



## Federal Update for March 31 – April 4, 2014



### ***DoD Benefit Cuts Update ► TRICARE Program Hearing***

Military advocacy groups appear divided over a Pentagon proposal to consolidate Tricare health programs, but all agree that active-duty families should not have to pay higher medical costs just because they don't live near a military hospital. In a hearing before the Senate Armed Services Committee's personnel panel 26 MAR, representatives from four military service organizations addressed the Defense Department's fiscal 2015 budget proposal to roll Tricare Prime, Standard and Extra into a single consolidated Tricare program. The plan also would install a new fee structure based on where beneficiaries get their care. Families of active-duty troops would pay new copayments or higher cost shares at network and non-network facilities and retirees and family members would see new fees at military facilities and higher fees elsewhere. The goal is to encourage beneficiaries to get care where treatment is provided at lower cost to the government.

But the plan would increase costs significantly for military families who have limited or no access to military facilities, according to retired Air Force Col. Mike Hayden, director of government relations for the Military Officers Association of America. "It's breaking the faith to change the rules for someone with 10 years — or one year — of service," Hayden said. John Davis, legislative programs director for the Fleet Reserve Association, said FRA does not oppose Tricare consolidation but agrees the Pentagon should not shift Tricare costs to beneficiaries, nearly all of whom would see an increase in medical expenses under the plan. "FRA is concerned that Congress has not learned from past mistakes that pay caps and other benefits cuts impact negatively on retention and recruitment," Davis said. Pentagon officials say tweaks to benefits, including Tricare, commissaries, pay raises, housing allowances and more, are needed to avoid funding shortfalls in training, maintenance and equipment.

Without the estimated \$2.1 billion that the benefits proposals would save next year, and with an additional \$30 billion in sequester cuts coming over the next five years, readiness and modernization will suffer, said DoD Comptroller Robert Hale. “These cuts are going to have to come out of readiness and modernization. There’s nowhere else to go,” Hale told lawmakers during the hearing. The advocacy groups oppose nearly all the proposed benefits cuts in the fiscal 2015 budget, including changes to housing, commissaries and pay increases. The Tricare proposal, they said, raises the most questions, with concerns over the costs of medical care to personnel on recruiting duty or living far from a military treatment facility, the ability of military hospitals to absorb new patients and the noticeable shortage of physicians nationwide who accept Tricare patients — or even know what Tricare is. “In this proposal, currently serving families and retirees will pay more and get less,” said MOAA’s Hayden. Lawmakers said they had concerns over the way the Pentagon was pushing the changes given that the Military Compensation and Retirement Modernization Commission is studying reform of the entire pay and benefits system.

Sen. Lindsey Graham (R-SC) is an ardent supporter of restructuring the military pay and benefits system to reduce the overall Pentagon budget. But during the hearing, he said decisions to cut programs should wait until the commission issues its recommendations, expected in early 2015. “It’s not that I don’t trust your work product,” he told Hale and Jessica Wright, acting undersecretary of defense for personnel and readiness. “We’ve got ourselves in a bind here. You’ve got a commission studying the same subject matter.” Graham implored his fellow subcommittee members to find \$2.1 billion in other government spending, either within or outside the defense budget, which could be cut to cover the personnel funding gap next year while the commission finishes its work and delivers its final recommendations next February. Sens. Kirsten Gillibrand (D-NY) and Kelly Ayotte (R-NH) asked whether DoD had studied the impact the proposed changes would have on junior enlisted troops, who would end up devoting a higher percentage of their paychecks to housing, food and health care. “I assume, because you proposed this, you all ran these numbers and really looked at rank versus how much that person will pay more. And I think that’s really important for us, to see the numbers,” Ayotte said.

Under the consolidated Tricare proposal, retirees would pay to use military treatment facilities, newly Medicare-eligible retirees would pay enrollment fees

for Tricare for Life and family members of active-duty troops would pay slightly more for their health care in co-pays or higher cost-shares for some types of care at network and non-network facilities. The Pentagon estimates the Tricare proposals would save \$800 million in fiscal 2015 and \$9.3 billion through fiscal 2019. According to the Pentagon, the average active-duty family's annual out-of-pocket costs would more than double to \$364, increasing the family's share of its overall health costs from 1.4 percent to 3.3 percent. The average retiree with two family members now pays \$1,376 per year in health expenses; their average contribution would rise to \$1,526, or 10.8 percent of the average family's total annual health care costs. [Source: MilitaryTimes | Patricia Kime | 26 Mar 2014 ++]

