



## Federal Update for December 2 - 6, 2013



### **DoD Benefit Cuts Update ► Who Moved the Goal Post?**

Secretary of Defense Chuck Hagel recently outlined six budget priorities that will shape the Pentagon's FY 2015 budget proposal, which includes protecting investments while seeking "significant savings" in the area of personnel and compensation. The six priorities are

- Focus on eliminating middle management/"back-office" staffs.
- Reevaluate how the military should organize, train, and equip.
- Prepare for prolonged readiness challenges.
- Protect investments in acquisition and procurement.
- Reconsider the appropriate force mix across the services.
- Slow the growth of pay and benefits.

The six priorities are a result of the secretary's earlier Strategic Choices and Management Review and reflect the department's continuing struggle to deal with the "too fast, too much, too abrupt, and too irresponsible" sequestration cuts. One of Hagel's priorities is to protect investments in acquisition and procurement programs. This is the same area in which the Government Accountability Office (GAO) has found both cost and schedule growth remains significant. In their October report on defense acquisition, the GAO cited "39 percent of fiscal 2012 programs have had unit cost growth of 25 percent or more." However, this costly growth area seems to be exempt from scrutiny by DoD.

What is troubling is Hagel's sixth priority — slowing the growth of pay and benefits. In his statement, he urges Congress to permit more reforms to personnel accounts, stating, "Without serious attempts to achieve significant savings in this area — which consumes *roughly half* of the DoD budget and is

increasing — we risk becoming an unbalanced force, one that is well-compensated but poorly trained and equipped, with limited readiness and capability." What concerns MOAA is he states personnel accounts consume roughly half of the DoD budget. Who moved the goalpost? In April of this year, DoD presented their FY 2014 budget submission, which stated, "The cost of military pay and allowances, combined with military health care, comprises about *one-third* of the Department's budget." Now, seven months later, what appears to be part of a broader Pentagon public relations campaign to garner support for cutting currently serving and retiree pay and benefits is to state personnel costs consume roughly half of the budget.

What changed? What changed is the Pentagon's definition of personnel accounts. The new interpretation goes well beyond the traditional military personnel and defense health care accounts, which have remained relatively unchanged as a third of the DoD budget for the past 30 years. Their definition now includes all pay and benefits — for current military and civilian personnel, retirees, and direct and in-kind services (such as DoD schools, commissaries, and more). MOAA has shown members of Congress the military personnel accounts (to include health care) have remained steady for years, but now the Pentagon has thrown in the kitchen sink to make a more alarming and inflated statement. The Pentagon uses terms like "slow the growth" and "bend the curve" to mask the very real impact those processes will have on people's lives. They're hiding behind budget jargon and vague words in an effort to avoid blame for what they're actually doing. They hope this new math and ambiguous wording will provide them with the ammunition needed to cap pay and shift billions in health care costs onto beneficiaries, as if those who wear or have worn the uniform are a liability rather than our most precious national defense asset. Sustainability of the all-volunteer force is key to securing our national defense. You sustain the force with pay that is comparable with private-sector pay and a retirement package that ensures a skilled career force. The bottom line: It's no surprise DoD resorts to moving the goalposts and changing calculation methods in clinging to their case. But no matter how Pentagon leaders try to skew the data, the plain truth is military personnel costs are not breaking DoD's bank. [Source: MOAA Leg Up 15 Nov 2013 ++]

## DoD Benefit Cuts Update ► CBO Vet Deficit Reduction Options

Military members, retirees and veterans have a few more reasons to be wary of politicians who say their priority is to cut federal spending. The Congressional Budget Office on 13 NOV released a report of more than 100 options for reducing budget deficits in the years 2014 thru 2023. More than a few of the CBO options are fresh ideas to roll back compensation for categories of veterans or to raise Tricare fees for military retirees, on suggestions that the government is being too generous. To be fair, CBO is not singling out veterans. There are options in the report to make nervous many segments of society dependent on federal payments, from Social Security recipients to drug manufacturers.

