



Federal Update for February 24 - 28, 2014



Legionnaires Disease Update ► House Passes Transparency Bill

House legislation that would make it illegal for veterans hospitals nationwide to conceal disease outbreaks won passage on 3 FEB with bipartisan approval. Supporters argued a fatal outbreak of Legionnaires' disease in the VA Pittsburgh Healthcare System shows a need for the transparency rules, which would require VA hospitals to report promptly cases of infectious disease to state and local health departments. Separately, the federal government agreed Monday that a World War II veteran contracted Legionnaires because of government negligence at the VA's University Drive hospital in Oakland. Lawmakers from across Western Pennsylvania said veterans deserve better. "We owe it to them and their families to make sure that at least some good comes from this tragic incident," said Rep. Mike Doyle, D-Forest Hills.

He was one of several members of the Pennsylvania delegation who called for more thorough disease disclosures and institutional accountability since federal reviews linked at least five patient deaths to the Legionnaires' outbreak from February 2011 to November 2012. Reviewers tied 16 non-fatal cases to bacteria-tainted tap water at VA campuses in Oakland and O'Hara.

Hospitals run by the Department of Veterans Affairs now report disease cases to state and local health officials on a voluntary basis, a fact that lawmakers spotlighted after the Pittsburgh outbreak. Local VA officials delayed notifying the Pennsylvania Department of Health in at least one-third of the outbreak-linked cases but faced no penalties for the lag time, the Tribune-Review found. Reporting delays can inhibit public health efforts to identify and contain outbreaks as they develop, doctors have said. State-licensed hospitals risk sanctions if they do not disclose infectious diseases within state-established guidelines. Many states, including Pennsylvania, mandate the reports within one day of a diagnosis, though

VA hospitals escape those requirements. House Resolution 357 would direct VA hospitals to meet standard disclosure rules in the states where they operate and could open them to penalties when they do not. The House voted 390-0 on the resolution. “This inconsistency makes absolutely no sense and leaves the VA off the hook,” said Rep. Mike Kelly, R-Butler, who joined Doyle, Rep. Tim Murphy, R-Upper St. Clair, and Rep. Keith Rothfus, R-Sewickley, in support of the bill. A similar version introduced by Sen. Bob Casey, D-Scranton, is expected to reach a Senate vote later this week and merge with the House version before going to President Obama.

Several families of identified outbreak victims have sued or announced plans for wrongful death litigation. In one case, lawyers for the government and victim William E. Nicklas' widow filed a pretrial motion on Monday agreeing that government negligence led to his case of Legionnaires' disease, a severe form of pneumonia. The agreement will shorten the length of the trial scheduled for mid-July but doesn't resolve the central claim that Legionnaires' disease caused Nicklas' death, said Harry S. Cohen, one of the attorneys for Greta M. Nicklas, 81, of Hampton. A VA spokeswoman referred questions to the Justice Department, where an attorney could not be reached for comment. VA officials testified in June that they would support voluntary reporting guidelines for infectious diseases but agree public disclosures are important. After the Pittsburgh outbreak, they directed VA hospitals nationwide to follow state and regional disclosure rules on a voluntary basis. [Source: Pittsburgh Tribune Review | Adam Smeltz & Brian Bowling | 3 Feb 2014 ++]

Following is a Summary of Veteran Related Legislation Introduced in the House and Senate Since the Last Bulletin was Published:

- H.R.3958: Healing Our Heroes Act. A bill to provide for a one-year extension of the Department of Veterans Affairs pilot program on assisted living services for veterans with traumatic brain injury. Sponsor: Rep Broun, Paul C. [GA-10] (introduced 1/29/2014)
- H.R.3974: TRICARE Young Adult Program Improvement. A bill to amend title 10, United States Code, to improve the TRICARE Program for adult children of members and former members of the uniformed services, and for other purposes. Sponsor: Rep Graves, Sam [MO-6] (introduced 1/29/2014)

