



Vietnam Veterans of America Chapter 825 South Jersey

103 Florida Ave., Egg Harbor Township, NJ 08234

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This newsletter is a production of Chapter 825 of the Vietnam Veterans of America. Its intended purpose is to provide our readers with information dealing with Chapter activities, veterans' issues and other useful information. It is made possible through the efforts of our members and our sponsors. Please support us by supporting our sponsors.

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Meetings are held on the 1st Monday of the month at 7:30 PM, unless otherwise indicated, at the Township of Hamilton Rescue Squad 1400 Route 50 in Mays Landing.

[We would like to see you there:](#)

Please make an effort to attend!

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VA Update

Veterans Affairs Secretary Robert McDonald has put a freeze on the hiring of personnel for the headquarters staff of the Veterans Health Administration in Washington and headquarters of the 21 regional Veterans Integrated Service Networks around the country.

Dr. Ken Kizer, who served as VA undersecretary for health in the 1990s, and Dr. Ashish K. Jha, who works in the Boston VA hospital, reported in a July article in the New England Journal of Medicine the size of the VHA headquarters staff had soared from about 800 in the late 1990s to nearly 11,000 in 2012.

Veterans would receive better education and survivor benefits, and care for sexual trauma and traumatic brain injury, under a measure President Obama signed into law August 7th, 2014. Other provisions call for:

* Stepping up the hiring of doctors, nurses and staff at Department of Veterans Affairs medical treatment facilities.

* Helping veterans get the care they need in a timely manner elsewhere, when slots at VA facilities are unavailable or distances cause transportation problems.

* Holding VA employees more accountable for unethical conduct.

During his confirmation hearing, VA Secretary McDonald laid out a series of actions he would take during his first 90 days in office to "deliver the needed reforms our veterans deserve." Below are the initiatives he outlined.

Data integrity - McDonald said he will ensure that the VA can "regularly and accurately produce key data for decision-makers and oversight entities," addressing one of the key issues behind the agency's recent scheduling scandal. Official reports have cited the VA for manipulating medical-appointment and benefits

records, giving the false impression that offices are meeting their goals. Government leaders cannot fix problems without knowing problems exist, so data integrity will be critical to improving services for veterans.

Whistleblower rewards - The Office of Special Counsel, a small federal agency that protects whistleblowers, has said it is investigating 67 claims of retaliation against VA employees who tried to expose problems. Special Counsel Carolyn Lerner testified at a hearing this month that the list of complaints is growing "pretty much daily." McDonald said he will encourage VA employees to report problems, and that he will develop a system to reward whistleblowers for stepping forward with legitimate concerns. "I have much to learn about the organization, and I look forward to gaining valuable insights from its employees, as well as veterans and other stakeholders," he said.

Strategic plan - McDonald promised to "renew the department's strategic plan and ensure it is properly deployed." He said that by visiting field offices, he will be able to determine which processes need to be "reorganized and streamlined." He also said he would ensure that every employee has an action plan that "rolls up to the strategic plan and the mission for the department." Additionally, McDonald pledged to "put the veteran at the center of everything that we do" and lay out a leadership vision directly to all VA employees.

Better communication - White House adviser Rob Nabors said in a report to President Obama that the VA headquarters is out of touch with the agency's regional and field offices, and vice versa. "The communication and decision-making between the central office and regional offices must be radically restructured," he said. McDonald has pledged to improve communications between the offices.

He offered few specifics except to say he plans to “travel extensively over the first several months to hear directly from employees, veterans and other stakeholders.”

Staffing review - VA officials have told the agency’s oversight committees that the agency may need to hire more staff and shift some employees between divisions or facilities to improve access to care. That means some medical centers may have too few employees, while others may have too many. McDonald suggested he will review staffing levels and “take advantage of VA’s scale to improve productivity and flow more people to the work.”

Board of physicians - McDonald said he plans to establish a board of physicians to advise him on best practices for delivering quality care in a timely fashion.

Better forecasting - McDonald said the VA needs to do a better job of forecasting trends in demand and develop a plan for dealing with those trends. “I will focus on reorganizing the department to more efficiently and more effectively use our resources to get care that the veterans deserve and have earned,” he said.

Technology improvements - McDonald promised to “expand the use of digital technology to free human resources that can be applied more to the care of veterans.”

Data sharing - Veterans groups have called on the VA and Defense Department to share data more effectively. That’s because troops often struggle with continuity of care and benefits as they transition from the military to civilian life. McDonald said he would work to ensure that the VA can create an integrated records system with the Defense Department.

The VA has announced an independent, national review of all scheduling practices at its medical facilities as well as actions to improve access to care following meetings with veterans and employees at the Phoenix VA Health Care System.