But for select veterans' programs, CBO makes some hard-edged points that lawmakers bent on cutting spending might find compelling, if not persuasive, to help address the nation's debt crisis. Here are some of those ideas:

- **Cap pay raises:** From 2000 through 2010, Congress approved basic pay raises that averaged a half-percentage point above private sector wage growth. The military could save \$25 billion from 2015 to 2023 by reversing course, capping raises yearly at 0.5 percent below civilian wage growth. CBO predicts only a "minor" effect on force retention.
- **PRO:** Evidence in favor of this move are data showing cash compensation for enlisted members now exceeds wages of 90 percent of civilian counterparts, well above the Defense Department's goal of keeping service pay ahead of 70 percent of civilians of similar age and educational background. CBO said officer compensation exceeds 86 percent of private sector peers.
- **CON:** The case against capping raises is that recruiting and retention goals could be compromised, CBO says, and smaller raises also dampen other elements of military compensation, including retirement annuities.
- **Raise Tricare fees:** Option 1. Target military retirees cost share for health care. Have Tricare-for-Life users — retirees, spouses and survivors age 65 and older — pay the first \$550 of costs not covered by Medicare and then 50 percent of the next \$4,950.

- *PRO*: CBO says this would slow Tricare costs by \$31 billion from 2015 to 2023 but also save Medicare dollars as older beneficiaries seek fewer health services.
- *CON*: The drawback is that some TLF users might not seek needed preventive care or manage their chronic conditions as closely as they do now.
- Raise Tricare fees: Option 2. Targets “working age” retirees and families enrolled in Tricare Prime by raising fees, deductibles and co-pays in a complex combination too detailed to describe here. The Prime changes for retirees could save from \$2 billion to \$11 billion by 2023, depending on final details.
- Concurrent receipt: Until 2003, military retirees who drew tax-free compensation from the Department of Veterans Affairs for service-connected disabilities saw retired pay reduced by an equal amount. Congress phased out this ban on “concurrent receipt” over several years for retirees with disability ratings of 50 percent or higher. As a result, last year 420,000 retirees received \$7 billion in concurrent receipt payments. Lifting this ban, CBO suggests, encouraged many more retirees to seek a VA disability rating. In 2005, only 33 percent who served 20 or more years received VA disability pay. By 2012, that proportion of longevity retirees drawing disability pay had climbed to 45 percent. CBO says \$108 billion could be saved from 2015 to 2023 if the ban on concurrent receipt were restored for current and future retirees.
- *PRO*: Retirees would still receive higher after-tax payments than would retirees who are not disabled.
- *CON*: The argument against is that retired pay and VA pay compensate for “different characteristics of military service: rewarding longevity in the former case and remunerating for pain and suffering in the latter. Moreover, some retirees would find the loss of income financially difficult.” That CBO floated such an option could dampen hope among military retirees with disabilities rated 40 percent and less that Congress someday will lift the concurrent receipt ban for them too.

- **Narrow eligibility for VA compensation:** The law requires VA to define “service-connected” ailments broadly so if symptoms occur in service the condition usually is compensable. Last year, CBO says, VA paid 520,000 veterans a total of \$2.9 billion “for seven medical conditions that ... are generally neither caused nor aggravated by military service.” VA could save \$20 billion from 2015 to 2023 if it stopped compensating veterans for chronic obstructive pulmonary disease, arteriosclerotic heart disease, hemorrhoids, uterine fibroids, multiple sclerosis, Crohn’s disease and osteoarthritis. Indeed, if Congress eliminated “compensation for all disabilities unrelated to military duties,” CBO says, the savings would be far greater, though, admittedly, this “would be more difficult to administer.”
- **PRO:** The argument in support is that VA disability pay should be more comparable with civilian systems, which “do not typically compensate individuals for all medical problems” that develop during employment.
- **CON:** The opposing argument is that military service “imposes extraordinary risks” and hardships, which justify current pays and benefits, including compensation for those who become disabled in any way while in service.
- **Tighten VA “IU” benefits:** VA will supplement regular disability compensation for veterans not rated 100 percent disabled if they are deemed “unable to engage in substantial work,” CBO explains. The “individual unemployability” benefit is paid today to 300,000 veterans, boosting monthly incomes by an average of \$1,800. One-third of IU veterans, however, are over 65, the age by which many American workers are retired and drawing full Social Security benefits. CBO said VA could save \$15 billion by 2023 if it stopped IU to older veterans.