- H.R.3976: Wounded Veterans Recreation Act. A bill to provide for a lifetime National Recreational Pass for any veteran with a service-connected disability, and for other purposes. Sponsor: Rep Ruiz, Raul [CA-36] (introduced 1/29/2014)
- H.R.4004: VAMC West Los Angeles Lease Authorization. A bill to authorize the Secretary of Veterans Affairs to enter into enhanced-use leases for certain buildings of the Department of Veterans Affairs at the West Los Angeles Medical Center, California. Sponsor: Rep Waxman, Henry A. [CA-33] (introduced 2/5/2014) Related Bills: S.1987
- H.R.4037: VA Training & Rehab Law Improvements. A bill to amend title 38, United States Code, to make certain improvements in the laws administered by the Secretary of Veterans Affairs relating to training and rehabilitation for veterans with service-connected disabilities, and for other purposes. Sponsor: Rep Flores, Bill [TX-17] (introduced 2/11/2014)
- H.R.4038: VBA IT Improvement. A bill to direct the Secretary of Veterans Affairs to make certain improvements in the information technology of the Veterans Benefits Administration of the Department of Veterans Affairs to process claims more efficiently, and for other purposes. Sponsor: Rep Flores, Bill [TX-17] (introduced 2/11/2014)
- H.R.4053: Establish VA Mammogram Standards. A bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to establish standards for the provision of mammograms at health care facilities of the Department of Veterans Affairs. Sponsor: Rep Negrete McLeod, Gloria [CA-35] (introduced 2/11/2014)
- S.1982: Comprehensive Veterans Health and Benefits and Military Retirement Pay Restoration Act of 2014. A bill to improve the provision of medical services and benefits to veterans, and for other purposes. Sponsor: Sen Sanders, Bernard [VT] (introduced 2/3/2014)
- S.1985: Veterans Health Care Access Received Closer to Home Act of 2014. A bill to reauthorize and modify the pilot program of the Department of Veterans Affairs under which the Secretary of Veterans Affairs provides health services to veterans through qualifying non-Department of Veterans Affairs health care providers, and for other purposes. Sponsor: Sen Moran, Jerry [KS] (introduced 2/3/2014) Related Bills: H.R.3858
- S.1986: Streamlining Services for Older Veterans Act. A bill to amend the Older Americans Act of 1965 to provide for outreach, and coordination of

services, to veterans. Sponsor: Sen Manchin, Joe, III [WV] (introduced 2/3/2014)

- S.1987: VAMC West Los Angeles Lease Authorization. A bill to authorize the Secretary of Veterans Affairs to enter into enhanced-use leases for certain buildings of the Department of Veterans Affairs at the West Los Angeles Medical Center, California, and for other purposes. Sponsor: Sen Feinstein, Dianne [CA] (introduced 2/4/2014) Related Bills: H.R.4004
- S.1993: Veterans Care Financial Protection Act of 2014. A bill to protect individuals who are eligible for increased pension under laws administered by the Secretary of Veterans Affairs on the basis of need of regular aid and attendance from dishonest, predatory, or otherwise unlawful practices, and for other purposes. Sponsor: Sen Warren, Elizabeth [MA] (introduced 2/4/2014)
- S.1994: TRICARE Moms Improvement Act of 2014. A bill to amend title 10, United States Code, to provide for the availability of breastfeeding support, supplies, and counseling under the TRICARE program. Sponsor: Sen McCaskill, Claire [MO] (introduced 2/4/2014)
- S.1999 : SCRA Rights Protection Act of 2014. A bill to amend the Servicemembers Civil Relief Act to require the consent of parties to contracts for the use of arbitration to resolve controversies arising under the contracts and subject to provisions of such Act and to preserve the rights of servicemembers to bring class actions under such Act, and for other purposes. Sponsor: Sen Graham, Lindsey [SC] (introduced 2/6/2014)
- S.2009: Improve Vet Rural Health Care. A bill to improve the provision of health care by the Department of Veterans Affairs to veterans in rural and highly rural areas, and for other purposes. Sponsor: Sen Udall, Tom [NM] (introduced 2/10/2014)
- S.2014: GI Education Benefit Fairness Act of 2014. A bill to amend title 38, United States Code, to provide for clarification regarding the children to whom entitlement to educational assistance may be transferred under Post-9/11 Educational Assistance, and for other purposes. Sponsor: Sen Durbin, Richard [IL] (introduced 2/11/2014) [Source: <http://www.loc.gov> & <http://www.govtrack.us/congress/bills> 12 Feb 2014 ++]

