-

embarrassment incidents involving service personnel — including the arrest of the head of the Air Force’s sexual assault prevention efforts on charges of drunkenly groping a woman.

White House, Pentagon and congressional leaders have framed the problem as one of national security, jeopardizing the readiness and morale of troops. Armed Services Committee chairman Rep. Buck McKeon, R-Calif., said lawmakers have no choice but to take action “protecting (service members) from the unacceptable risk of sexual assault.” Based on legislative language for H.R.1960 that was provided to CBO from May 30 through June 5, CBO estimates that enacting this bill would decrease net direct spending by \$26 million in 2014, \$18 million over the 2014-2018 period, and \$2 million over the 2014-2023 period. [Source: Stars and Stripes | Leo Shane | 5 Jun 2013 ++]

## ***Military Same Sex Marriage Update***

The Navy will begin training for leadership and support elements to be ready to provide eligible benefits to same-sex domestic partners of service members and their children beginning 31 AUG. "Extending these benefits reinforces the principle that all those who volunteer to serve are treated with dignity and respect and ensured fairness and equal treatment to the extent allowable under law," said Rear Adm. Tony Kurta, director military plans and policy. Training must be accessed by all current and prospective, active and reserve command triads via Navy e-Learning and must be completed by 23 AUG according to NAVADMIN 152/13. The training will assist leadership in a knowledgeable and professional extension of benefits beginning 31 AUG when service members will be able to submit a "Declaration of Domestic Partnership for DEERS Enrollment" (DD653) and obtain a Department of Defense identification for their same-sex partners to access benefits detailed in the February 11 memo by Secretary of Defense. Earlier this year, DoD identified family member and dependent benefits that the services can lawfully provide to same-sex partners and their families through changes in Department of Defense policies and regulation. To make all of these benefits available to same-sex partners of our service members, Navy reviewed and is modifying all necessary instructions, notices, and MILSPERMAN articles, and conducting training to ensure a clear understanding of the benefits and documentation requirements. Benefits that will be extended to same-sex domestic partners and families include:

- Dependent ID cards (DD Form 1173) which will be renewed in accordance with existing policies.
- Commissary and Exchange.
- Access to Morale, Welfare and Recreation (MWR).
- Access to child and youth programs. This includes child care, youth programs and youth sponsorship.
- Space-Available Travel on DoD Aircraft.
- Joint duty assignment (collocation) for dual-military partners.
- Access to Legal Assistance.
- Access to most Family Center Programs.
- Emergency leave and emergency leave of absence for the military member to attend to partner emergencies.
- Access to sexual assault counseling program. Emergency care provided; additional care determined by medical eligibility.
- Exemption from hostile-fire areas for dual-military if partner is killed in a combat zone.
- Transportation to and from certain places of employment and on military installations.
- Transportation to and from Primary and Secondary school for minor dependents.
- Disability and death compensation: dependents of members held as captives.
- Payments to missing person.
- Authorization to participate in surveys of military families, including the quadrennial quality of life review.
- Authority of Service Secretary to transport remains of a dependent

Changes to instructions, notices, and MILSPERMAN articles needed to implement extending eligible benefits to same-sex partners will be completed by 31 AUG. Benefit FAQ's are posted on Navy's DADT Post Repeal website on Navy Personnel Command's web page under Support and Services

<http://www.public.navy.mil/bupers-npc/support/dadt/Pages/default.aspx> .

[Source: Chief of Naval Personnel Public Affairs News 4 Jun 2013 ++]

## ***Klobuchar Legislation to Help Fight Sexual Assault in the Military Included in National Defense Authorization Act***

Washington, DC — U.S. Senator Amy Klobuchar today announced that her legislation to help fight sexual assault in the military was included in the National Defense Authorization Act (NDAA). The bill, which passed the Senate Armed Services Committee, includes Klobuchar’s provisions to require the Secretary of Defense to retain reports of sexual assault for at least 50 years to help victims pursue justice; make it easier for service members to report abuse; and strengthen military sexual assault prevention programs.