These are not recommendations, CBO says — only options intended to inform lawmakers. [Source: The News Tribune | Tom Philpott | 16 Nov 2013 ++]

***DoD Benefit Cuts Update ► Stars & Stripes/Pentagon Channel***

The Pentagon, under intense pressure to maintain American military might in an era of sequestration and falling budgets, is considering the elimination of Stars and Stripes and the Pentagon Channel as well as programming cuts to American Forces Network. The Cost Assessment and Program Evaluation office, which answers to the secretary of Defense, has been tasked with reviewing spending on all such media products. The Pentagon typically refuses comment on budget studies while in process, and when asked for information on the scope and intent of the review, officials would only say all of DOD is currently the subject of a top-to-bottom spending review ordered by Defense Secretary Chuck Hagel. “In this budget environment, we’re looking at everything,” said Navy Cmdr. Bill Urban, spokesman for the cost assessment office. Bryan Whitman, principal deputy assistant secretary of defense for public affairs, referred queries on the matter back to Stars and Stripes managers and Defense Media Activity.

Ray B. Shepherd, the head of the Defense Media Activity, which oversees all three outlets, refused to elaborate on the study. “We’ve been asked to look at everything,” Shepherd said. Although the parameters of the review are unclear, Stars and Stripes publisher Max Lederer said budget officials have been making unprecedented requests for information. He said he’d been tasked with providing budget numbers and scenarios for cuts — sometimes given just hours to do so — without being told why the review was underway. “When you get asked questions in a vacuum, you get concerned,” Lederer said. According to Shepherd, the 2013 budget for American Forces Radio and Television Service was \$51.6 million, and costs for the Pentagon Channel about \$6.1 million. Stars and Stripes’ DOD subsidy for 2014 was \$7.8 million, according to its chief financial officer, Bill Murphy. The majority of the paper’s budget comes from advertising, newspaper sales and other staff-generated revenue. While the American Forces Network and The Pentagon Channel are command-directed information outlets, Stars and Stripes is editorially independent under federal law. The newspaper, which distributes a daily print paper in the Middle East, Asia and Europe and maintains a growing online presence, is staffed almost exclusively by civilians and has a civilian ombudsman who answers to Congress.

Asked 20 NOV, senators with the Armed Services Committee, who must consider deep cuts in end strength for the services, cuts to weapons programs and trimming of military benefits, said they had not been apprised of any such review. “I had just heard rumors,” said Sen. John McCain (R-AZ). “But I think it would be a

terrible mistake, I really do. The men and women who are serving get a lot of their information this way. It's a great conduit to spread information to the men and women who are serving all over the world. "Armed Forces Network, among many other things, does sports, which all of our men and women love," McCain said. "So I think it would be crazy." Sen. Claire McCaskill (D-MO) agreed. "I don't like the idea. I certainly acknowledge [the Pentagon has] some really difficult choices ahead, and I'd want to look at it, but I think an independent editorial voice like Stars and Stripes provides is pretty darn important for transparency and accountability and oversight in the military." [Source: Stars & Stripes | Editor | 25 Nov 2013 +]

## ***DoD Medical Countermeasures ► DoD Duplicating Effort by HHS***

A Los Angeles Times article reports that a Defense Department biodefense facility under construction in Florida is widely seen as unnecessarily duplicating work carried out by the Health and Human Services (HHS) Department. The Pentagon plant, once finished, would manufacture medical countermeasures for U.S. troops that could be used against biowarfare agents. Some of the expense of the facility is being paid for by reallocating Defense dollars intended for the purchase of new biodefense and chemical protection gear and equipment, according to government records and security experts. The HHS is already cooperating with university scientists and pharmaceutical firms at a cost of billions of dollars to produce the same kinds of biowarfare countermeasures as the Pentagon facility is expected to manufacture.

Construction began late last month. The military is pursuing the project against the recommendation of a 2009 report ordered by the White House. The analysis by the Tufts Center for the Study of Drug Development recommended that the government work with private industry to acquire the needed medicines, as "contract manufacturing is less costly and timelier than constructing and operating a dedicated facility." However, Andrew Weber, assistant Defense secretary for nuclear, chemical and biological defense programs, pushed for the facility. He reportedly thought his HHS opposites were moving too slowly in securing steady sources for the production of vaccines and countermeasures. "We started off talking about doing this together," said an anonymous HHS official who participated in the 2010 interagency biodefense discussions. After a while,

though, it became clear that Weber did not want the HHS Biomedical Advanced Research and Development Authority -- which funds the development of medicines for use against weapons of mass destruction -- to have superseding control over countermeasure production, according to the Times report. The Pentagon "wanted to be in charge of their own fate," another unnamed HHS official said.