## ***BRAC Update ► Pentagon Wants Another Round***

Each military branch has excess capacity and needs another round of base realignment and closure, defense officials told a House panel 12 MAR. Appearing before the House Appropriations Committee's Military Construction, Veterans Affairs and Related Agencies Subcommittee, officials noted varying amounts of excess capacity on U.S. bases, and sought help. "The bottom line is: We need another round of BRAC," said Kathleen Ferguson, acting assistant secretary of the Air Force for installations, environment and logistics. John Conger, acting deputy undersecretary of defense for installations and environment, said he knows the last round of BRAC, in 2005, left "a bad taste" in the mouths of many in Congress, but that this would be different. The key reason that one cost so much was that "we were willing to accept recommendations that did not save money," he said. The 2005 round of BRAC was actually more like two concurrent rounds -- one for transformation and one for efficiency, Conger said.

Altogether, the BRAC cost about \$35 billion, and \$29 billion of that was for the transformation piece, which only resulted in about \$1 billion in yearly savings, Conger said. The efficiency piece cost \$6 billion and resulted in recurring savings of \$3 billion each year, he said. Now, the military is requesting just the "efficiency" piece, Conger said. "We don't want to be wasting money on unneeded facilities," he said.

- The Army has an average of 18 percent excess capacity at U.S. bases, according to a recent facility capacity analysis, and end-strength reductions

will increase that excess capacity even more, said Katherine Hammack, assistant secretary of the Army for installations, energy and environment.

- The Air Force does not have a recent capacity analysis, but had 24 percent excess capacity in 2004, Ferguson said. The last round of BRAC only helped with a very small portion of that extra space, and the Air Force has reduced active-duty end strength by nearly 8 percent since then, she said, so officials know there is plenty of excess that could be closed.
- The Navy also doesn't have a recent analysis, but does know they have some excess capacity and supports a new round of BRAC, said Dennis McGinn, assistant secretary of the Navy for energy, installations and environment.

Still, members of the committee noted their displeasure with the 2005 BRAC process, and worried that the Pentagon is not budgeting enough for military construction in fiscal 2015. The military construction request for fiscal 2015 is \$6.6 billion, about 40 percent lower than the request for fiscal 2014. "I haven't seen requests this low for a long, long time," said Rep. Sanford Bishop (D-GA), the ranking member of the committee. Conger, Ferguson, Hammack and McGinn said the smaller request is the result of efforts to meet the requirements of the Bipartisan Budget Act of 2013; they said the services are willing to take a risk in cutting facilities maintenance so they can use more funding to support warfighters. But Rep. John Culberson, the Texas Republican who serves as the subcommittee's chairman, called the low number "shocking," and said he does not want troops and their families to be neglected. "We love you and we want to help," he said, adding that the committee would try to find a way to fund maintenance and construction programs. [Source: Stars and Stripes | Jennifer Hlad | 13 Mar 2014 ++]

## ***DoD Religious Expression Update ► Sikh Alleged Enlistment Ban***

A bipartisan group of 105 lawmakers urged the Defense Department on 10 MAR to make it easier for practicing Sikh Americans who wear beards and turbans to serve in the military. The House members wrote to Defense Secretary Chuck Hagel calling for an end to a "presumptive ban" on Sikhs serving. Under a policy announced in January, troops can seek waivers on a case-by-case basis to wear religious clothing, seek prayer time or engage in religious practices. Approval

depends on where the service member is stationed and whether the change would affect military readiness or the mission. A request can be denied only if it is determined that the needs of the military mission outweigh the needs of the service member. But the Sikh Coalition, a group that advocates for the estimated half-million Sikhs living in the U.S., says the bureaucratic hurdles remain a disincentive, as waivers are not guaranteed and must be constantly renewed. In the last 30 years, only three Sikhs have received permission to serve in the Army while maintaining their articles of faith, namely turbans and unshorn hair, including beards. The lawmakers' letter cites the service of the three Sikhs, among them Maj. Kamaljeet Singh Kalsi. He earned a Bronze Star Medal for his service in Afghanistan, which included treating multiple combat injuries and reviving two clinically dead patients. "Given the achievements of these soldiers and their demonstrated ability to comply with operational requirements while practicing their faith, we believe it is time for our military to make inclusion of practicing Sikh Americans the rule, not the exception," said the letter. Navy Lt. Cmdr. Nathan Christensen, a Defense Department spokesman, said he could not comment on the defense secretary's correspondence. But he said the policy announced in January would enhance commanders' and supervisors' ability to maintain good order and discipline, while reducing "both the instances and perception of discrimination among those whose religious expressions are less familiar to the command." Previously, there had been no consistent policy across the military services to allow accommodations for religion. But now, for example, Jewish troops are able to seek a waiver to wear a yarmulke, or Sikhs can seek waivers to wear a turban and grow a beard. [Source: Associated Press | Matthew Pennington | 11 Mar 2014 ++]

