Federal Update for May 13 - 17, 2013

Franken, Walz Introduce Bipartisan Legislation to Tackle VA Backlog

WASHINGTON, D.C. [05/16/13] – Today, U.S. Sen. Al Franken (D-Minn.) and Rep. Tim Walz (D-Minn.) announced the introduction of the *Quicker Benefits Delivery Act*, a bipartisan, bicameral bill aimed at tackling the Department of Veterans Affairs (VA) benefit-claims backlog.

"We have a responsibility and obligation to take care of the men and women who have courageously served our nation," said Sen. Franken. "Right now veterans are waiting too long to start receiving the benefits they've earned from the VA. That's why I've joined my colleague to introduce bipartisan legislation to get benefits into the hands of veterans and their families as quickly as possible and help reduce the claims backlog at the VA."

"After these brave men and women put their life on the line for us, the least we can do is ensure they are getting the benefits they have earned in a timely manner," said Rep. Walz. "I recognize this problem was not created, nor will it be solved, overnight, but we can and must do better. Our bipartisan legislation will enhance the VA's current efforts to break the backlog by helping them become more efficient, allowing them to hand down quicker, more accurate decisions to help end the backlog and get veterans the benefits they have earned."

As identified by the VA, for a veteran to qualify as in the backlog, they must be waiting 125 days or more for the VA to process their claim. Currently, nearly 600,000 veterans are in the VA benefits backlog. According to the Center for Investigative Reporting, the average wait time for veterans filing a claim for the first time at the St. Paul, Minnesota regional office is 180 days.

The Franken-Walz bill was written after engaging veterans and groups representing them at the local, state, and national level to determine where the

current problem lies. While there is no silver bullet that will end the backlog overnight, the Franken-Walz legislation aims to help tackle the backlog by:

- Removing bureaucratic red tape by allowing veterans to see local doctors for their initial diagnosis and avoid long wait times at VA hospitals. This will conserve the VA's resources and enable quicker, more accurate rating decisions for veterans.
- Requiring the VA to swiftly award interim benefits to disabled veterans based off their initial diagnosis when the diagnosis clearly supports such awards. This will allow veterans to receive important benefits quicker, while the VA continues to review their cases.
- Authorizing VA to pay housing benefits under the GI Bill to student veterans in a more timely way.

VA GWVITF Update

Secretary of Veterans Affairs Eric K. Shinseki announced that the Department's Gulf War Veterans' Illnesses Task Force will publish a comprehensive draft report in the Federal Register for public feedback and comment. The report describes how the Department of Veterans Affairs has been, and will continue to address the concerns of Veterans who deployed during the Gulf War in 1990 and 1991. "We know Gulf War Veterans are experiencing critical long-term medical issues that are complex and difficult to label," said Shinseki. "VA has learned a great deal over the past 20 years about identifying, diagnosing and treating Gulf War Veterans, and we will continue to evaluate our research and clinical findings to ensure we keep providing world-class health care and benefits for Gulf War Veterans."

Over the past several years, the Task Force has refined an integrated roadmap to better synchronize efforts and improve care and services to Gulf War Veterans. VA is working towards these efforts becoming a part of the culture and operations. This year's report continues to focus on efforts to improve health care for Gulf War Veterans including innovative enhancements to clinical care. The draft report identifies seven specific areas where VA will strive to improve services for Gulf War Veterans. The seven areas focus on important components of health care, such as Veteran-centric approaches to specialty and primary care, delivering Veteran benefits, and improving open communications with Gulf War

Veterans. The Task Force also developed plans to improve linkages between specialty knowledge and services at the basic point of care to address treatment for chronic multi-symptom illness, an ongoing concern of Gulf War Veterans, their families and their providers. VA continues to support ongoing efforts by providing clinical research and development, which is outlined in the recent, first-ever released Research Strategic Plan on Gulf War Illnesses. This plan will be used to help refine clinical practice and clinical education throughout VA. VA continues to strengthen partnerships to enhance medical surveillance related to potential health impacts on Veterans from the environmental exposures on today's battlefields.