Weber's vision won the support of the White House in late 2010 when President Obama's then-chief counter-terrorism adviser, John Brennan, signed off on a document that said the Pentagon should "establish agile and flexible advanced development and manufacturing capabilities." The department anticipates it will cost \$40 million annually over the coming five years to run the Florida facility, said James Petro, a senior aide to Weber. Additional monies would be needed to purchase any medicines produced there. [Source: NAUS Weekly Update 27 Nov 2013 ++]

## ***DoD Project Paperclip Lawsuit Update ► Case Heads to 9th Circuit***

Veterans subjected to Cold War-era drug experiments asked the 9th Circuit on 26 NOV to grant them more relief than ordered last week by a federal judge. The notice of appeal comes four years after Vietnam Veterans of America led a class action against various government entities, claiming that at least 7,800 soldiers had been used as guinea pigs in Project Paperclip. Soldiers were allegedly administered at least 250 and perhaps as many as 400 types of drugs, among them Sarin, one of the most deadly drugs known, amphetamines, barbiturates, mustard gas, phosgene gas and LSD. Using tactics it often attributed to the Soviet enemy, the U.S. government sought drugs to control human behavior, cause confusion, promote weakness or temporary loss of hearing and vision, induce hypnosis, and enhance a person's ability to withstand torture, according to the complaint. U.S. District Judge Claudia Wilken certified the plaintiffs as a class last year, a status that could make thousands of veterans eligible for relief.

Though the defendants succeeded in tossing claims against Attorney General Eric Holder and the CIA, the Department of Defense and Department of the Army remained on the hook. The crux of the veterans' argument is that Administrative Procedure Act obligates the defendants to provide notice to test subjects and to

provide them medical care. They also cite a 1962 Army regulation involving the use of volunteers as research subjects. Updated in 1990, that regulation allegedly requires the Army to notify test subjects about possible side effects "even after the individual volunteer has completed his or her participation in research." Judge Wilken gave both sides some relief on 19 NOV, granting the DoD, Army and CIA summary judgment on certain claims, and giving the plaintiffs summary judgment only as to one claim against the Army. Based on interpretation of the disputed Army regulation, Wilken agreed that the duty to warn is properly interpreted as applying on an on-going basis, not just as part of the pre-experiment consent process, and is owed to service members who became test subjects before 1988. "The court concludes that defendants' duty to warn test subjects of possible health effects is not limited to the time that these individuals provide consent to participate in the experiments," Wilken wrote. "Instead, defendants have an ongoing duty to warn about newly acquired information that may affect the well-being of test subjects after they completed their participation in research." The plaintiffs did not convince the court that the Department of Veterans' Affairs "systematically fails to offer them care. Although there may be general dissatisfaction and individual erroneous results, plaintiffs and the class members can seek medical care through the DVA and challenge denial of care through the statutory scheme prescribed by Congress," Wilken wrote. The judge also found for the defendants on the plaintiffs' constitutional claims, finding the plaintiffs could not prove that it was a violation of due process when the Army did not follow its own regulations. Wilken vacated the final pretrial conference and the trial dates in this case. The notice of appeal filed Tuesday cites that opinion as well as any "any and all adverse orders and rulings." Eugene Illovsky with Morrison & Foerster filed the notice. [Source: Courthouse News Service | Barbara Leonard | 26 Nov 2013 ++]

## ***Arlington National Cemetery Update ► Section 60 Memento Dispute***

An advisory commission is recommending that Arlington National Cemetery end its relaxed policy on mementos in a section for those killed in Iraq and Afghanistan by the end of next year. The Washington Post reports that the panel led by former U.S. Sen. Max Cleland, a disabled Vietnam veteran, made the recommendation 19 NOV to the secretary of the Army. The commission says it is fitting to end the exception to the cemetery's policy, which allows only flowers

and small photographs, as troops are withdrawn from Afghanistan. The familiar image of rows of white gravestones at Arlington should be preserved, commission members said. Families of servicemembers buried in Section 60 objected to the removal of items left at grave sites and a compromise allowed a small photo and a handmade memento to be left through April, when normal maintenance resumes. Some families' decorations extended to wind chimes and holiday lights, said Chet Edwards, a commission member and a former Democratic congressman from Texas. "While there are families with individual ways of grieving, we have an obligation to preserve for future generations consistent standards at Arlington National Cemetery," Edwards said. "What's been harder and harder for us to defend is there's a standard for Section 60 and even within Section 60." Family representatives acknowledge those items distract from the solemn atmosphere, but say tasteful mementos should be allowed. "This is part of our grieving process," said Paula Davis, whose son Justin is buried there. "It might be generational. We personalize the graves. We don't just stand there and pray."