## ***DoD Retirement Update ► Negative Reaction to Change Proposal***

The Pentagon's new proposal for reforming military retirement is drawing sharply negative reactions from today's career-minded service members, according to a recent survey of Military Times active-duty readers. By a margin of more than two to one, active-duty troops said they oppose the Defense Department's proposal that would scale back the size of the lifetime monthly retirement payments promised to troops who serve 20 years or more. That proposal, unveiled 6 MAR, would compensate troops for the smaller pension by providing more cash-based benefits earlier in life, such as retention pay at 12 years lump-sum transition pay

for those who leave with 20 years or more, and tax-free government contributions to retirement investment accounts for all troops starting at three years of service and fully vesting at six years. Only about one in four active-duty troops thinks the underlying idea of offering more cash and smaller pension checks may have merit, according to a survey of 2,737 active-duty troops who are on the Military Times subscriber list and were contacted individually by email. A major concern among survey respondents is the issue of grandfathering current troops from any changes. The Pentagon's proposal explicitly states that today's troops could keep their current retirement package — and perhaps could opt into a new package if they chose. Only future recruits would have no say in the matter. But many troops instinctively oppose retirement reform efforts because they simply don't trust the Pentagon's assurances about a grandfather clause. "That is what they say, but I do not 100 percent believe that. We live in a moment now where I would say everything is uncertain in the military," said an Air Force major in San Antonio who asked not to be named. The new proposal comes at a time of deep cynicism among troops about their military compensation. For more than a year, the top brass has repeatedly said today's pay and benefits system is too costly and needs to be capped, and a number of proposals for rolling back various compensation programs has emerged from the Pentagon in recent months.

That distrust of Washington decision-makers was magnified in December, when lawmakers on Capitol Hill passed a law limiting annual cost-of-living adjustments in military retired pay for current retirees, which emerged as part of an 11th-hour deal on a governmentwide budget agreement. The military community erupted in outrage, prompting Congress to repeal the law for current retirees several weeks later. The Defense Department sent its new proposal for retirement reform to the Military Compensation and Retirement Modernization Commission, which is studying all compensation programs and is due to provide a final report to Congress early next year. Army Staff Sgt. Jason Welch, who is a few months shy of his 20-year mark, said he opposes the plan, but acknowledged that some aspects could work well for a future generations of troops. The prospect of a full military pension was "a big reason I decided to re-enlist 10 years ago," Welch said in an interview after taking the survey. He said discussions about changing the current system make him nervous, regardless of assurances about grandfathering today's force. Yet he agreed with one aspect of the DoD plan that would allow active-duty troops to transfer into the reserves and still be eligible for some level of retirement pay immediately upon leaving service, rather than having to wait until

age 60, as is now the case. Welch said that would appeal to a lot of soldiers who are ready to move back into the civilian sector but who, under today's system, are compelled to continue serving until the 20-year mark to lock in their active-duty retirement benefits. "The soldiers I've worked with, a lot of them wouldn't mind doing 15 years active and then five in the reserves. I think if they knew they could still get a pension, they would jump on that bandwagon," Welch said.

DoD's proposals are based on the belief that troops place a higher value on cash benefits earlier in life — for example, a large lump-sum transition payment for troops separating after 20 years of service — rather than steady pension checks in old age. Studies suggest changes based on that principle would allow DoD to reduce the total lifetime value of a military retirement package by about 10 percent without hurting retention. But some service members question that assumption. One Navy commander who asked not to be named said many younger retirees would face real-world pressures to spend that money immediately after getting out, rather than investing it to supplement their retirement income later in life. "Those ideas sound good on paper," the commander said. "But if you give me \$300,000 and you put me in a very poor job market, I am going to be spending that money not on my long-term retirement, but just trying to stay afloat. I would say that reduction of payments at the latter end [of life] is probably the wrong direction to move. That's when people tend to have the least amount of income security."