VA and the Department of Defense recently approved a research project to develop a long-term exposure record to collect and share deployment and exposure data between the two Departments, a model informed by lessons learned in earlier Gulf War studies. “This decades-long research and continuing partnership has not only transformed the care and services to Gulf War Veterans, but has also made us smarter about how we care for Veterans of all eras.” said Shinseki. Today, VA is seeking public comments on the draft Task Force report before final publication. The public notice and instructions for how to submit electronic and comments via postal mail will be posted at www.regulations.gov, and the draft written report will be open for comment for 30 days. In addition, VA recognizes that a great number of Gulf War Veterans use the Internet on a daily basis to share their ideas and concerns, so VA has also created a public discussion board on the seven focus areas at: http://vagulfwartaskforce.uservoice.com/.
[Source: VA Secy Vet Group Liason Officer Press Release 13 May 2013 ++]

SBA Vet Issues Update

The National Veterans Small Business Conference, the government’s premier event for Veteran-owned small businesses, is coming to St. Louis’ America’s Center, on Aug. 6-8, the Department of Veterans Affairs announced 11 MAY. “VA is committed to bringing more Veteran-Owned Small Businesses into a public-private partnership to help them grow and succeed,” said Secretary of Veterans Affairs Eric K. Shinseki. “This event is a unique opportunity for Veteran-Owned Small Businesses to connect directly with government procurement decision makers and business partners.” During the conference, Veteran-owned business owners will:

- Receive information, tools, tips, techniques and how-to instructions to start, build and expand a small business idea into a life-changing reality.
- Be able to attend a wide variety of classes on business operations with more than 200 breakout sessions on how to start and grow a business and successfully compete for federal contracts. They will also have the opportunity to discuss business and contracting issues with key procurement decision makers from the federal government and private sector.
- Learn how to get the veteran-owned business certification needed to compete for federal contracts; outreach to veteran communities; and target networking to discuss government procurement and contracting requirements.

There are 26 million small businesses in the United States. Of these, 3.6 million are Veteran and Service Disabled Veteran-Owned businesses. Together they employ over 1.8 million workers and generate over $1.6 trillion in revenue. VA assists Veteran-owned businesses with everything from small business start-ups to large defense contracts. More information is available at www.nationalveteransconference.com. [Source: VA Secy Vet Group Liason Officer msg. 11 May 2013 ++]

DECA Budget Cuts

Commissary officials are conducting at least three short-fuse cost-cutting reviews, each of which could significantly reduce access to the benefit by either shutting down some stores or shortening their hours. A directive from the Pentagon comptroller requires the Defense Commissary Agency and others to look at cutting its $1.4 billion annual budget by up to 33 percent, while focusing operations on supporting troops stationed overseas. That would cut deeply into operating funds from stateside stores. This directive also requires commissary officials to come up with a separate, short-term plan to save 5 percent of overall costs, and was due in early May.

DeCA, like all Defense Department agencies, must review its headquarters staffing under an initiative dubbed the Strategic Choice and Management Review. Commissaries will be studied by the Compensation Commission, mandated by

Congress to review the value of all military pay and benefits programs. Although the commission has not yet been appointed, defense officials have been preparing data in advance. Most worrying to military advocates is the requirement to develop a plan to cut up to 33 percent of the commissary budget. This review is due in early July, according to DeCA Director Joseph Jeu, who spoke at a conference on 24 APR. Jeu said he considers this an "opportunity" for DeCA to be involved in shaping any changes in how the commissaries will operate. He noted that cuts made since the agency was created in 1992 have whittled the budget by $700 million a year. "I don't think there are too many agencies that can say they reduced their budget costs by 50 percent," when inflation is taken into account, Jeu said. Without these cuts, the DeCA budget would have been on a trajectory to be more than $2 billion. The cuts have been achieved in part by reducing DeCA staff by 2,500 people over the years.

Salaries make up about 70 percent of the commissary's operating budget; the next biggest line item is the cost of transporting groceries overseas, required by law to be paid by taxpayers. As such, shaving another 33 percent from DeCA's operating budget would translate into closing stores and cutting hours, said Pat Nixon, a former Marine who is also a former DeCA director. "That fundamentally changes the availability of the benefit," said Nixon, now president of the American Logistics Association, a trade group whose members sell products and services to commissaries and exchanges. Overseas troops and families are significantly more likely to use commissaries. About 13 percent of the active-duty force is stationed overseas, not counting Hawaii and Alaska, but they accounted for 24 percent of overall customer sales from October through February. That means they're about twice as likely to use the stores than those in the U.S., even before accounting for retirees, who overwhelmingly use stateside stores. Nixon said the working group will come up with multiple scenarios to save the 33 percent, and is considering one in which some stores would close in metropolitan areas with multiple commissaries. That could still have an impact on patrons. In the Hampton Roads, Va., area, for example, a family in Chesapeake, Va., has a 3-mile drive to the commissary at Portsmouth Naval Shipyard; about 12 miles to stores at Norfolk Naval Station and Naval Amphibious Base Little Creek; 16 miles to Oceana Naval Air Station; and 21 miles to Langley Air Force Base.