[Source: Associated Press article 21 Nov 2013 +]

## ***NDAAs 2014 Update ► Senate Acts on Military's 2014 Budget Bill***

On 18 NOV the White House pressed the Pentagon to rein in Tricare costs and begin a new round of base closings as the Senate took up the National Defense Authorization Act on the military's 2014 budget. There are a number of areas of agreement with the initial markup of the Senate Armed Services Committee (SASC) on the NDAA, but the administration "has serious concerns with certain provisions," Office of Management and Budget (OMB) officials said in a lengthy response to the markup. OMB called on SASC to control Tricare costs at the Department of Defense "while keeping retired beneficiaries' share of these costs well below the levels experienced when the Tricare program was implemented in the mid-1990s." Slowing the growth of Tricare costs would result in savings of \$902 million in fiscal year 2014 and \$9.3 billion through fiscal year 2018. Those savings were needed to offset projected increases in personnel costs, OMB said. Proposals for changes include:

- President Obama has proposed slowing this growth by introducing a new set of enrollment fees and higher co-pays to retirees under the age of 65.

- The Pentagon proposed an annual enrollment fee based on a percentage of retired pay for Medicare-eligible retirees in the Tricare For Life Program. Working age retirees in the Tricare Standard and Tricare Extra programs also would face new annual enrollment fees phased in over five years.
- The White House proposed an increase to the current enrollment fee for working age retirees in the Tricare Prime program phased in over the next four years.
- The White House has proposed increasing Tricare Prime co-pays for retirees and their beneficiaries by \$4 for medical visits not related to mental health.

Pentagon leaders have said that spiraling personnel costs to include healthcare are eating up too much of the military's annual budgets and putting training and readiness missions at risk. "Without serious attempts to achieve significant savings in this area, which consumes roughly half of the DoD budget and is increasing every year, we risk becoming an unbalanced force," Hagel said. The official Statement of Administration Policy in response to the initial Senate markup wasn't limited to Tricare. OMB officials also "strongly objected" to the markup's proposal for a major review of the infrastructure at overseas facilities before considering another round of the Base Realignment and Closure Commission procedure for bases in the U.S. "Without authorization for a new round of BRAC, DoD may not properly align the military's infrastructure with the needs of the evolving force structure, which is critical to ensuring that limited resources are available for the highest priorities of the Armed Forces," the OMB statement said.

The administration objected to several other provisions in the markup while commending the Committee for working to offer stronger protections for sexual assault victims in the ranks. The SASC markup would amend Article 60 of the Uniform Code of Military Justice to limit the authority of a convening authority to modify the findings of a court-martial on specified sexual offenses, and also require automatic higher-level review of any decision by a commander not to prosecute a sexual assault allegation. However, the markup would not take sexual assault cases and other major crimes out of the chain of command as proposed by Sen. Kirsten Gillibrand, D-N.Y. Gillibrand's proposed amendment to the NDAA on stripping commanders of their courts martial authority was expected to be debated later this week.

In introducing the markup, Sen. Carl Levin (D-MI), the SASC chairman, said the "bipartisan bill provides for our nation's defense and upholds our obligations to our men and women in uniform and their families." Levin, who opposes the Gillibrand amendment, said "an important part of keeping faith with servicemembers is addressing the plague of sexual assaults in our military, and the bill includes the strongest, most effective approach to combating sexual assault." The SASC markup authorizes an FY2014 active duty end strength for the Army of 520,000; the Navy, 323,600; the Marine Corps, 190,200; and the Air Force, 327,600. The Committee also authorized a one percent across-the-board pay raise for all members of the uniformed services in fiscal year 2014, a proposal backed by OMB. The chamber on 21 NOV voted 51–44 against moving forward with the 2014 NDAA. Sixty votes were needed to end debate and send the bill to a conference committee to reconcile legislative differences between House and Senate. Lawmakers then left for an 11-day Thanksgiving Day recess. Sen. Levin vowed to press for passage of the bill before the end of the year, despite Republican outrage over Democrats' decision to partially amend the centuries-old rules for filibuster so judicial appointments can be approved with a simple majority. [Source: Military.com | Richard Sisk | 19 Nov 2013 ++]