The Military Times readers survey was conducted from March 11 to March 13. Younger troops, including junior enlisted and junior officers who make up the majority of the force, are not proportionally represented among the respondents. As a result, the survey results are not intended to reflect a true cross-section of the entire force. Older troops, for the most part, are far more skeptical of changing the retirement system than younger troops. "Leave everything the way it is. The system is not broken — stop trying to fix it," said one Army staff sergeant in his 16th year of service. One Marine gunnery sergeant with 16 years in uniform said in his survey comments that today's retirement package is not overly generous in the context of the full range of sacrifices that service members make. "Our lifestyle is unlike any other career," he said. "Our children and our spouses have to move every two to four years. Our spouses never get a good chance to make a career. Our children are ripped away from their friends when we move.

Our bodies are worked strenuously through [physical training]. ... Our retirement should reflect what we've given our country over the past 20 years."

Although the number of younger troops in the survey is somewhat limited, the results suggest they are more open to the possibilities being suggested by the Pentagon. For Army Capt. Ben White, a 26-year-old West Point graduate who is unsure of whether he'll stay in uniform for 20 years, the retirement issue is part of a larger debate about how the military is managed. "To me, the 20-year cliff retirement is just a symptom," White said. "It's really a much bigger issue. A lot of the way we do things is based on a 1950s model ... a centrally planned, socialist economic model as opposed to the more free-market ways of doing things that are much more efficient. "There needs to be a more competitive work environment. I think we should allow commanders to hire and fire people. Making rank and pay should be contingent on positions and responsibilities as opposed to [the Defense Officer Personnel Management Act] year-groups where, essentially, if you breathe, you get promoted at a certain point," White said.

Many troops are skeptical of the argument made by top Pentagon officials that reductions in compensation costs are needed to free up funding to pay for weapons modernization and high-tech research. About three in four troops surveyed said they disagree. "Spending money on more sophisticated weapons is just a recipe for contractor greed," one Army colonel commented in his response to the survey. "The fact is, we get our ass handed to us by some guy with an AK-47 or RPG in the back of a Toyota pick-up." In the end, for many of today's troops, military service feels like a family business. And changing the retirement system might affect whether those family traditions carry on. "We've already had that discussion in my family," said the Air Force major in San Antonio, whose two grown sons are considering military careers. "I'm like, 'What I've been promised, and what my retirement is, may not be the package that you get if you go into the military.' I think a lot of families are having those discussions. There is an awareness that that could change." [Source: MilitaryTimes | Andrew Tilghman | 13 Mar 2014 ++]

## ***Veterans' Health Care: Oversight of Tissue Product Safety***

### **What GAO Found**

Data from the Veteran's Health Administration (VHA), within the Department of Veterans Affairs (VA), do not show evidence of VHA receiving contaminated tissue products, although, it is difficult to link adverse events in recipients to such products. VA's National Center for Patient Safety (NCPS), which began operation in 1999, has not issued any patient safety alerts—mandates for action to address actual or potential threats to life or health—or advisories—guidance to address issues such as equipment design and product failure—related to tissue products potentially received by VA medical centers (VAMC) in the last 10 years. NCPS issues patient safety alerts and advisories for recalls that require specific clinical actions to ensure patient safety. Since NCPS began issuing and recording data on recalls in November 2008, NCPS has notified VAMCs of 13 recalls for tissue products from vendors from which VHA could have received affected products—none of these recalls have resulted in patient safety alerts or advisories. For 6 of the recalls, 27 VAMCs reported to NCPS that they had identified and removed the recalled products from their inventories. For the other 7 recalls, none of the VAMCs had the affected tissue products in their inventories. The 13 recalls were not issued for known tissue product contamination. Instead, most were initiated because of the possibility of contamination, such as compromise of product sterility and incomplete donor records. Further, VHA officials told us that their analysis of VHA data found no evidence of reported adverse events among VHA patients that were caused by contaminated tissue products. According to officials from the Food and Drug Administration (FDA), post-surgical infections often occur, even in the absence of tissue use, and it is often not possible to definitively attribute such infections to a tissue product.