In looking at ways to trim DeCA costs, officials should consider the impact of DoD's current review of overseas bases, said Rene Campos of the Military Officers

Association of America. She noted that DeCA could see future savings if DoD reduces its overseas footprint and some stores are not needed. "There are so many things going on, we're concerned something's going to be missed or misinterpreted without input from beneficiaries," Campos said. "If dollars are driving the decision, chances are the beneficiaries are not going to be on the best side of that bottom line." Deeper changes — such as anything affecting the current 5 percent surcharge on goods, or taxpayer funding of employees' salaries or overseas transportation costs — would require changes in law, Nixon said. The Pentagon hiring freeze is affecting commissary operations, and things could get worse before they get better. "I've got stores out there operating at 60 to 70 percent of manpower," said Keith Hagenbuch, executive director of store operations for the Defense Commissary Agency. "We're struggling just to keep the store operating." Speaking to a conference of the American Logistics Association on April 24 here, less than an hour's drive from DeCA headquarters in Fort Lee, Va., Hagenbuch described some of the impact, including the cancellation of the annual May case lot sales. DeCA spends about $900,000 to run two case lot sales worldwide each year, he said. "That's an expense we couldn't afford, not with what's going right now. It's either get rid of people, or [cancel] a case lot sale.

We had to make some tough choices. That doesn't prevent you from going to that store, if they have the manpower, and coming up with some sort of deal, maybe a sidewalk sale, where industry pays for the tent." DeCA imposed a civilian hiring freeze 4 FEB, in line with the Defense Department-wide freeze. Commissary officials have asked DoD to allow some exceptions to the hiring freeze, said DeCA Director Joseph Jeu, and he is waiting for an answer. The number of open positions will likely increase, since the heavy summer permanent change-of-station season has started, and some military spouses who are commissary employees will be leaving their jobs. DeCA will continue to allow internal hires, so military spouses already employed by the commissary who leave because of PCS moves may be able to work at another commissary, if there are openings for which they are qualified. [Source: OASD-PA Early Bird | Karen Jowers | 13 May 2013 ++]

Legionnaires Disease

Regional directors in the Department of Veterans Affairs who fail to notify state and county health officials of infectious-disease cases could face suspension or

more severe discipline under a bill introduced on 7 MAY by Sen. Bob Casey Jr. Casey (D-PA) could shore up lackluster communication inside the VA network. “One of the real problems here was this inability to have a rigorous notification system in place, this failure to have in place a structured and effective communication system so the guy who knows something about the water system and the pipes is interacting with the scientists and the infectious-disease people,” Casey said.

Pittsburgh VA officials “could have and probably should have” shared information more readily with public health agencies during the Legionnaires' outbreak, acting state Secretary of Health Michael Wolf told the Tribune-Review. A Trib investigation published in March revealed that VA hospitals, as federal facilities, fall outside state health rules that require other hospitals to report cases of infectious diseases. Although many VA facilities comply voluntarily, they are under no legal liability to do so. Casey's bill, which the Senate Committee on Veterans Affairs will review, specifies requirements for VA facilities. He said the legislation is intended to “help ensure an outbreak like this never goes unreported again.” The bill would require regional VA directors to alert state and county health departments to cases of CDC-listed notifiable infectious diseases within 24 hours of confirmation. In each case, the CDC, national VA officials, the patient's primary-care provider and next-of-kin and VA workers in the affected hospital would receive alerts.

The VA Office of Inspector General would have to submit annual compliance reports to Congress and investigate compliance failures. Regional VA directors found to be responsible would be suspended, and the VA secretary could order additional discipline “as the secretary considers appropriate,” according to the bill. The VA would not comment on the legislation but is “directly engaged” with Congress on the issue, spokesman Mark Ballesteros said.