The Joint Commission, a non-profit healthcare accrediting organization that has accredited all 151 VA medical facilities in the past, will take on the task of carrying out the review, which as announced by new VA secretary

Robert McDonald last month at the Phoenix VAHCS.

McDonald also said that in the coming weeks and months the VA would conduct a holistic review that results in actionable initiatives to ensure a strong ethical environment across the VA healthcare system and require all VA medical center directors to notify the under secretary for health if access or quality-of-care standards are not being met.

The VA will review all senior leader performance plans in the VHA to better align with VA's strategic plan and patient satisfaction, and review VA's employee performance goals to ensure they are focused on providing timely quality care, according to McDonald, adding that medical center directors will also be required ensure that all VA staff with scheduling privileges complete mandatory scheduler training in compliance with VA's scheduling directive, as they are currently doing in Phoenix.

Disability Spending Rose as Veteran Population Dropped

While the total veterans' population declined, the number of veterans receiving disability compensation rose to 3.5 million from 2.5 million between 2000 and 2013 – a 55-percent increase.

16% of all veterans received disability payments from the VA in 2013, according to a report released August 7th, 2014 by the Congressional Budget Office (CBO), which compiled the statistics. By comparison, 9 percent of all veterans received VA disability compensation in 2000. Average real annualized disability payments rose to \$12,900 in 2013, compared to \$8,100 in 2000, according to the CBO report. Spending on disability compensation nearly has tripled as well, reaching \$54 billion in 2013 as compared to \$20 billion in 2000.

The increase is "consistent with increases in the average number and average severity of compensable disabilities per veteran," the report stated. The CBO attributes the increases to policy changes that make it easier for veterans to seek disability compensation, the wars in Iraq and Afghanistan, and the tough labor market in the civilian sector.

New VA Bill Cuts Tuition Costs

While focused primarily on reform of the Veterans Health Administration, the Veterans’ Access to Care through Choice, Accountability, and Transparency Act of 2014 also provides good news for vets attending state-funded schools under the post-9/11 GI Bill.

Vets covered by that bill will qualify for lower in-state tuition, no matter their state of residence and school location, which works out to substantial savings. The University of New Mexico, for example, charges out-of-state students \$11,568 vs. tuition for in-state students of \$7,274 – a \$4,298 difference.

Section 702 of the bill is written in confusing language and multiple clauses that say VA will not pay state schools if they charge out-of-state residents more than in-state residents.

MSPB Readies New VA SES Appeals Rules

Somewhat reluctantly, the Merit Systems Protection Board (MSPB) has defined how it will carry out a much-truncated process for Senior Executive Service (SES) members at VA to appeal firings and demotions.

The MSPB is an independent quasi-judicial agency established in 1979 to protect federal merit systems against partisan political and other prohibited personnel practices and to ensure adequate protection for federal employees against abuses by agency management.

The interim rules, published in the August 21, 2014 Federal Register, are needed to comply with a recent VA reform law that shortens the time for that department's execs to file an appeal from 30 to 7 days, sets a 21-day deadline for the hearing officer to issue a decision, makes the agency win by default if that deadline isn't met, and eliminates appeals of hearing officer decisions to the three-member merit board.

The board in its rule-making took issue with that last feature in particular, as it had in an earlier letter to the White House, saying it "questions the constitutionality of any provision of law that prohibits presidentially-

appointed, Senate-confirmed officers of the United States government from carrying out the mission of the agency to which they were appointed and confirmed to lead.”

A legal challenge to that aspect is widely expected. Nonetheless, the notice says by law MSPB must issue the rules, which set shortened deadlines for steps such as the agency response to an appeal, issues regarding legal representation, scheduling of discovery and conferences, and more.

They also specify that any decisions made in the shortened process will set precedent only in other cases that go through the same process, and not those handled under normal rules.

VA has said it expects to fire some employees under the new process but has given no indication of how many. It's generally expected that the number won't be high; the main significance of the policy could lie in the precedent it sets for similar changes in law for other agencies and/or lower levels of employees.

VA SES Provisions Explained

Congress has released a detailed report on HR-3230, the VA reform bill that restricts appeal rights for SES members there.

It notes that under existing law—which will continue to apply to the SES contingent of all other agencies, although the VA changes are widely seen as setting precedent for broader changes—career SES employees may be removed for misconduct, neglect of duty, malfeasance, or failure to accept a directed reassignment or to accompany a position in a transfer of function. Senior executives removed as a result of these conduct-related issues are entitled to certain rights, including at least 30 days advance written notice; a reasonable time but not less than seven days to reply; representation by an attorney or other representative; a written decision from the agency involved; and appeal rights to the Merit Systems Protection Board.