Veteran Hearing/Mark-up Schedule ► As of 13 Feb 2014

Following is the current schedule of recent and future Congressional hearings and markups pertaining to the veteran community. Congressional hearings are the principal formal method by which committees collect and analyze information in the early stages of legislative policymaking. Hearings usually include oral testimony from witnesses, and questioning of the witnesses by members of Congress. When a U.S. congressional committee meets to put a legislative bill into final form it is referred to as a mark-up. Veterans are encouraged to contact members of these committees prior to the event listed and provide input on what they want their legislator to do at the event.

- **February 20, 2014.** HVAC Health will be holding a field hearing in Camarillo, California.
- **February 25, 2014.** House Veterans' Affairs Committee and Senate Veterans' Affairs Committee will hold a hearing to receive a legislative presentation of the Disabled American Veterans.
- **February 26, 2014.** HVAC, Subcommittee on Health will conduct an oversight hearing entitled, "VA Accountability: Assessing Actions Taken in Response to Subcommittee Oversight."
- **February 27, 2014.** Hearing of the Economic Opportunity Subcommittee of the House Committee on Veterans Affairs (HVAC EO) entitled, "VA Vocational Rehabilitation and Employment Program: Further Performance and Workload Management Improvements Needed."
- **March 5, 2014.** House Veterans' Affairs Committee and Senate Veterans' Affairs Committee will hold a joint hearing to receive the legislative presentation of Veterans of Foreign Wars.
- **March 6, 2014.** House Veterans' Affairs Committee and Senate Veterans Affairs Committee will hold a joint hearing to receive the legislative presentations of Veterans Organizations: BVA, JWV, MOPH, AMVETS, TREA, MOAA, VVA, NGUAS and NASDVA.
- **March 12, 2014.** House Veterans' Affairs Committee and Senate Veterans Affairs Committee will hold a joint hearing to receive the legislative presentations of Veterans Organizations: PVA, IAVA, GSW, WWP, FRA, AFSA, NCAO, AXPOW.

- **March 26, 2014.** House Veterans' Affairs Committee and Senate Veterans Affairs Committee will hold a joint hearing to receive the legislative presentations of The American Legion. [Source: Veterans Corner w/Michael Isam 13 Feb 2014 ++]

USMC Tuition Aid ► Reinstated in Full 5 FEB

As of 5 FEB Marine Corps tuition assistance has been reinstated in full. At the start of Fiscal Year 2014, which began in October, tuition assistance funding was cut Corpwide to the point that the Quantico Voluntary Education Center could only approve assistance for about 270 of the approximately 1,800 Marines who apply for the program each quarter of the fiscal year. The second quarter began Jan. 1, and funding dried up within nine days. To allow as many students as possible access to tuition assistance, the center limited assistance to one class per Marine. The Consolidated Appropriations Act of 2014, passed by Congress and signed by the president on 17 JAN, fully restored funding for the program.

Tuition assistance remains capped at \$250 per credit hour and \$4,500 per year. Students have to apply within 30 days before the class starts. Additional requirements placed on tuition assistance last fall remain in effect, such as a condition that Marines have at least two years in the service before being eligible, and first-time applicants to the program can only get one class covered for their first term. As of last fall, those who use tuition assistance also have to attend Quantico's College 101 briefing annually. To learn more about tuition assistance, contact the Voluntary Education Center at 703-784-3340 or visit <http://www.military.com/education/money-for-school/marine-corps-tuition-assistance.html>. [Source: Military.com | Education Inside | 13 Feb 2014 ++]

Medicare Reimbursement Rates 2014 Update ► SGR Fix Proposal

Medicare and TRICARE physicians will get a 0.5% pay increase each year for 5 years under a deal by a bipartisan team of House and Senate negotiators to repeal the sustainable growth rate (SGR) formula for physician payment under Medicare. The deal announced 6 FEB combines the work of three congressional committees, as Democrats and Republicans have worked together for nearly a year to draft legislation that repeals the SGR. The bill, which still needs the

approval of both chambers, does not outline how Congress will pay for a full repeal -- which is likely to fall between \$120 billion and \$150 billion. However, with a final bill in hand, lawmakers can pin down a final price tag and focus their attention on paying for it. The 5 years of 0.5% payment increases are designed to provide payment stability and help physicians transition to new models of care, according to a summary obtained by MedPage Today. The one-page summary doesn't offer many details, but does say the bill also:

- Consolidates existing payment incentive programs into a single Value-Based Performance Incentive Program, in which high-performing professionals would earn payment increases
- "Incentivizes care coordination efforts for patients with chronic care needs
- Makes payment data on providers more publicly available
- Implements a process to re-base misvalued codes
- Requires development of quality measures in close collaboration with physicians.

The bill provides a 5% bonus to physicians who receive at least 25% of their Medicare revenue from an alternative payment model in 2018. Alternative payment models include accountable care organizations, patient-centered medical homes, and others. The 25% threshold increases over time, according to the summary. The proposed system entails an unprecedented degree of healthcare micromanagement by the federal government, according to David Howard, PhD, health policy professor at Emory University in Atlanta. "To be eligible for higher payments, providers will need to document and adhere to a number of different quality standards," Howard told MedPage Today in an email. "Decisions about what constitutes high-quality care will become politicized. It is regulation via payment reform." Lawmakers from the House Ways and Means, House Energy and Commerce, and Senate Finance committees have worked to combine separate bills that each committee passed in 2013. Lobbyists told MedPage Today that Congress was working on the fine details of putting together a single bill before turning its attention to how to pay for it. In a budget-tight Congress that deals with many healthcare interests, many in Washington have said paying for an SGR repeal will be the most significant hurdle to clear. Physician payments are presently set to fall by nearly 24% on 1 APR unless Congress forestalls the cuts again or repeals the SGR. [Source: MedPage Today | David Pittman | 6 Apr 2014 ++]

Medicare Reimbursement Rates 2014 Update ►

AMA Opposes Proposal

Once again, the American Medical Association is calling on patients and doctors to barrage Congress with pleas to permanently end the Clinton-Gingrich Sustainable Growth Rate (SGR) formula for cutting Medicare costs. The SGR threatens increasingly draconian cuts to physicians' fees, which have been postponed by 16 last-minute "patches," lest patients lose access to physicians who can no longer afford to care for them. The proposed "permanent fix," however, threatens to permanently fix in cement the basically flawed assumption: that the government, not the patient, should determine the value of a service, states the Association of American Physicians and Surgeons (AAPS). AAPS points out that even the GOP Doctors Caucus overlooks major pitfalls in the bipartisan proposal. If the government sets the value too low, a service simply becomes unavailable. The government's rigid system of price controls forbids patients to pay anything above the set fee.

The government's fee structure creates a "playing field" that is far from level, AAPS notes. It pays much more for the same service if performed in a hospital as opposed to a physician's office. It sets fees charged by "mid-level providers" at 85% to 100% of those physicians are permitted to charge, even though physicians have much higher overhead (including repayment of massive student debt). It pays more for doing "quality reporting" busywork than for spending quality time with patients. "If the ban on balance billing were removed, patients would not necessarily spend more," states AAPS executive director Jane Orient, M.D. The extra fee to a physician could be much less than the copayment to a hospital, she explains.

- The extra fee to a surgeon might save much grief as well as expense for fixing a job botched by a person with less training. The extra fee for one half-hour visit that addressed all the patient's problems might be less than copayments for six rushed "one complaint per customer please" visits;
- Fees that were out of line with value would be adjusted immediately, as patients would go elsewhere. "It wouldn't take an AMA committee meeting or an act of Congress," states Orient; and,

- More doctors would likely be drawn to patient-centered primary care if they could earn a living, she added. “If doctors were getting rich as many believe, why would they be closing their offices?”