Casey's bill is similar to legislation introduced last week by Rep. Mike Coffman, a Colorado Republican who chairs the Oversight Subcommittee of the House Committee on Veterans' Affairs. Other House legislation developed in consultation with Casey's office and members of the Pennsylvania delegation will be introduced soon, said Matt Dinkel, a spokesman for Rep. Mike Doyle, D-Forest Hills. [Source: Tribune-Review | Adam Smeltz | 7 May 2013 ++]

Vet Gun Control Update

A House panel has approved legislation that would greatly curtail when veterans deemed mentally incompetent are reported to the FBI's background check system. The move to winnow what records get placed into the database comes even as both sides of the gun-control debate have called for strengthening the background-check system. Currently, the Department of Veterans Affairs automatically submits the names of those veterans who are deemed unable to handle their own financial affairs and have a fiduciary appointed to administer their benefits. But the House Committee on Veterans Affairs approved legislation requiring a judge's order before a veteran's name is submitted to the database. Lawmakers said veterans who are not a threat to harm themselves or others should not be denied a constitutional right to buy and possess guns. [Source: The Hill Post | Kevin Freking | 8 May 2013 ++]

BRAC Update

A U.S. senator wants the Air Force to prove it saved money by closing bases due to the 2005 Base Realignment and Closure process. "Base closure commissions are supposed to take the politicians out of the process. I think they've replaced politicians with other politicians," said Sen. Dick Durbin, a Democrat from Illinois. "I've watched five base closure commissions," he said. "I want to see actual savings — start to finish — when you're closing a base, moving the personnel, moving the equipment, reassigning and then assessing how much money you've saved as a result of it." Durbin, chairman of the Senate's Defense Appropriations Subcommittee, spoke 8 MAY about the BRAC process and his skepticism of its effectiveness during a hearing on the Air Force's FY2014 budget. He has often expressed his skepticism of the process and has resisted them due to a lack of actual overall savings. The Air Force's 2014 budget request is $114 billion, which includes nearly $30 billion for Air Force personnel, $46.5 billion for operations and maintenance, $18.8 billion for procurement and $17.6 billion for research and development. The personnel budget request includes increases of 1 percent for pay, 4.2 percent for housing and a 3.4 percent subsistence increase.

Republican members of Congress recently sent a letter to President Barack Obama contending that another BRAC round "will cost more than it saves in the near-term and thus will negate its value for deficit reduction." The next round of BRAC won't begin until 2015 under the Pentagon's 2014 budget. BRAC is the

process Congress uses to decide which military bases to close and which assets to move. Defense Department officials are pushing hard for the base closures because the military has nearly 25 percent more infrastructure than it needs and the excess capacity will continue to grow as U.S. military missions and presence in Iraq and Afghanistan continue to draw down. The Air Force agreed to provide the Senate's Defense Appropriations Subcommittee with the savings earned from previous base closures. Durbin said money could be saved in the department's $600 billion budget by concentrating on other programs that are costing money, such as the F-35 joint strike fighter program, a program which is seven years and more than $164 billion over budget.

The 2005 BRAC round cost more than $35 billion and eliminated tens of thousands of civilian jobs. According to a report from the Government Accountability Office, the 2005 BRAC cost more than was saved in the long run and was categorized by the office as "excessive." Scott Air Force Base in the 2005 BRAC gained personnel when it gained three Army Surface Deployment and Distribution centers but lost the inpatient mission at the Scott Air Force Base Hospital. A Mobility Air Forces Logistics Support Center was also established at the base. Durbin praised the men and women at Scott and the critical missions performed at the base. Under sequestration, the Air Force was forced to cut its budget by about $7 billion. To contend with the cuts, the Air Force reduced flying, weapons system sustainment, training, facility sustainment, and implemented civilian hiring freezes and furloughs.