“As a former prosecutor, I know how important it is to have strong policies in place to combat sexual assault,” said Klobuchar. “While we have made some progress in establishing new policies to address sexual assault in the ranks, recent events are a chilling reminder that we need to do more to address this horrible crime. This legislation is critical to help fight military sexual assault and I will continue to work to ensure offenders are prosecuted and make sure victims have the support they need and deserve.”

This year Klobuchar has led several pieces of legislation to help fight sexual assault in the military. The following provisions were included in the National Defense Authorization Act:

Provisions from the *Military Sexual Assault Prevention Act of 2013*, which Klobuchar introduced with Senator Lisa Murkowski (R-AK) that would require the Secretary of Defense to retain restricted reports of sexual assault for at least 50 years. This removes the language that would have required that the report be retained only at the request of the filing service member, allowing for automatic retention of the reports. Also included in the NDAA is a requirement that the disposition of substantiated sexual-related offenses be noted in personnel records, which will help ensure that commanders are aware of potential repeat offenders.

Provisions from legislation Klobuchar introduced with Senator Claire McCaskill (D-MO) to make it easier for service members to report cases of abuse by

strengthening existing military whistleblower protection laws to ensure that victims of sexual crimes are protected from punishment for reporting sexual assault. The legislation aims to address the fact that many cases of sexual assault go unreported, often due to service members' fear of retaliation or compromising their career. The legislation would add sexual assault and other sexual misconduct offenses to the list of violations for which communications to members of Congress or the inspector general are protected. The bill also prohibits retaliatory action, and subjects any retaliatory action to DOD Inspector General investigation.

Provisions from legislation Klobuchar introduced with McCaskill to enhance military sexual assault prevention programs by strengthening the criteria for sexual assault prevention programs. Specifically the bill would require the Secretary of Defense to review the training, qualifications and experience of personnel responsible for sexual assault prevention and response within the armed services. The bill would also require personnel lacking the necessary qualifications to be subjected to reassignment or re-training certification. In addition, the Secretary of Defense would update the current training and certification policies in place for military sexual assault response personnel and set minimum levels of training, qualification, and experience across the military services.

In recent years there has been an increase in reports of sexual assaults in the military. The Fiscal Year 2012 Annual Report on Sexual Assault in the Military report shows that the number of sexual assaults reported by members of the military rose from 3,192 to 3,374 in 2012, and the Department estimates that as many as 26,000 service members were assaulted, up from 19,300 estimated in 2010. It also reveals a 1.7% increase in active duty servicewomen experiencing unwanted sexual contact and a 6% increase in reported sexual assaults since 2010. Klobuchar has met with White House officials and other Senate and House members to discuss ways to fight sexual assault in the military. Klobuchar also met with Major General Gary Patton, the Director of DOD's Sexual Assault Prevention and Response Office (SAPRO) to discuss the report and initiatives to combat sexual assault in the military.

## ***New Technology in Place for Electronic Submission of Veterans' Disability Claims Capability Marks Major Milestone in VA Transformation to Digital Claims Process***

WASHINGTON (June 18, 2013)– A new online application from the Department of Veterans Affairs (VA) enables disability compensation claims to be processed faster in a more end-to-end electronic environment, and VA is urging Veterans and their Veterans Service Organization (VSO) representatives to make full use of its capabilities to receive speedier decisions and reduce the backlog of claims.

The availability of the joint VA-Department of Defense Web portal eBenefits, which now integrates with the new internal Veterans Benefits Management System (VBMS) electronic claims processing system, marks a major milestone in VA's transformation from paper claims records to a fully digital operating environment, one of the keys to VA's goal to eliminate the disability claims backlog by the end of 2015. VBMS has now been fielded at all 56 Regional Offices across the country, ahead of schedule. VA will continue to upgrade and improve VBMS based on user feedback, and add features and tools that make it faster and easier to process claims. Instead of filling out and mailing paper forms to VA, Veterans can now use eBenefits to enter claim information online using a step-by-step, interview-style application, with pre-populated data fields and drop-down menus similar to popular tax preparation software.