## ***BRAC Update ► Officials Say DoD Needs More***

The Defense Department is again asking Congress to allow it to use a tool that would help alleviate draconian budget cuts possible under sequestration: the base realignment and closure process. The latest call came from Frank Kendall, the undersecretary of defense for acquisition, technology and logistics. In a commentary printed in Roll Call today, Kendall said the logic for another closure round is irrefutable. The department simply cannot afford to keep excess infrastructure on the books, he said. "For example, the Army has announced plans to reduce its force from 562,000 to 490,000 soldiers and more reductions could be forced by looming budget cuts, but without BRAC the Army will not be allowed to close any bases to reduce overhead," Kendall wrote. "This 'empty space' tax on our warfighters will simply result in cuts to capabilities elsewhere in the budget." And those cuts, more often than not, would occur in operations and maintenance and modernization accounts. Operations and maintenance cuts cripple near-term readiness, modernization cuts affect long-term readiness.

In 2004, the department estimated it had about 25 percent excess infrastructure. The 2005 base realignment and closure process cut roughly 53 percent of that. Since then the military has grown smaller so the percentage of excess infrastructure has probably crept up. Even as the 2005 BRAC round was underway, then-Defense Secretary Donald H. Rumsfeld acknowledged the need for another round. His successor, Robert M. Gates, reiterated this as did Defense Secretary Leon E. Panetta and current Defense Secretary Chuck Hagel. Kendall emphasized that the BRAC process has been extraordinarily successful. The process is "an analytical, apolitical, transparent, independently validated process that has yielded billions of dollars in savings while making closed bases available to communities for redevelopment," he said.

The department saves more than \$12 billion a year from the five BRAC rounds announced in 1988, 1991, 1993, 1995 and 2005. DOD needs BRAC, Kendall said, to help carry out the balanced reductions required to comply with the \$487 billion in cuts mandated by the Budget Control Act of 2011. The fiscal 2014 budget request assumes that a BRAC 2015 round will be a key component in reducing personnel in line with mandated reductions. "In today's environment, as we work to cobble together contingency plans on how to deal with the sequester over the long haul, a \$6 billion investment that yields a \$3 billion annual payback would be extraordinarily welcome," he said. [Source: AFPS | Jim Garamone | 22 No 2013 ++]

## ***VA Burial Benefit Update ► S.1471 Approved and Passed to House***

The Senate passed a bill 18 NOV that would allow the Department of Veterans Affairs to unbury military service members in national cemeteries if they committed a capital crime. Sen. Dan Coats (R-IN) introduced the Alicia Dawn Koehl Respect for National Cemeteries Act after Koehl was shot by a service member. Michael Anderson was buried at Fort Custer National Cemetery, but Coats argued he shouldn't have been since existing law prohibits anyone convicted of a federal or state capital crime from receiving a military honor burial. The cemetery claimed they couldn't disinter Anderson's remains because he wasn't officially convicted since he shot himself after committing the crime. Coats' bill corrects that technicality. "No veteran who commits a capital crime should be given the right to a military honor burial ... to ensure that our fallen

veterans can rest in peace ... not next to criminals who commit such a heinous crime,” Coats said. S.1471 would authorize the Secretary of Veterans Affairs and the Secretary of the Army to reconsider decisions to inter or honor the memory of a person in a national cemetery if the person may have committed a federal or state capital crime but was not convicted by reason of unavailability for trial due to death or flight to avoid prosecution. The bill passed through a unanimous consent agreement and now head to the House for further action. [Source: The Hill | Ramsey Cox | 18 Nov 2013 ++]

## ***VA ID Card Update ► Susceptible to Identity Theft***

Anyone with a smartphone and a bar code app can scan any VA identification card issued since 2004 and the cardholder's Social Security number immediately pops up on the screen. Tampa businessman and Army veteran Barry Landau wants answers. “I didn’t think that was possible.” Landau said. “The card is absolutely no good.”

WFTS found Veterans Affairs published warnings about the veterans information or VIC cards on their website in 2011 and in July of this year. The alert states, "Some barcode readers, including those available as applications on cell phones, can scan the bar code on the front of the card, and reveal the veteran's social security number." Thirty-year Navy veteran Walt Raysick, who holds a leadership position with the American Legion, said the VA failed to alert him of the card’s vulnerability. “That’s my Social Security number. That’s terrible,” Raysick said. No one from the U.S. Department of Veterans Affairs would go on camera to answer questions.