"Scott Air Force Base in Southern Illinois is our major Air Mobility hub, hosting Guard and active duty units as well as U.S. Transportation Command. Members of the Tanker Airlift Control Center have called in emergency medical evacuations for service members injured in Afghanistan. The 126th Air Refueling Wing deployed to contribute to the no-fly zone in Libya. I am very proud that these men and women performing such critical tasks call Illinois their home," Durbin said. "Our job is to ensure the men and women in uniform are the finest, most skilled fighting forces in the world. It would be a mistake to allow budget pressures to squander their talent," he said. Scott has more than 13,000 military and civilian employees and is the region's largest employer. The base's economic impact on the St. Louis region is estimated at $3 billion annually. [Source: Belleville News-Democrat | Jennifer Bowen | 9 May 2013 ++]

Federal Jobs Update

A recently introduced bill H.R.1832 aims to give fathers of permanently disabled or deceased veterans additional hiring preferences when applying for civil service jobs. The 2013 Gold Star Fathers Act, introduced by Reps. Tim Bishop (D-NY) and Walter Jones Jr., (R-NC) on 6 MAY, would give fathers the same treatment currently afforded mothers of veterans. According to the Office of Personnel Management, mothers of disabled or deceased veterans are currently given an additional "10 Point Derived Preference" to their passing examination scores or ratings for federal jobs. The bill would replace the word "mother" with "parent" in the existing law. "We owe America's Gold Star families a debt that can never be repaid, and both fathers and mothers who have sacrificed so much for our nation deserve preference if they seek to serve as federal employees," Bishop said in a statement. Eligible parties must have sons or daughters who served in the armed forces during a war, or campaign in which a campaign badge was authorized. "This bipartisan legislation is about standing up for all those who have lost a child in our nation's service, or who are caring for a disabled veteran," Bishop said.
[Source: GovExec.com | Kedar Pavgi | 8 May 2013 ++]

Vet Health Care

Military veterans will have more health insurance options under the Affordable Care Act (ACA), but some vets, like many Americans, may still struggle to find affordable, accessible care that meets their needs. Roughly 40 percent of the 22.3 million military veterans receive health-care services from the Veterans Health Administration, which operates a nationwide network of medical centers, hospitals and clinics. Many veterans are eligible for both VA health care and Medicare, Medicaid or Tricare, the health plan for active and retired military and their families. About half of veterans have private insurance; approximately one in 10 veterans younger than 65 are uninsured. Some health insurers and employers are offering positive incentives. But might taxes work? Veterans who were honorably discharged after being on active duty for at least two years may qualify for VA health services. Since funding for the VA health program is limited, however, priority is given to veterans who have service-related disabilities or low incomes. Although there are no premiums for VA health care, some veterans may owe co-payments for services. Veterans who return from active military duty are typically eligible for free VA health care for five years. Under the Affordable Care Act, most people will have to have health insurance starting in January or pay a

penalty. Veterans who are enrolled in VA health care won't have to buy additional coverage, although they can supplement their coverage if they want to.

Mike Sage, 64, a Vietnam War combat veteran, pays $15 per visit for primary-care services and $50 for specialist care at the VA clinic near his home in Monmouth, Ill. Prescription drugs are $8 for a 30-day supply. But his wife, Kay, like many veterans' spouses, doesn't qualify for VA health care. They plan to check out the policies offered on the Illinois health insurance exchange this fall to see if there's a better option than the catastrophic-coverage plan with a $5,000 deductible that she currently carries. Kay Sage might qualify for a premium tax credit for coverage on the exchange if the couple's household income is between 100 percent and 400 percent of the federal poverty level ($15,510 to $62,040 for a family of two in 2013). The expansion of Medicaid under the Affordable Care Act — which states are currently wrestling over whether to implement — could also affect veterans' health care. The law allows the expansion of the federal-state program for low-income people to include adults with incomes up to 138 percent of the federal poverty level ($15,856 in 2013). According to an analysis published by the Urban Institute last month, four in 10 uninsured veterans have incomes below 138 percent of the federal poverty level, potentially enabling them to qualify for Medicaid if their states expand the program. Most of those veterans have incomes below 100 percent of the poverty level. "For these veterans, it's critical that their state expand Medicaid," says Jennifer Haley, a research associate at the Urban Institute who co-authored the report.