Further, under current law, they may be downgraded from the SES into a non-SES position for performance-related issues. This may occur at any time during a one-year probationary period or at any time for less than fully

successful executive performance. Generally, senior executives removed from the SES and placed into a civil service position are entitled to an informal hearing before the MSPB. Also under current law, section 3592(b) of title 5, U.S.C., there is a 120-day moratorium from removing a career appointee in the SES following the appointment of the head of the agency or the SES employee's immediate supervisor.

The original Senate version of the bill would have provided the VA Secretary the authority to remove or demote any individual from the SES at the Secretary's discretion, with shortened appeal rights. The House version would have provided for no appeal rights.

The final version generally reflects the Senate language but specifies that the expedited review by the MSPB "be conducted by an Administrative Judge at the MSPB, and if the MSPB Administrative Judge does not conclude their review within 21 days then the removal or demotion is final. The substitute does not allow for any further appeal beyond the Administrative Judge, and does not allow for a second level review by the three-person board at the MSPB," the summary says.

"The substitute also requires that if the senior executive is removed, and then appeals VA's decision, the senior executive is not entitled to any type of pay, bonus, or benefit while appealing the decision of removal. Furthermore, the substitute requires that if a senior executive is demoted, and then appeals VA's decision, the employee may only receive any type of pay, bonus, or benefit at the rate appropriate for the position they were demoted to, and only if the individual shows up for duty, while appealing the decision of demotion. The substitute requires that the MSPB submit to Congress a plan within 14 days of enactment of how the expedited review would be implemented. The substitute also adds language to include title 38 SES equivalents under this new authority and includes 'misconduct' along with 'poor performance' as a reason to remove or demote a senior executive."

OSC Asks Appeals Court to Reverse MSPB Decision Impacting Whistleblowers

The Office of Special Counsel (OSC) has said it filed an amicus curiae brief with the Court of Appeals for the Federal Circuit in *Colin Clarke v. Department of Veterans Affairs*, asking the court to reverse a decision by the Merit Systems Protection Board that OSC says creates procedural hurdles for federal employees alleging whistleblower retaliation.

Federal workers who believe they have experienced retaliation by their employers may appeal directly to the MSPB, provided they first file a complaint with OSC and OSC closes the case or does not act on it within 120 days, OSC explained.

It said that within this "exhaustion of administrative remedies" process, OSC's decision not to pursue a case could not be deemed a decision on the merits of the case, adding that it lacks the resources to pursue every case it would like.

However, according to OSC, in the *Clarke* decision, MSPB disregarded requirements in the Whistleblower Protection Act and made it more difficult for federal workers to prove exhaustion of administrative remedies when deciding to hear a case. OSC said that MSPB improperly focused its inquiry on OSC's discretionary determination to close a case.

Over 114,000 Federal Employees Left in 2013

More than 114,000 people left federal government employment in 2013, increasing from 83,317 in 2009 to 115,661 in 2012 and then tapering off at 114,354 in 2013, the Partnership for Public Service (PPS) has said in a new workforce analysis report titled *Fed Figures 2014*.

Employees voluntarily resigning have also increased each year since 2009.

PPS said women made up 43.4 percent of all separations in fiscal 2013 (reflecting the makeup of the federal workforce as a whole), while veterans made up one third of all separations

since 2008. Nonetheless, veterans have increased in representation from 446,826 in 2008 to 572,239 in 2012.

According to PPS, the biggest swath of employees that left in 2013 had been at the GS-12 level. It also said employees that served less than 10 years made up the largest population of departing employees, while attrition rates among the senior executives were highest at 11.3 percent (rates were 7.6 percent among entry-level employees).

Over half of all separations in fiscal 2013 were due to retirement, even though the number decreased by 4,306 to 61,953, according to PPS.

On the other hand, the report indicated only a slight fraction of departures were due to termination, just 0.5 percent of the total workforce, with termination or removals making up only 8.4 percent of all departures in 2013.

Meanwhile, resignations increased in 2013, making 34.5 percent of all departures, with more and more employees deciding to quit after relatively few did during economic shocks in 2008 and 2009.

VA Moves to Modernize Scheduling System

August 25, 2014 the VA announced plans to issue a Request for Proposal (RFP) for a new Medical Appointment Scheduling System; the next step in a series of actions VA has taken to replace its antiquated legacy scheduling system. The new system will improve access to care for Veterans by providing medical schedulers with cutting-edge, management-based scheduling software. The RFP will be made public by the end of September 2014; eligible vendors will have 30 days to respond from the day of issuance.