A VA spokesperson did respond, saying they've begun work on the next-generation ID card, which will not contain a Social Security number. However, it's not being rolled out until next year. Dave Braun, co-chairman of the Veterans Memorial Park Museum Committee, said the VA should have done more to get the word out about the risk of identity theft if one of these cards is lost or stolen. “Where is the distribution to notify everyone?” Braun said. “They are not telling anyone about it.” Congressmen Gus Bilirakis, vice chairman of the Veterans' Affairs Committee, said it is “...unacceptable that nothing more immediate has been done to rectify this issue. ...The VA should take all precautions to make sure this information is protected.” Meanwhile, veterans should treat their current ID

cards as they do their Social Security card. Leave it at home unless it is needed for a day-of appointment or you plan to use it for obtaining a veteran discount in those states that have not yet implemented placing veteran status on their driver licenses. [Source: WFTS ABC News | Jackie Callaway | 16 No 2013 +]

## ***VA Advance Funding Update ► HVAC/SVAC Move on Approval***

The Senate Veterans' Affairs Committee moved 19 NOV to protect all veterans programs from a future government shutdown. But the measure, S.932, won't help immediately. Because the shutdown protection involves providing funds one year in advance for all veterans programs, the best-case scenario would have its provisions first apply in fiscal 2015, which begins on Oct. 1, 2014. That means if there is another government shutdown on 15 JAN , when temporary appropriations expire, only veterans medical programs that already receive advanced funding would be protected. The Putting Veterans Funding First Act of 2013 enjoys wide support from veterans' groups and bipartisan support from lawmakers. But the Obama administration, Veterans Affairs Department and a few members of Congress are not on board.

The legislation comes in the wake of the 17-day shutdown in October that led to furloughs of about 10,000 VA workers, slowed processing of benefits claims and for a few days closed VA regional offices to the public. The Senate Veterans' Affairs Committee approved the bill on a 13-1 vote. Sen. Richard Burr (R-NC), ranking Republican on the committee, was the lone opponent. He said he has concerns that providing funding one year in advance would limit the ability of Congress to shape veterans' programs. Current law already provides advance funding for VA medical programs and services. The bill would bring into the fold VA's Veterans Benefits Administration, information technology program, national cemeteries, construction and the Office of Inspector General. The bill also would allow advance funding for actual benefits payments. The House Veterans' Affairs Committee has passed similar legislation that does not include advance funding of benefits, although there appears to be widespread agreement to also prevent disability and survivors benefits and GI Bill education benefits from lapsing if Congress fails to pass a budget by the 1 OCT start of the fiscal year. [Source: MilitaryTimes | Rick Maze | 19 Nov 2013 ++]

## **PTSD Update ► VA EMDR Trauma Treatment**

Despite a high percentage of soldiers with Post Traumatic Stress Disorder (PTSD) and increasing rates of suicide, the Department of Veteran Affairs (DVA) has not conducted any research on Eye Movement Desensitization and Reprocessing (EMDR) since 1998. EMDR is an effective, widely recognized trauma treatment, regarded as first line of treatment for PTSD in numerous national and international practice guidelines. In fact, the DVA and the Department of Defense (DoD) Practice Guidelines (2010) list EMDR therapy as an "A" level treatment, described as "A strong recommendation that clinicians provide the intervention to eligible patients."

According to the recently published practice guidelines of the World Health Organization, trauma-focused cognitive behavioral therapy (CBT) and EMDR are the only therapies recommended for children, adolescents and adults with PTSD. However, major differences exist between the two treatments: "Unlike CBT with a trauma focus, EMDR does not involve (a) detailed descriptions of the event, (b) direct challenging of beliefs, (c) extended exposure, or (d) homework." These factors can make EMDR therapy easier for veteran treatment as seen by the difference in retention rates and outcomes. Initial research using EMDR with military personnel found that EMDR led to remission of PTSD symptoms in 78 percent of soldiers with positive effects maintained at follow-up (Carlson & colleagues, 1998, *Journal of Traumatic Stress*). There was a 100 percent retention rate. By comparison, a 2012 Congressional Report found that only 40 percent of soldiers completed the Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE), the therapies used by Veteran's Administration. A more recent study with 48 Iraq and Afghanistan combat personnel diagnosed with combat PTSD found that after treatment with EMDR, the symptoms of PTSD resolved after only four sessions for non-wounded and eight sessions for wounded personnel (Russell & colleagues, 2007, *International Journal of Stress Management*). The notoriously high drop out rate for CPT and PE and the positive results reported with the use of EMDR begs the question: Why are there no funded studies of EMDR by the VA?