In states that don't expand their programs, veterans whose income falls below 100 percent of the poverty level will generally not qualify for Medicaid, or for subsidized coverage on the exchanges. Even though a non-disabled veteran may meet the income threshold for VA health care — nationally, about $34,000, further adjusted by geographic location — he or she may not live near VA facilities or know that VA care is available, according to the report. At a hearing last month before the House Committee on Veterans' Affairs, VA officials said they expect a net increase of 66,000 veterans seeking health care through VA facilities when the mandate to have health insurance kicks in next year. Some veterans will come into the VA system but others will leave to seek coverage on the exchanges or through Medicaid, they said. Those who are eligible for more than one health program may pick and choose, using one program for cheaper prescription drugs, for example, and another for specialist care. But more choices may not mean

better care, says Kenneth Kizer, director of the Institute for Population Health Improvement at the UC Davis Health System. In an opinion piece published last year in the Journal of the American Medical Association, Kizer, a former VA official, noted that having access to multiple plans can lead to fragmented care, increasing the chances of errors and other complications. “Tests get repeated, drugs get prescribed that may not be compatible with each other,” he says. “One provider may not realize what the other is doing.” [Source: The Washington Post | Michelle Andrews | 6 May2013 ++]

Vet Motor Vehicle Crashes

For men and women who have fought in the country’s wars in Iraq and Afghanistan, death behind the wheel is becoming another lethal aftereffect of combat. After they leave military service, veterans of the two wars have a 75 percent higher rate of fatal motor vehicle accidents than do civilians. Troops still in uniform have a higher risk of crashing their cars in the months immediately after returning from deployment than in the months immediately before. People who have had multiple tours in combat zones are at highest risk for traffic accidents. The phenomenon has been revealed by various pieces of evidence — research as well as observations of service members, veterans and counselors. The most common explanation is that troops bring back driving habits that were lifesaving in war zones but are dangerous on America’s roads. They include racing through intersections, straddling lanes, swerving on bridges and, for some, not wearing seat belts because they hinder a rapid escape.

That’s probably not the whole story, however. Post-traumatic stress disorder (PTSD), suffered by thousands of veterans, increases aggressive driving. Drunken driving and thrill-seeking also are more common after combat, according to a few studies and the testimony of many veterans. If further research supports the observations, motor vehicle crashes will join suicide and interpersonal violence as a fatal, if indirect, consequence of the war on terrorism. Motor vehicle crashes have long been a serious problem in the military. From 1999 through 2012, a period spanning peacetime and the two wars, as many active-duty military personnel died in noncombat motor vehicle crashes both on and off duty (4,423) as were killed in the Iraq war (4,409). “Before suicides became the leading cause of non-battle injuries, motor vehicle injuries were,” said Bruce H. Jones, a

physician and epidemiologist who heads the Army's injury prevention program at Aberdeen Proving Ground, in Maryland. War, however, worsens the problem. Men who served in the wars in Iraq or Afghanistan have a 76 percent higher rate of dying in vehicle crashes, and women a 43 percent higher rate, than people in the general population, according to an unpublished study by Han K. Kang, an epidemiologist with the Department of Veterans Affairs. The same phenomenon was seen in Persian Gulf War veterans and took five years to dissipate. Fatal motorcycle crashes in particular spiked during the wars. They accounted for 14 percent of military traffic deaths in 2001, but 38 percent in 2008. The absolute rate of motorcycle deaths also tripled over that period. "A lot of people come home and buy a motorcycle to have that adrenaline rush again," said Steven Acheson, 27, a former forward observer in the Army and an engineering student in Wisconsin. He spent time at Fort Stewart in Georgia, where the post put vehicles from fatal crashes on display as a form of warning. "There was once six or seven completely mangled motorcycles out in front of the gate," Acheson recalled.

One of the best pieces of evidence that combat raises a person's risk for car crashes comes from an in-house study by USAA, an insurance company in San Antonio that covers thousands of military personnel. The company offers a reduced-price insurance premium if vehicles are stored securely during deployment. Almost all of the company's active-duty customers opt for it. As a consequence, USAA has before-and-after records for 171,000 deployments to Iraq and Afghanistan. Troops had more at-fault accidents in the six months after their return from deployment than in the six months before they left. The increase was highest for people in the Army (23 percent) and in the enlisted ranks (22 percent). Tellingly, there was a "dose-response relationship" between deployment and risk. Troops with three deployments had 36 percent more accidents, compared with 27 percent more in the twice-deployed and 12 percent in people deployed only once. But the problem isn't just a carry-over of habits.