The proposed tiny yearly "updates" (0.5%) for 5 years are even less than the inadequate Social Security cost-of-living increases. The cost of a postage stamp, for example, increased by 6.5% in January. "How can the AMA possibly agree to a virtual 5-year fee freeze when the value of the dollar could deteriorate drastically?" Orient asks. AAPS argues that Medicare can calculate reimbursements however it likes, but the fee should properly be determined only by mutual agreement of patient and physician. The Association of American Physicians and Surgeons (AAPS) is a national organization representing physicians in all specialties, founded in 1943 to preserve private medicine and the patient-physician relationship. [Source: MedPage Today article 12 Feb 2014 ++]

Gulf War IBS ► Irritable Bowel Syndrome VA Care

Many veterans might be familiar with the term “Gulf War syndrome.” However, the U.S. Department of Veterans Affairs now uses the term “medically unexplained chronic multisymptom illnesses.” The VA recognizes that irritable bowel syndrome (IBS) may have been a direct result of service on active duty during the Gulf War. What is irritable bowel syndrome ? It is a common condition that can affect the normal function of the large intestine. IBS is the most common functional gastrointestinal disorder with worldwide prevalence rates ranging from 9 to 23 percent. IBS is characterized by a group of symptoms which include abdominal pain, bloating, constipation and diarrhea. IBS is common among the civilian population, and also has been diagnosed in the combat veteran population. IBS may cause discomfort, but it does not permanently harm the intestines and does not lead to intestinal bleeding. IBS also does not cause inflammatory changes or increase your risk of cancer as ulcerative colitis and Crohn’s disease do. Most people with IBS can control their symptoms through

- Diet;
- Stress management; and/or
- Medications prescribed by their health care provider.

The research on post-infectious IBS may explain why many veterans are returning from service with IBS. The risk of IBS is heightened in individuals who experienced

higher levels of anxiety, particularly in conjunction with stressful life events. The stressors inherent in military service such as traumatic combat experiences, ongoing fear of being harmed, and being far from home may be contributing to the increased risk of developing IBS. For more information about submitting a claim with the VA for Irritable Bowel Syndrome (IBS) go to: <http://www.warrelatedillness.va.gov/education/healthconditions/irritable-bowel-syndrome.asp>. [Source: The Journal Times | Racine County WI Veterans Service Office | 5 Feb 2014 ++]

VA Women Vet Programs Update ► Heart Disease & Stroke

February is American Heart Month. VA's Women's Health Services is proud to collaborate with the American Heart Association (AHA) to bring awareness and knowledge to women Veterans, their families and caregivers about heart disease and stroke. Heart disease is the number one killer of women. Every minute in America, a woman dies of a heart attack, stroke or another form of cardiovascular disease. Approximately one out of every three women experience some form of cardiovascular disease, and most of those cases are preventable if a woman leads a heart-healthy lifestyle. "Women often don't realize that they are at risk," says Dr. Sally Haskell, Deputy Chief Consultant for VA's national Women's Health Services office (<http://www.womenshealth.va.gov>). "While VA has several tools to help women become and stay heart-healthy, we must raise awareness so they know it is an issue they must consider every day. Being heart-healthy isn't a one day decision; it's a lifetime of choices."

VA's largest female population — women Veterans aged 45 to 64 — are facing their critical years for heart health. Cardiovascular risk factors are prevalent among women Veteran patients overall, as nearly one-third of women Veterans under VA care have high cholesterol levels or high blood pressure. Since cardiovascular disease is the leading cause of death in American women and women Veterans, VA has teamed up with the American Heart Association's **Go Red for Women** campaign in order to maximize the resources available for women. The VA-AHA initiative is in its second year. Through this collaboration Veterans can share tools like AHA's Heart Match program. Women who have experienced heart disease can create an online profile, indicate their military

status and connect with other women Veterans and service members who have had similar experiences.