“The current VHA Medical Scheduling system is outdated and outmoded,” the agency says in federal documents. “The current scheduling processes do not meet the needs of patients, providers and the VHA scheduling staff.”

Scheduling woes are compounded by the current system's inability to distinguish between new and follow-up visits or to document a patient or provider's desired date for a future appointment, the agency has said.

The agency currently uses the scheduling module of its Vista electronic health-record system. While a department audit released in June laid relatively little of the blame for recent veteran healthcare problems at the feet of the system, the department has been moving ahead to replace it.

“We want this process to be open to all eligible vendors to make sure the Nation's Veterans have the full benefits the innovative marketplace has to offer,” according to VA Secretary Robert McDonald. “When we can put a solid scheduling system in place, this will free up more human resources to focus on direct Veterans' care. As VA recommits to its mission of caring for Veterans and evaluating our actions through the lens of what serves them best, we know a better scheduling system is necessary to provide them the timely, quality health care that they have earned and deserve.”

VA will issue a draft RFP prior to releasing the full RFP to maximize industry and stakeholder input.

The solicitation will require a two-part demonstration of capabilities: a written proposal and a technical demonstration to scheduling staff. VA hopes to award the contract by the end of the calendar year.

“VA chose a full- and open-competitive strategy to acquire a ‘commercial, off-the-shelf’ scheduling system,” according to Stephen Warren, VA's Chief Information Officer. “We want a system that is user-friendly and tailored specifically for our Veterans.”

Even as VA issues an RFP to replace the existing system, efforts are underway to make the current system easier to use for schedulers and Veterans. Among those enhancements:

As it prepares the RFP, the department is implementing changes to its current system, including providing schedulers a calendar view of resources instead of the current text-based, multiple-screen view. This update is scheduled to begin roll out beginning in January 2015, the agency said

VA is also developing mobile applications to allow Veterans to directly request certain types of primary care and mental health appointments (scheduled to begin deployment December 2014).

Another application under development will give VA schedulers

an easier-to-use interface to schedule medical appointments (scheduled to begin deployment December 2014).

VA is also rolling out new clinical video telehealth capabilities in October 2014 to further enhance access to care.

As part of the current RFP preparation process, VA is working with Veteran Service Organizations (VSO) to incorporate the groups' feedback on requirements important to Veterans. VA's VSO partners are currently reviewing user experience and business process documentation, and VA will continue to consult with VSOs as it works toward publishing its acquisition solicitation.

VA's acquisition process will comply with recently established legislative requirements related to the Department's scheduling software.

Increasing Government Disability Payments For Veterans Getting Extra Attention

It has been recently reported that even though there are fewer veterans now than a decade ago, the government is paying nearly three times as much in disability payments as it did then, according to a budget analysis that says the war on terrorism has left troops more severely injured than previous conflicts did.

Annual disability spending has jumped from \$20 billion in 2000 to \$54 billion last year, the Congressional Budget Office said in its most recent analysis last that showed a complex web of factors.

“Growth in spending for veterans' disability compensation since 2000 has been driven by large increases both in the number of veterans receiving payments and in the average amounts of those payments, which in turn have been influenced by policy changes at VA, the recent conflicts in Iraq and Afghanistan, and conditions in the labor market,” the CBO said.

One major difference is the level of injuries sustained by veterans. Those returning from the wars in Iraq and Afghanistan who receive a disability check have an average of 5.4 injuries, compared with 3.6 per Vietnam veteran and 2.4 for veterans of World War II and Korea. The report notes

that due to the VA putting policies into place to make it easier for recent veterans to apply for disability and because of the nature of the wars of the past decade, the costs are rising substantially.

Disabled veterans are also getting 60 percent more in payments than the average in 2000, the CBO said.

While the rate of losing a major limb or organ has increased over the decade at war, the higher rate of injuries stems chiefly from other injuries. Environmental factors such as exposure to burn pits, going on multiple deployments, and an aging population of reservist troops are having an increasing effect on disability.

This is in addition to the high rate of mental illness among recently returning veterans which is forcing the VA to pay more in benefits to veterans who cannot hold jobs because of their disability. Forty percent of veterans receiving these benefits got them because of a mental disorder in 2012, the report showed.

Rep. Michael H. Michaud, Maine Democrat and ranking member of the House Veterans' Affairs Committee, requested the CBO report to examine how to minimize the skyrocketing costs of disability payments, according to a committee staffer.

Currently, just prior to or any time after leaving the military, service members can apply to see whether they qualify for a monthly disability check from the VA. Veterans' disabilities are categorized by a percentage based on the number and severity of their injuries. While the injuries must have happened during the veteran's time in the military, they don't have to be directly connected to service.