One-quarter of the Iraq and Afghanistan veterans enrolled in a 60-day residential treatment program for PTSD in California said they drove after drinking. One-fifth said they used seat belts "less than sometimes," in part because they get in the way of a rapid escape from a vehicle. "Failure to adapt the unique combat driving behaviors used in the current conflicts cannot be the only explanation for deployment-related risky driving behavior and excess mortality," wrote Mark A.

Zamorski, a Canadian military physician, and Amanda M. Kelley, a civilian U.S. Army psychologist, in a report to NATO on the subject. “All of the likely mechanisms could be mediated by distress or mental disorders,” they wrote. ‘You’re scaring me’ The military is beginning to pay attention to the particular risks facing — and needs of — Iraq and Afghanistan veterans who resume driving when they get home. The Army gives out a brochure called “Post-Combat Driving: The American Road” that includes data from a survey that an occupational therapist at the University of Minnesota, Erica B. Stern, conducted with deployed and non-deployed reservists. (Forty-nine percent of returning troops said they were anxious when cars approached quickly; 25 percent said they had driven through stop signs in the previous month.) The publication has tips on how to increase self-control; one is to tape a drawing by one’s child to the dashboard. VA has new training materials for clinicians advising them to talk about driving with veterans of Iraq and Afghanistan, some of whom are enrolling in the department’s driver-rehabilitation programs offered at 40 VA medical centers across the country, which have traditionally been used by people with physical disabilities.

The VA hospital in Palo Alto, Calif., is conducting a study aimed at identifying the best techniques for relieving driving anxiety while on the road. Veterans drive hour-long trips near the medical center that incorporate their “triggers” — underpasses, bridges, construction sites, busy intersections. Their pulse and breathing are monitored. When they feel panic, they pull over and try various self-calming techniques. Getting permission for the study from scientific review boards wasn’t easy. There haven’t been any disasters so far. Woodward hopes one day to extend it to an even more overlooked group — returning veterans who aren’t yet confident enough to resume driving. [Source: Washington Post | David Brown | 5 May 20113 ++]

DoD Sexual Abuse Update

Defense Secretary Chuck Hagel is vowing to change the culture that allows sexual assault to be a serious problem for the Defense Department. In a memo released 7 May Hagel announced a number of initiatives to eradicate sexual assault. "While the department is putting in place important new programs to combat this crime, it is clear that we must do much more to eliminate this threat to the safety and welfare of our men and women in uniform, and the health, reputation, and trust

of this institution," he wrote. Army Maj. Gen. Gary S. Patton, the director of the Pentagon's sexual assault prevention and response office, discussed the secretary's initiatives in an interview ahead of the memo's release. Patton said the secretary's initiatives will work to change the culture in the armed forces. The initiatives include:

- Dealing with the command climate and enhancing commander accountability, requiring that the results of command climate surveys will be provided to the next higher echelon of command.
- Directing the service chiefs to develop methods to assess the performance of military commanders in incorporating sexual assault prevention and victim care principles into their commands," Patton said.
- Directing the service chiefs to look at methods to incorporate this into annual assessments -- what would be appropriate ways to tie sexual assault prevention and response accomplishments into an evaluation or assessment system? The chiefs have to report back to Hagel with their conclusions 1 NOV.
- Directing the services and defense agencies have been directed to conduct a comprehensive visual inspection of department work places, including the service academies, by 1 JUL. This is similar to an inspection the Air Force conducted late last year to ensure workforces do not display degrading, offensive materials.
- Improving overall victim care and trust in the chain of command, to increase reporting of the crime, and to reduce the feelings victims have of being ostracized.
- Preventing sexual assault in the recruiting and early training process. This includes DOD-wide recruiting organizations, the military entrance processing centers [and] ROTC to assess them on their sexual assault prevention programs. This follows recent assessments conducted by the services of their military academies and initial entry training programs.
- On the military justice side, Hagel asked for the acting DOD general counsel to incorporate the rights afforded to victims through the Crime Victims' Rights Act into military justice practice. He also wants to evaluate the Air Force Special Victims Counsel pilot program to ensure victims of sexual assault are provided the advice and counsel they need to understand their rights and to feel confident.

- The defense secretary is asking a congressionally mandated panel to speed up its work on an independent review of the systems used to investigate, prosecute and adjudicate sexual assault crimes. The legislation gives the panel 18 months to finish its review. Hagel is asking them to finish in a year.