Being heart-healthy isn't a one day decision. It's a lifetime of choices. Every woman should recognize key risk factors for heart disease: smoking, high LDL cholesterol and high blood pressure. Forty-nine percent of Americans have at least one of these risk factors. In addition, there are other medical conditions that put women at a higher risk for heart disease (i.e. Diabetes, Overweight and obesity, Poor diet, and Physical inactivity). For tips on how to achieve a Healthy Heart Lifestyle check out these websites for more information:

- Be physically active
- Reduce your stress
- Balanced diet and improving your diet
- Quitting smoking, or call 1-855-QUIT-VET and let VA help you quit
- Reducing your alcohol consumption

VA is asking all Veterans, friends, family members and caregivers to encourage the women Veterans they know and love to live heart-healthy. VA wants to empower women Veterans with the knowledge they need to have a healthy heart and maintain those habits for a lifetime of healthy heart decisions. [Source: <http://www.va.gov/health/NewsFeatures/2014/February/Heart-Disease-is-the-Number-One-Killer-of-Women.asp> 3 Feb 2014 ++]

THE WHITE HOUSE

Office of the Press Secretary

President Obama to Award Medal of Honor

On March 18th, 2014, President Barack Obama will award 24 Army veterans the Medal of Honor for conspicuous gallantry. These veterans will receive the Medal of Honor in recognition of their valor during major combat operations in World War II, the Korean War and the Vietnam War. Each of these Soldiers' bravery was previously recognized by award of the Distinguished Service Cross, the nation's second highest military award; that award will be upgraded to the Medal of Honor in recognition of their gallantry, intrepidity and heroism above and beyond the call of duty.

In 2002, Congress, through the Defense Authorization Act, called for a review of Jewish American and Hispanic American veteran war records from WWII, the Korean War and the Vietnam War, to ensure those deserving the Medal of Honor were not denied because of prejudice. During the review, records of several Soldiers of neither Jewish nor Hispanic descent were also found to display criteria worthy of the Medal of Honor. The 2002 Act was amended to allow these Soldiers to be honored with the upgrade - in addition to the Jewish and Hispanic American Soldiers.

The 24 recipients of the Medal of Honor follow below.

PERSONAL BACKGROUND

The President will award the Medal of Honor to:

Specialist Four Santiago J. Erevia will receive the Medal of Honor for his courageous actions while serving as radio telephone operator in Company C, 1st Battalion (Airmobile), 501st Infantry, 101st Airborne Division (Airmobile) during search and clear mission near Tam Ky, Republic of Vietnam.

Staff Sergeant Melvin Morris will receive the Medal of Honor for his courageous actions while serving as Commander of a Strike Force drawn from Company D, 5th Special Forces Group (Airborne), 1st Special Forces, during combat operations against an armed enemy in the vicinity of Chi Lang, Republic of Vietnam on September 17, 1969.

Sergeant First Class Jose Rodela will receive the Medal of Honor for his courageous actions while serving as the company commander, Detachment B-36, Company A, 5th Special Forces Group (Airborne), 1st Special Forces during combat operations against an armed enemy in Phuoc Long Province, Republic of Vietnam on September 1, 1969.

The President will posthumously award the Medal of Honor to:

The following individuals distinguished themselves by acts of gallantry and intrepidity above and beyond the call of duty while serving during the Vietnam War

Sergeant Candelario Garcia will receive the Medal of Honor for his courageous actions while serving as an acting Team Leader for Company B, 1st Battalion, 2d Infantry, 1st Brigade, 1st Infantry Division during combat operations against an armed enemy in Lai Khe, Republic of Vietnam on December 8, 1968.

Specialist Four Leonard L. Alvarado will receive the Medal of Honor posthumously for his courageous actions while serving as a Rifleman with Company D, 2d Battalion, 12th Cavalry, 1st Cavalry Division (Airmobile) during combat operations against an armed enemy in Phuoc Long Province, Republic of Vietnam on August 12, 1969.

Staff Sergeant Felix M. Conde-Falcon will receive the Medal of Honor posthumously for his courageous actions while serving as an acting Platoon Leader in Company D, 1st Battalion, 505th Infantry Regiment, 3d Brigade, 82d Airborne Division during combat operations against an armed enemy in Ap Tan Hoa, Republic of Vietnam on April 4, 1969.

Specialist Four Ardie R. Copas will receive the Medal of Honor posthumously for his courageous actions while serving as a Machinegunner in Company C, 1st Battalion (Mechanized), 5th Infantry Regiment, 25th Infantry Division during combat operations against an armed enemy near Ph Romeas Hek, Cambodia on May 12, 1970.