CBO auditors are examining options to cut costs with the biggest savings — \$119 billion over the next decade — coming from preventing veterans from receiving retirement pay and disability at the same time.

Another option requiring veterans to file applications within five years of leaving the military could save \$28 billion over two decades, while cutting off applications after 20 years would save \$9 billion.

Taxing VA disability benefits, which are tax-exempt, would generate an extra \$64 billion for the government.

Needless to say, most of these moves would be met with heavy political opposition.

Lawmakers tried to lower the cost of living adjustment for military retirement pay as part of last year's budget deal, but veterans groups forced a quick retreat, and lawmakers repealed the cut weeks later.

VA Wants Information On Latest IT Systems Modernization Contract

The Veterans Affairs Department is seeking information on its latest iteration of a sweeping \$12 billion contract to modernize its IT systems.

The request for information involves the VA's Transformation Twenty-One Total Technology Next Generation contract that's set to run through June 2016.

Contractors have until Aug. 28 to submit statements regarding their capabilities in performing work on the IT modernization contract. It should be in line with VA's enterprise management framework and facilitate real-time data collection.

The indefinite delivery/indefinite quantity contract will cover all aspects of IT modernization at the VA including the department's networks, hardware, cybersecurity and the VistA electronic health records system.

VistA - which stands for the Veterans Health Information Systems and Technology Architecture - has run into several problems over the last few years.

In 2009, the department canceled an effort to implement a scheduling system after more than eight years and \$150 million with poor results.

And, back in June, Stephen Warren, the VA's chief information officer, acknowledged at a Senate subcommittee hearing that the administrative features of VistA fell short of expectations. He said the scheduling feature isn't supported at the level it needs to be and that the VA is looking for a commercial solution rather than building in-house.

The Veterans Access, Choice And Accountability Act Of 2014 Highlights

To improve access to and quality of care for veterans, the bill:

Requires VA to offer an authorization to receive non-VA care to any veteran who is enrolled in the VA health care system as of August 1, 2014, or who is a newly discharged combat veteran if such veteran is unable to secure an appointment at a VA medical facility within 30 days (or a future published goal established by VA) or resides more than 40 miles from the nearest VA medical facility, with certain exceptions.

Requires VA to provide a Veterans Choice Card to eligible veterans to facilitate care provided by non-VA providers.

Provides \$10 billion for the newly-established "Veterans Choice Fund" to cover the costs of this increased access to non-VA care.

Requires an independent assessment of VA medical care and establish a Congressional Commission on Care to evaluate access to care throughout the VA health care system.

Extends the ARCH (Access Received Closer to Home) pilot program for two years.

Extends a pilot program to provide rehabilitation, quality of life, and community integration services to veterans with complex-mild to severe traumatic brain injury through March 31, 2015.

Improves the delivery of care to veterans who have experienced military sexual trauma as well as care for Native Hawaiian and Native American veterans.

To expand VA's internal capacity to provide timely care to veterans, the bill:

Provides \$5 billion to VA to increase access to care through the hiring of physicians and other medical staff and by improving VA's physical infrastructure.

Authorizes 27 major medical facility leases in 18 states, including NJ and Puerto Rico.

To provide real accountability for incompetent or corrupt senior managers, the bill:

Authorizes VA to fire or demote Senior Executive Service (SES) employees and Title 38 SES equivalent employees for poor performance or misconduct.

Provides an expedited and limited appeal process for employees disciplined under this authority. Appeals would go to a Merit Systems Protection Board administrative judge, who would have 21 days to decide on the appeal. If a decision is not reached within that 21-day period, then VA's decision to remove or demote the executive is final.

Prohibits SES employees from receiving pay, bonuses and benefits during the appeal process.

Reduces funding for bonuses available to VA employees by \$40 million each year through FY 2024.

To improve education benefits for veterans and dependents, the bill:

Requires public colleges to provide in-state tuition to veterans and eligible dependents in order for the school to remain eligible to receive G.I. Bill education payments.

Expands the Sgt. Fry Scholarship Program to provide full Post 9/11 G.I. Bill benefits to spouses of servicemembers who died in the line of duty after 9/11.

According to current CBO estimates, the bill would result in nearly \$17 billion in spending over a 10-year period, with 10-year offsets totaling roughly \$5 billion, making it less expensive than previous VA reform packages passed by the House and Senate.

Veterans' Preference Laws Impacting Federal Hiring

Uncle Sam's complicated and layered rules about hiring military veterans has created the perception of unfair and preferential treatment, which has in turn negatively impacted employee engagement, according to a new report.