[Source: AFPS | Jim Garamone | 7 May 2013 ++]

VA Mandates Overtime to Increase Production of Compensation Claims Decisions

WASHINGTON (May 15, 2013) – As part of its ongoing effort to accelerate the elimination of the disability compensation claims backlog, the Department of Veterans Affairs (VA) is announcing today that it is mandating overtime for claims processors in its 56 regional benefits offices. This surge, which will be implemented through the end of fiscal year 2013, will be targeted to eliminating the backlogged status of claims. The additional overtime hours that will be worked during this period will be used to help eliminate the backlog with continued emphasis on high-priority claims for homeless Veterans and those claiming financial hardship, the terminally ill, former Prisoners of War, Medal of Honor recipients, and Veterans filing Fully Developed Claims.

"VA is dedicated to providing Veterans with the care and benefits they have earned and deserve," said VA Secretary Eric K. Shinseki. "This increased overtime initiative will provide more Veterans with decisions on their claims and will help us achieve our goal of eliminating the claims backlog."

This is the latest effort in support of the Secretary's plan to reduce the backlog. Last month, the 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 provisional decisions that allow eligible Veterans to begin collecting compensation benefits quickly. With a provisional decision, a Veteran has a year to submit additional information to support a claim before the decision becomes final.

"We're committed to getting Veterans decisions on their claims as quickly and accurately as possible," said Undersecretary for Benefits Allison A. Hickey. "We

need to surge our resources now to help those who have waited the longest and end the backlog."

Claims for Wounded Warriors separating from the military for medical reasons will continue to be handled separately and on a priority basis with the Department of Defense through the Integrated Disability Evaluation System (IDES). On average, Wounded Warriors separating through IDES currently receive VA compensation benefits in 2 months following their separation from service.

VA Announces New Grants to Help End Veterans' Homelessness

WASHINGTON (May 17, 2013) – The Department of Veterans Affairs has announced two new grants to support Secretary Eric K. Shinseki's goal of ending Veterans' homelessness in 2015. Under these new programs, homeless providers can apply for funding to enhance the facilities used to serve homeless Veterans, and acquire vans to facilitate transportation of this population.

"Those who have served this Nation as Veterans should never find themselves on the streets, living without care and without hope," said Secretary Shinseki. "Homeless prevention grants provide community partners with the opportunity to help prevent and end homelessness on the local level. This is a crucial tool to get at-risk Veterans and their families on the road to stable, secure lives."

Approximately $22 million in rehabilitation funds will be available to current operational Grant and Per Diem grantees as part of the effort to increase the useful life of the facilities previously funded under the program. VA expects current Grant and Per Diem grantees will apply for funding to rehabilitate their current project location and enhance the safety, security and privacy issues associated with the homeless Veteran populations they serve. A maximum of $250,000 is available per award and the award will not be more than 65 percent of the estimated total cost of the rehabilitation activity. VA has established funding priorities to support its oldest capitally funded projects.

In addition, approximately $2 million in funds will be available for current operational Grant and Per Diem grantees to assist in the acquisition of vans in

order to facilitate transportation of Veteran participants to medical appointments, employment opportunities in the community, and facilitate grantees' outreach activities. The maximum award for a van will be $35,000. The amount of the award will not exceed 65 percent of the total cost of the van.

Applications for both awards are due to the Grant and Per Diem office by no later than 4 p.m. Eastern time on June 28, 2013.

This funding is available under VA's Homeless Providers Grant and Per Diem Program for current operational Grant and Per Diem grantees. The Grant and Per Diem Program provides community-based organizations with funding to develop and operate transitional housing and supportive services for homeless Veterans. The Grant and Per Diem Program has over 15,000 operational transitional housing beds nationwide.

The 2012 Annual Homeless Assessment Report (AHAR) to Congress, prepared by The Department of Housing and Urban Development, estimated there were 62,619 homeless Veterans on a single night in January 2012 in the United States, a 7.2 percent decline since 2011 and a 17.2 percent decline since 2009. The AHAR reports on the extent and nature of homelessness in America. Included in the report is the annual Point-in-Time (PIT) count, which measures the number of homeless persons in the U.S. on a single night in January 2012, including the number of homeless veterans.