“There are so many advantages to making this move from paper to digital – for both Veterans and VA” said Under Secretary for Benefits Allison A. Hickey. “Veterans can now file their claims online through eBenefits like they might do their taxes online.”

By filing electronically, any compensation benefits that are awarded will be effective back to the date the Veteran started entering their claim information in eBenefits. From that initial claim establishment date, each Veteran has up to a year to gather all necessary records and hit “submit” to preserve their original date of claim.

eBenefits allows Veterans to upload digital images of records and evidence to support their claims, bypassing the need to physically mail in personal records and wait for confirmation of receipt. VA is advising Veterans to gather and submit all relevant medical records and file a Fully Developed Claim (FDC) in eBenefits, which entails entering all available evidence at the time the claim is submitted and verifying to VA that they have no more evidence to submit. Veterans filing an FDC will receive priority processing over the traditional claims process. VA can typically process FDCs in half the time it takes for a traditionally filed claim, and there is no risk to Veterans in filing an FDC. If VA finds that there is a piece of relevant evidence that was not submitted by the Veteran, but is needed for a rating decision (like private medical records), claims processors will work to obtain that evidence on the Veteran's behalf and process the claim in the traditional way.

Once logged into eBenefits, Veterans can also choose to have an accredited VSO representative assist with their claim submission by filing an electronic power of attorney form. Using this new system, the chosen VSO representative, with proper authorization, will be able to see the contents of a Veteran's claim, track its status, and add additional information when needed. A Veteran and his or her representative can even work a claim simultaneously while both are logged into the system, enabling VSOs to assist more Veterans in their homes or even remotely.

VA will still accept claims in paper form, though processing may take longer than for an electronically-submitted claim. As of this summer, VA scans all new paper claims and uploads them into VBMS so they too can be processed electronically, though without many of the benefits provided when Veterans initiate the process in eBenefits such as guided questions that help ensure complete and accurate information and the immediate receipt of information without having to wait for the scanning and processing of paper documents. In addition to filing claims online, registered eBenefits users can track their claim status and access information on a variety of other benefits, like pension, education, health care, home loan eligibility, and vocational rehabilitation and employment programs.

A free Premium eBenefits account is required to file claims electronically. The quickest and most convenient method of establishing a free premium eBenefits account is to complete the remote verification process through the eBenefits

home page, or use DoD's common access card (CAC) to register for and/or upgrade to a free premium account. Veterans can also establish an account by telephone at 1-800-827-1000, option 7, if they are in receipt of VA benefits via direct deposit, or by visiting a VA regional office or TRICARE Service Center (if they are a military retiree). For the location of the nearest VA regional office, visit [www.va.gov](http://www.va.gov) and search the VA regional benefits office locator.

While compensation claims are pending, eligible Veterans are able to receive healthcare and other benefits from VA. Veterans who have served in recent conflicts are eligible for 5 years of free healthcare from VA. Currently, over 55% of returning Iraq and Afghanistan Veterans are using VA healthcare, a rate of utilization greater than previous generations of Veterans.

This is the latest effort in support of the Secretary's plan to eliminate the backlog. On May 15, VA announced that it is mandating overtime for claims processors in its 56 regional benefits offices through the end of fiscal year 2013 to help eliminate the backlog, with continued emphasis on high-priority claims for homeless Veterans, those claiming financial hardship, the terminally ill, former Prisoners of War, Medal of Honor recipients, and Veterans filing Fully Developed Claims.

In April, VA announced an initiative to expedite compensation claims decisions for Veterans who have waited one year or longer. On April 19, VA began prioritizing claims decisions for Veterans who have been waiting the longest by providing decisions based on evidence currently in hand that allow eligible Veterans to begin collecting compensation benefits quickly while waiting for their final eligibility decision. For more information about VA benefits, go to <http://www.benefits.va.gov>. For more information on VA's Transformation, go to <http://benefits.va.gov/transformation>.