The August 2014 report *Veteran Hiring in the Civil Service: Practices and Perceptions* describes the laws and regulations for hiring veterans into the civil service and discusses Federal employees' perceptions about such hiring. Furthermore, it explains the

history behind —and implementation of — a law that was designed to ensure that the hiring of recently retired service members as civilian employees of the Department of Defense (DoD) is based on merit and not favoritism.

The “patchwork of laws” that governs veterans' preference hiring, a concept that has existed in federal government for a century and a half, was created with good intentions but has become too complex, the Merit Systems Protection Board found in an extensive review of the various policies. MSPB polling of federal employees revealed that 4.5 percent of workers said an official in their agency knowingly violated veterans' preference laws, and 6.5 percent “inappropriately favored a veteran.”

The quasi-judicial agency noted its data demonstrated only perceptions, and not actual misconduct, but said the findings were significant as those opinions impacted the workplace. Four in 10 employees who said they witnessed veterans receiving inappropriate favorable treatment were not engaged with their work, while nearly half of those who saw a coworker knowingly violate veterans' preference laws said the same.

Back when agencies used the “rule of three”, which President Obama disallowed in 2010 but still exists in statute, to fill vacancies, veterans received five or 10 extra points on their evaluation score, depending on their service and injuries sustained while on duty.

The arcane rules of veterans' preference trace back to who qualifies as a veteran; the spouse, widow or mother of certain veterans are eligible for hiring preference. The mother of a veteran is defined as the former or current spouse of the father of the veteran, however. MSPB asked the Office of Personnel Management to explain that definition, but OPM was not able to offer a reason.

Since 2010, agencies have used “category ratings” when filling positions. That system does not use points, but instead groups applicants into categories such as “best qualified” and “well qualified.” Veterans automatically “float” to the top of the category to which they were assigned.

Further complications arise when agencies carve out special exceptions for veterans. Some positions allow veterans to erase age restrictions that may disqualify civilian applicants, while others are open only to veterans. If an agency opens a position internally, veterans' preference does not apply, unless it is open to federal employees at multiple agencies. Some veterans have their preference eligibility expire, while others do not. The variety of rules and regulations increases the chances an employee or a veteran could perceive discrimination, MSPB said.

“There are so many factors about the person applying, the position for which he or she is applying, the authorities being used, and the agency in which the positions exist, that the system is beyond unwieldy,” MSPB wrote.

Adding to the confusion, only about one-third of new employees are hired using normal competitive examining. About 5 percent of external hires in fiscal 2010 were made using Veterans Recruitment Appointment, which allows agencies to fill a position with a veteran without competition.

Nearly half of all federal hires between 2000 and 2012 were made using excepted service, which allowed agencies to streamline the hiring process. Congress has enabled many agencies to use their own sets of rules for hiring and how to apply veterans' preference.

MSPB specifically took issue with the Defense Department's veterans' hiring process. In the 1960s, Congress required a 180-day period between military members' departure from service until they could be hired for a civilian Defense position. The buffer period existed to prevent the Pentagon from delaying the filling of positions until a particular service member retired from the military or even creating a position expressly for a soon-to-depart member of the military -- problems prevalent at the time.

The 180-day rule has been set aside since 2001, when a state of emergency was declared in response to the September 11th terrorist attacks. Since that time, Defense has hired more than 40,000 veterans for civilian positions in less than 180 days from when they left the military. More than one-third of

them were hired while they were still on active duty.

MSPB said the ongoing state of emergency “has a real effect on a civil service law that was passed for the express purpose of fostering the health of the civil service.” It added 50 years after Congress created the law to prevent favoritism, “reports of the same problems persist.”

Overall, MSPB said agencies’ management should do a better job explaining the various veterans’ preference laws to their workforces to reduce the perception of impropriety. It noted, however, such an endeavor is easier said than done: “Of course, internal and external education would be easier if the rules were simpler.”

MSPB said veterans’ preference rules are “so convoluted” that a “rational person” could believe a manager was operating within the confines of the law when in fact he was not. While specific policy guidance on hiring practices falls outside MSPB’s purview, it advocated greater simplicity.

“If Congress chooses to examine hiring laws in the future,” MSPB wrote, “we recommend that it consider the benefits of creating a simpler system that would be easier to manage, apply, and explain to those who will be affected by the decisions made under that system.”

CBO Proposes Huge Cuts To Veterans Disability Program

August 11th, 2014 the Washington Times published an article in an analysis of VA benefits supported by a Congressional Budget Office (CBO) report to cut benefits. These proposals are always a first or second step to cuts proposed down the road by budgetary problems related to benefits that result in veterans’ benefits cuts.