Specialist Four Jesus S. Duran will receive the Medal of Honor posthumously for his courageous actions while serving as an acting M-60 machinegunner in Company E, 2d Battalion, 5th Cavalry, 1st Cavalry Division (Airmobile) during combat operations against an armed enemy in the Republic of Vietnam on April 10, 1969.

The following individuals distinguished themselves by acts of gallantry and intrepidity above and beyond the call of duty while serving during the Korean War.

Corporal Joe R. Baldonado will receive the Medal of Honor posthumously for his courageous actions while serving as an acting machine gunner in 3d Squad, 2d

Platoon, Company B, 187th Airborne Infantry Regiment during combat operations against an armed enemy in Kangdong, Korea on November 25, 1950.

Corporal Victor H. Espinoza will receive the Medal of Honor posthumously for his courageous actions while serving as an Acting Rifleman in Company A, 23d Infantry Regiment, 2d Infantry Division during combat operations against an armed enemy in Chorwon, Korea on August 1, 1952.

Sergeant Eduardo C. Gomez will receive the Medal of Honor posthumously for his courageous actions while serving with Company I, 8th Cavalry Regiment, 1st Cavalry Division during combat operations against an armed enemy in Tabu-dong, Korea on September 3, 1950.

Private First Class Leonard M. Kravitz will receive the Medal of Honor posthumously for his courageous actions while serving as an assistant machinegunner with Company M, 5th Infantry Regiment, 24th Infantry Division during combat operations against an armed enemy in Yangpyong, Korea on March 6 and 7, 1951.

Master Sergeant Juan E. Negron will receive the Medal of Honor posthumously for his courageous actions while serving as a member of Company L, 65th Infantry Regiment, 3d Infantry Division during combat operations against an armed enemy in Kalma-Eri, Korea on April 28, 1951.

Master Sergeant Mike C. Pena will receive the Medal of Honor posthumously for his courageous actions while serving as a member of Company F, 5th Cavalry Regiment, 1st Cavalry Division during combat operations against an armed enemy in Waegwan, Korea, on September 4, 1950.

Private Demensio Rivera will receive the Medal of Honor posthumously for his courageous actions while serving as an automatic rifleman with 2d Platoon, Company G, 7th Infantry Regiment, 3d Infantry Division during combat operations against an armed enemy in Changyong-ni, Korea on May 23, 1951.

Private Miguel A. Vera will receive the Medal of Honor posthumously for his courageous actions while serving as an automatic rifleman with Company F, 38th

Infantry Regiment, 2d Infantry Division in Chorwon, Korea, on September 21, 1952.

Sergeant Jack Weinstein will receive the Medal of Honor posthumously for his courageous actions while leading 1st Platoon, Company G, 21st Infantry Regiment, 24th Infantry Division in Kumsong, Korea on October 19, 1951.

The following individuals distinguished themselves by acts of gallantry and intrepidity above and beyond the call of duty while serving during World War II.

Private Pedro Cano will receive the Medal of Honor posthumously for his courageous actions while serving with Company C, 8th Infantry Regiment, 4th Infantry Division during combat operations against an armed enemy in Schevenhutte, Germany on December 3, 1944.

Private Joe Gandara will receive the Medal of Honor posthumously for his courageous actions while serving with Company D, 2d Battalion, 507th Parachute Infantry Regiment, 17th Airborne Division during combat operations against an armed enemy in Amfreville, France on June 9, 1944.

Private First Class Salvador J. Lara will receive the Medal of Honor posthumously for his courageous actions while serving as the Squad Leader of a rifle squad with 2d Platoon, Company L, 180th Infantry, 45th Infantry Division during combat operations against an armed enemy in Aprilia, Italy on May 27 and 28, 1944.

Sergeant William F. Leonard will receive the Medal of Honor posthumously for his courageous actions while serving as a Squad Leader in Company C, 30th Infantry Regiment, 3d Infantry Division during combat operations against an armed enemy near St. Die, France on November 7, 1944.

Staff Sergeant Manuel V. Mendoza will receive the Medal of Honor posthumously for his courageous actions while serving as a Platoon Sergeant with Company B, 350th Infantry, 88th Infantry Division during combat operations against an armed enemy on Mt. Battaglia, Italy on October 4, 1944.