While a growing body of evidence over the last 20 years has shown that EMDR provides effective trauma treatment for civilians, the VA has not conducted any EMDR research. Instead they have focused on pharmaceuticals, CPT and PE, and

alternative therapies for PTSD including pets, acupuncture, transcendental meditation, the "emotional freedom technique," tai chi, art therapy, Reiki, yoga, and pharmaceutical agents (Government Accountability Office, 2011). Drug studies include derivations of such drugs as marijuana and ecstasy.

Treating PTSD with medications is not effective. In fact, psychoactive prescription drugs have been implicated as one of the causative agents of the high rate of suicide of our troops. Of those with PTSD, 80 percent are given psychoactive drugs with 89 percent of these prescribed antidepressants (Rosenheck, Journal of Clinical Psychiatry, 2008). Antidepressants have been linked to suicidal thoughts and behaviors and black box warnings alert consumers and prescribers to these risks. Meanwhile, the VA has effectively ignored studies showing that psychotherapy is a more effective treatment for PTSD than medication. Five-months after treatment, 60 percent of those on medication and 58 percent of those who received placebo still had PTSD compared to only 20 percent of those who received psychotherapy (Shalev & colleagues, Archives of General Psychiatry, 2012). So why give medications at all when a sugar pill is just as effective without all the side effects? It is time to stop simply prescribing and to start providing evidence-based treatment.

While current suicide prevention activities of the DoD and VA are necessary, they are not sufficient to stem rising suicide rates among soldiers and veterans. Prevention must also focus on one of the most serious risk factors that contribute to depression and suicide, untreated or inadequately treated PTSD. The VA needs to develop a strong research and clinician training program for EMDR on par with current research and training programs for CPT and PE. A Time magazine cover article (July 23, 2012) reported that more soldiers have committed suicide than have died in the war in Afghanistan. The military/veteran mental health system is being overwhelmed and needs all the evidence-based psychotherapies as treatments to alleviate human suffering and counteract the enormous wave of tragic outcomes owing to PTSD. In 2012, the Surgeon General of the Navy called for more research on EMDR. There is an ethical mandate and a moral responsibility to provide our troops with all the best psychotherapies available. EMDR is one of the evidence-based therapies that should be available for the treatment of PTSD for all veterans and active duty service men and women.

[Source: The Marietta Times (Ohio) | Kate Wheeler Ph.D., APRN-BC, FAAN | 23 Nov 2-13]

## ***Veterans to Receive 1.5 Percent Cost-of-Living Increase***

WASHINGTON (Dec. 4, 2013) – Veterans, their families and survivors receiving disability compensation and pension benefits from the Department of Veterans Affairs will receive a 1.5 percent cost-of-living increase in their monthly payments beginning Jan. 1, 2014.

“We’re pleased there will be another cost-of-living increase for Veterans, their families and their survivors,” said Secretary of Veterans Affairs Eric K. Shinseki. “The increase expresses in a tangible way our Nation’s gratitude for the sacrifices made by our service-disabled and wartime Veterans.”

For the first time, payments will not be rounded down to the nearest dollar. Until this year, that was required by law. Veterans and survivors will see additional cents included in their monthly compensation benefit payment.

For Veterans without dependents, the new compensation rates will range from \$130.94 monthly for a disability rated at 10 percent to \$2,858.24 monthly for 100 percent. The full rates are available on the Internet at [www.benefits.va.gov/compensation/rates-index.asp](http://www.benefits.va.gov/compensation/rates-index.asp).

The COLA increase also applies to disability and death pension recipients, survivors receiving dependency and indemnity compensation, disabled Veterans receiving automobile and clothing allowances, and other benefits.

Under federal law, cost-of-living adjustments for VA’s compensation and pension must match those for Social Security benefits. The last adjustment was in January 2013 when the Social Security benefits rate increased 1.7 percent.

In fiscal year 2013, VA provided over \$59 billion in compensation benefits to nearly 4 million Veterans and survivors, and over \$5 billion in pension benefits to more than 515,000 Veterans and survivors.

For Veterans and separating Servicemembers who plan to file an electronic disability claim, VA urges them to use the joint DoD/VA online portal, *eBenefits*.

Registered *eBenefits* users with a premium account can file a claim online, track the status, and access a variety of other benefits, including pension, education, health care, home loan eligibility, and vocational rehabilitation and employment programs.