While no one can deny that the VA budget is increasing, CBO fails to really address why the increases are happening – and the Washington Times article in turn conveniently overlooks this shortcoming in its analysis. The reason for the increased payments is paid little tribute.

Congressman Mike Michaud (D-ME) requested that the Congressional Budget Office review the increase, and that report was prepared accordingly.

The article pointed out that disabled veterans are “getting 60 percent more in payments than the average in 2000.” Veteran suffering from mental illness are targeted as the leading group causing the jump in payouts.

But what exactly does this mean? Is it an attempt by some on Capitol Hill to justify breaking social contracts with those who volunteered to protect our country – United States veterans? Is it yet another push to reduce compensatory programs for veterans?

Or is the increase in payments due to an increase in web technology, general education about benefits, and higher accountability of VA’s past failures by the courts thus bringing America closer to being accountable for the costs of war? The answer here is an obvious yes!

What about the attempts to deny veterans with mental health conditions and complicated disabilities for decades by illegally denying benefits while prohibiting oversight by the courts? What about the fact that VA has been largely underfunded for decades?

We as a nation have a requirement to abide by our commitments to all veterans. The reality is that we as a nation have shirked our responsibilities and lied to ourselves about the true costs of war, the cost of which tend to be much more expensive long after the war is over.

The August 2014 report - Veterans’ Disability Compensation: Trends and Policy Options presents eight different options to “cut costs”:

- Prevent veterans’ concurrent receipt of disability benefits and retirement. So, unlike federal employees, lower paid military members who are injured in service will get nothing. This would save \$119 billion.
- Veterans would be prohibited from filing disability benefits applications after five years following separation from the military. This would save \$28 million.
- Tax disability benefits, saving \$64 billion.
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Here is the full list of suggestions for cuts:

1. Create time limit for initial application for disability compensation.
2. Require VA to spend more money reexamining veterans to reduce payouts.
3. Revoke positive association with presumptive conditions.
4. Restrict Individual Unemployment benefits to those under retirement.
5. Supplement payments to veterans with mental disorders.
6. Change the cost of living adjustment.
7. Eliminate concurrent receipt of benefits.
8. Tax VA disability payments.

Here’s the url for downloading the report. Read it and make you own determinations.

http://www.cbo.gov/sites/default/files/cbofiles/attachments/45615VA_Disability_1.pdf

VA Expands New Care Program, Providers May Balk At The Low Rates

The VA has decided to expand, to include primary-care services, a relatively new program that allows vets to seek certain types of care from non-VA providers. The move likely will enhance the possibility of quicker access to care for veterans, but for how many is far from clear due to some providers who may decline to join the program because of what they see as financially unviable reimbursement rates.

The Patient-Centered Community Care program began in January, following a VA award in September 2013 of contracts worth up to \$9.4 billion over five years to managed-healthcare organizations Health Net and TriWest to develop and oversee a network of providers who deliver specialty, mental health and limited emergency care to veterans.

Despite the latest expansion in scope to include primary care, “the dollar impact of this change remains within scope of the original contract award and requires no change to the overall contract maximums,” the VA said in a contract notice.

What We Talk About When We Talk About the VA

Expanding the scope of the PC3 program to include primary care “is another example of how we are working to ensure veterans get the care they need, when they need it and where they want to be seen,” Veterans Affairs Secretary Robert McDonald said in a statement.

Providers are mixed as to how widespread the buy-in will be from primary-care physicians due to Health Net and TriWest, in some instances, paying below Medicare rates.

The new VA emergency funding law signed August 7th, 2014 by President Obama does nothing to stop companies from doing so as it states that “rates negotiated shall not be more than the rates paid ... under the Medicare program.” It does allow the VA to pay above Medicare in instances when a doctor is serving a highly rural area, which the law defines as having fewer than seven individuals residing in a county per square mile.

Bill Cahill, vice president of government relations and general counsel at TriWest noted “It is true that our providers are accepting a discount of Medicare rates.” “The value we provide is that we pay on time and accurately.”

A longstanding criticism that providers who contract directly with the VA have expressed is that they sometimes wait up to a year to be paid, and even then, they may get less money than they were expecting.

Paying below Medicare rates is a necessary part of being good stewards of taxpayer funds the company is managing, according to Cahill. In some instances, TriWest actually pays more than Medicare rates, but is prohibited from providing details, he said.

Health Net said that in the instances it is paying less than Medicare rates, it isn't doing anything illegal.

“The VA allowable is based off of Medicare, for the most part,” said Molly Tuttle, director of communications at the managed-care company. “We work with community providers to negotiate acceptable rates within the boundaries of our contract.”

For some providers, patriotic duty will outweigh concerns of taking on an influx of new patients at low rates, others say.