VHA's identification of recalled tissue products may be limited, although recent actions by the agency may help. VA and VHA rely on FDA to ensure the quality of tissue vendors—who are generally required to register with FDA—but VA and VHA policies do not require that a vendor's FDA registration status be checked for most purchases. In addition, VHA's ability to track recalled tissue products in its inventories may be limited by poor inventory management practices. After receiving a recall notice, VAMCs are required to search their inventories for recalled products; however, GAO and VA Office of Inspector General (OIG) have previously reported concerns with the completeness and accuracy of VHA's inventory data and have made recommendations to improve VHA's ability to accurately identify all recalled products in VAMCs inventories. VA is in the process of responding to these recommendations. Further, while VAMCs are responsible

for checking for and accurately identifying all implanted, applied, or injected tissue products subject to a recall, GAO found that VA and VHA conduct no oversight to ensure this is done and rely on VAMCs, which may have limited ability to conduct this check. For example, VHA officials stated that it is difficult to search for information on implanted tissue products, in part, because there is no automated search capability. VA is taking steps that may enhance its ability to identify tissue products after they have been used.

VA and FDA reviewed facts GAO developed in preparing this testimony. VA and FDA provided technical comments, which were incorporated as appropriate.

### **Why GAO Did This Study**

In fiscal year 2013, approximately 59,000 tissue products were used to provide care to veterans at VAMCs; bone and skin grafts were the most common. While tissue products can repair the body and improve function and feeling, there is also the risk that communicable diseases can be transmitted from the donor to the recipients, potentially resulting in severe complications. FDA is responsible for regulating the manufacture of tissue products to help ensure the safety of such products marketed in the United States. For purchasing purposes, VHA considers tissue products to be a type of surgical implant and a prosthetic—items that support or replace a body part or function.

At recent hearings of this subcommittee, concerns were raised about VA's oversight of surgical implant purchases and its ability to identify veterans who received an implant that is being recalled by the manufacturer or FDA. This testimony addresses (1) whether VHA received tissue products that may have been contaminated and (2) VHA's safeguards to prevent the receipt and use of contaminated tissues, including VHA's ability to ensure the quality of its vendors and to respond to recalls of tissue products. GAO reviewed FDA and VHA data on recalls and adverse reactions related to tissue products and VHA purchasing data. GAO also interviewed VA, VA OIG, and FDA officials on tissue product safety requirements and oversight actions. GAO focused on the policies and procedures at the VA and VHA levels.

## ***VA Claims Backlog Update ► Failing VA Officials Gotta Go***

Speaker John Boehner (R-OH) on 26 MAR slammed officials at the Department of Veterans Affairs for failing to reduce the huge disability claims backlog that has plagued the VA, adding that the failure means managers need to be fired or demoted. On the House floor, Boehner said that backlog is nothing short of a black eye for our government. "Reform won't get very far if it's carried out by managers who have proven that they're not up to the job," he said. To help solve the problem, Boehner encouraged all members to support H.R.4031, a bill that would streamline the process of firing or demoting officials at the VA. That bill was introduced back in February, and now has 46 co-sponsors in the House. Boehner said that, so far, VA officials charged with untangling the backlog of thousands of disability claims have only received half-measures or slaps on the wrist. "The principle here is simple: When you're not getting the job done, you gotta go," he said. "At the VA, it's been quite the opposite... The VA is failing our veterans and their families," he said. "It's time we hold these people accountable and get people in there who can fix this backlog once and for all." [Source: The Hill | Pete Kasperowicz | 26 Mar 2014 ++]

## ***Gulf War Syndrome Update ► VA Presumptive Conditions Sought***

Gulf War veterans should have presumptive conditions associated with their service, including brain and lung cancer and chronic migraines, members of the House Committee on Veterans' Affairs wrote in a letter 18 MAR. "As a veteran of the Persian Gulf War, I am keenly aware of issues adversely impacting the health of veterans who served in that theater beginning in 1990," wrote Rep. Mike Coffman (R-CO) in a letter to Veterans Affairs Secretary Eric Shinseki. If a veteran is diagnosed with a presumptive condition, Veterans Affairs is required to assume that it is military-connected, and that the veteran is then entitled to medical or disability benefits associated with the diagnosis. Coffman writes that research has connected brain cancer to the Sarin gas that troops were exposed to when the U.S. Air Force bombed a chemical factory in Khamisiyah, Iraq. Gulf War veterans have been found to have a higher percentage of lung cancer, and migraines are more likely in patients with chronic fatigue syndrome, he wrote. If VA decides not to make the conditions presumptive, Coffman wrote, they should explain why.