Sergeant Alfred B. Nietzel will receive the Medal of Honor posthumously for his courageous actions while serving as a section leader for Company H, 16th Infantry

Regiment, 1st Infantry Division during combat operations against an armed enemy in Heistern, Germany on November 18, 1944.

First Lieutenant Donald K. Schwab will receive the Medal of Honor posthumously for his courageous actions while serving as the Commander of Company E, 15th Infantry Regiment, 3d Infantry Division, during combat operations against an armed enemy near Lure, France on September 17, 1944.

ADDITIONAL INFORMATION

THE MEDAL OF HONOR:

The Medal of Honor is awarded to members of the Armed Forces who distinguishes themselves conspicuously by gallantry above and beyond the call of duty while:

- **engaged in an action against an enemy of the United States;**
- **engaged in military operations involving conflict with an opposing foreign force; or**
- **serving with friendly foreign forces engaged in an armed conflict against an opposing armed force in which the United States is not a belligerent party.**

Senate Blocks Huge Vets Benefits Bill

By Leo Shane III

Staff Writer, Military Times

A massive veterans legislative package that would have expanded a host of post-military benefits was sidelined Thursday after Senate Democratic backers failed to find enough support among their Republican colleagues.

A procedural motion to cut off debate and allow the bill to move to a floor vote fell short by four votes, with all but two Republicans voting along party lines. Bill sponsor Sen. Bernie Sanders, I-Vt., chairman of the Senate Veterans' Affairs Committee, called the defeat a frustrating disappointment and vowed to find a way to guide the measure through Congress this year.

"I thought that maybe, just maybe, the Senate could come together and do the right thing for our veterans," he told reporters after the vote. "But, no." The vote came after three days of debate on the Senate floor — much of it focusing on what topics should be debated. Each day, Sanders implored his

colleagues to focus on the veterans bill and avoid offering unrelated amendments.

But Republicans shifted much of the floor focus to new sanctions on Iran for its nuclear program, a move opposed by the White House, and continued objections to portions of the Affordable Care Act. They also criticized plans to pay for the veterans bill with expiring overseas contingency funds, labeling it a budget gimmick that creates more long-term spending without a real offset.

“That is more money we were going to spend that we haven’t spent, that we never had because we were borrowing it, and now we are going to use it to expand this,” said Sen. Richard Burr, R-N.C., senior Republican on the Veterans’ Affairs Committee.

Both sides accused the other of attempting to paint their opposition as anti-veteran. Veterans groups, in turn, labeled the fight another Washington embarrassment.

“The partisanship that has trumped most political action in Washington has left this important veterans legislation in its wake,” Paralyzed Veterans of America National President Bill Lawson said in a statement. “We are deeply disappointed that the Senate could not set aside its differences to support the men and women who have already sacrificed so much for this country.”

Paul Rieckhoff, CEO of Iraq and Afghanistan Veterans of America, was even blunter: “Republicans blame Democrats. Democrats blame Republicans. And veterans are caught in the crossfire.”

Sanders’ comprehensive legislative package was introduced in January as a vehicle to repeal unpopular trims in military retirement pay. But Congress overturned those cuts earlier in February in a separate vote, sapping much of the political urgency out of the omnibus bill.

It contained a host of benefits and program changes advocated by veterans groups, including improved services for military sexual assault victims, new fertility treatment options for wounded veterans and an extension of health care coverage for recently returned veterans.

Several provisions had received bipartisan support, such as language to ensure in-state tuition rates for all Post-9/11 GI Bill users, regardless of where they live. That move could save veterans using the benefit to attend out-of-state public schools tens of thousands of dollars in tuition costs.

But the bill also had a hefty price tag. The Congressional Budget Office originally estimated its cost at \$21 billion over 10 years, but the removal of the retirement issue would drop the total to about \$15 billion over the next decade. Rep. Walter Jones, R-N.C., planned to offer companion legislation to Sanders' Senate bill with tweaks in how the overseas contingency funds are used to cover the bill's costs. But its fate remained unclear. Despite passing portions of the Sanders' bill as stand-alone measures, House Republicans have not offered support for the whole package, expressing skepticism about using the expiring war funds to pay for the new programs and benefits