Ron Brown, president of the National Gulf War Resource Center, said he had worked with other veterans' organizations, including the American Legion, to try to get the presumptive conditions approved by VA. "This legislation is long overdue with the science and research that has been done to show these conditions warrant being presumptive for Desert Storm service," Brown said. Gulf War veterans already have presumptive status for chronic fatigue syndrome, fibromyalgia, gastrointestinal disorders, and undiagnosed illnesses that include weight loss, fatigue, cardiovascular disease, muscle and joint pain, headache, menstrual disorders, neurological and psychological problems, skin conditions, respiratory disorders and sleep disturbances, according to VA. [Source: USA Today | Kelly Kennedy | 18 Mar 2014 ++]

## ***GI Bill Update ► SVA Degree Attainment Study***

A Student Veterans of America (SVA) report combining data on U.S. college degree attainment with information on veterans who have used Montgomery and Post-9/11 GI Bill benefits shows that 51.7 percent have received a postsecondary degree or certificate, a completion rate similar to traditional college students, and greater than other nontraditional students. In recent years, the VA has processed more than 4 million education claims for student veterans. Until now, there has been no tracking of degree completion rates. The just-released report, part of the Million Records Project, an initiative of SVA, measures for the first time how the most recent generation of veterans perform in higher education.

Among the study's top findings: Although many take longer than traditional students to graduate, most student veterans complete their initial studies and often earn additional higher level degrees as well. Their delayed time-to-completion is due in large part to the unique challenges facing student veterans who are atypical of traditional college students, including age differences, and sometimes pausing their studies to serve in the military-including going overseas. "Americans have invested substantial dollars in giving our veterans an opportunity to further their education and this report shows many positive signs that they are doing just that," said Wayne Robinson, SVA president and CEO. "The majority of student veterans accessing their GI Bill benefits are completing degrees and showing unparalleled determination to do so, despite many unique barriers. A single deployment can interrupt a student veteran's education for at least 9 to 13 months, but they're returning to the classroom and completing."

For this first phase of the Million Records Project, SVA partnered with VA and the National Student Clearinghouse (NSC) to match two sets of data: a randomly selected sample of approximately 1 million Montgomery and Post-9/11 GI Bill veteran education beneficiary records from 2002 to 2010, and U.S. student postsecondary enrollment and completion records collected by the NSC. VA and the NSC removed all personal and institutional identifying information, and duplicates caused by students accessing more than one education benefit. A total of 788,915 records were analyzed, representing approximately 22 percent of the student veteran population receiving GI Bill benefits for that period. Google, The Kresge Foundation, Lumina Foundation and Raytheon awarded SVA more than \$2.2 million in grants to support the project.

The report shows the majority of students complete a bachelor's degree within four to six years; associate degrees within four. Unsurprisingly, many of these veterans do not typically follow the path of traditional college students. Some enroll in college after high school graduation, withdraw to join the military, and then re-enroll after military service. Other veterans enroll in postsecondary institutions after they complete their military service; still others earn college credit before, during and after military service but may need to repeat some coursework that was lost due to deployments. A breakdown of the data shows:

- Fields of Study -- Student veterans are pursuing degrees that allow them to obtain in-demand careers. At the associate level, the five degree fields most often pursued were in liberal arts and sciences; business; homeland security; law enforcement and firefighting; and health professions. The top five bachelor's degree fields were business; social sciences; homeland security; law enforcement and firefighting; and computer and information sciences.
- Type of School -- Most student veterans who complete school enroll in (79.2 percent), and earn degrees (71.7 percent) from, public schools. The remaining students enroll in private nonprofit or proprietary (private for-profit) institutions. Just more than 15 percent obtain degrees from private nonprofit institutions and 12 percent from proprietary institutions. The study also shows that a majority of public and private, nonprofit sector enrollees graduate, but some transfer out of that sector to complete their education.

- Degree Obtained -- The data shows that many student veterans achieve higher levels of education: 31.3 percent of the sample who initially earned a vocational certificate, 35.8 percent of the sample who initially earned an associate degree and 20.8 percent of the sample who initially earned a bachelor's degree went on to also earn a higher degree. [Source: SVA Press Release 24 Mar 2014 ++]