June 17th, 2014 Cooper University Hospital in New Jersey announced a

priority program for veterans, saying veterans will go to the front of the line at the NJ health care system which will provide veterans with same-day service for primary care visits and also health-care navigators for veterans. Cooper University Hospital officials want other health systems to follow their model. Cooper chairman George Norcross says the health system will provide care first and worry about payments later, likely absorbing some of the costs.

While members of the American Academy of Family Physicians would prefer to receive at least Medicare rates, “they are still eager to serve and already have a strong history of seeing patients who are either under or uninsured,” the group's president, Dr. Reid Blackwelder, said.

Not all Medicare rates are created equal across the country, so providers in some states may be in a better position to take a discounted rate than others, said Kris Doody, CEO of Cary Medical Center in Caribou, Maine. Her hospital has thus far resisted advances from Health Net to join the PC3 program.

“In Maine, our Medicare rates are already 17% below the national average, so getting reimbursed under that is not financially feasible for the hospital,” Doody said. Her hospital still does serve veterans, but under Project ARCH (Access Received Closer to Home), a pilot initiative started in 2011 by the VA to provide private care for veterans living in rural areas. As part of the program, her hospital contracts directly with the VA, which pays Medicare equivalent rates, she said.

If a doctor makes the hard choice to not take on new veterans because of low reimbursement, he shouldn't be looked at despairingly, said Dr. Asa Lockhart, an anesthesiologist from Tyler, Texas, who authored a resolution that was backed by the American Medical Association House of Delegates in June, calling for the president to allow greater access to non-VA care.

“It's not because they don't want to take veterans, it's just many private practices are in the precarious position of barely hanging on,” Lockhart said. “An under-reimbursed influx of patients can put a practice under water, and if they are not in business, they can't take care of anyone.”

We have had some time now to step away from all the conflict that surrounded the VA only a few months ago. It appears some progress is slowly being made in some areas. What happens next and how the return of Congress, even on a part time basis as the campaigning season goes into full swing, will have on any additional legislation to address the problems with the VA remains to be seen.

Many American have showed their support for veterans, especially when headlines were carrying stories daily about the problems with the VA.

We have seen a surge in federal efforts to provide care for veterans. We have seen attacks on congressional inaction and indignation that VA employees would continue to be eligible to receive bonuses under the reform legislation.

For the most part it is probably safe to say right now, nobody wants to hear about the good that VA is doing. That's understandable in the midst of a scandal. But we should be very careful about generalizing from a genuine problem with veterans' care and patient scheduling to a broad conclusion that VA is failing veterans across the board.

Likewise, we should be very careful about rushing to limit bonuses and make it easier to fire VA executives. Such actions have long-term consequences. Streamlining the firing process, for example, may serve to increase accountability, but it also runs the risk of politicizing an agency that should be insulated from partisan pressure to the maximum extent possible.

VA reform is vital, however it will take a long-term, sustained effort. Rushing into changes in the name of taking immediate action could create unintended consequences. If we demonize the people who work at VA (many of whom are veterans themselves), it won't have much effect on the bad ones. It will be the good ones who will get demoralized and leave.

VA is a big bureaucracy. That means it tends to come up with big bureaucratic solutions to problems. So a lot of fresh thinking may be required

to implement innovations that will improve service to veterans for years to come. In the meantime, we should be careful about making big changes in the name of taking swift action that we may regret later.

Let's also keep in mind the fact that the current changes with regard to outside non-VA healthcare service providers will only last three years or until the funding runs dry, whichever occurs first. So this means that during that time some evaluations will be needed to determine if this process should be extended and how the funding will be provided. That will require Congress to do more than stymie legislative proposals in this session and the next, scheduled to meet in Washington, D.C. from January 3, 2015 to January 3, 2017, during the final years of Barack Obama's presidency.

New VA Card

Newly-enrolled veterans or enrolled veterans who do not have the VA legacy Veteran Identification Card (VIC) will need two forms of identification to request the new Veteran Health Identification Card (VHIC).

VHICs are used to access U.S. military bases and, in some cases, allow access through U.S. airport security. As a result, VA wants to ensure the new VHICs are issued appropriately and to the correct person.

As of August 2014, to ensure your identity, VA has strengthened requirements to receive a new VHIC. Veterans must now provide one form of primary identification and one form of secondary identification when requesting a VHIC.

In an effort to increase security for veterans' personal information no personally identifiable information is contained on the magnetic stripe or barcode.

The VHIC replaces the legacy Veteran Identification Card (VIC) and is issued only to veterans who are enrolled in the VA health care system.

The VHIC is for identification and check-in at VA appointments. It cannot be used as a credit card or an insurance card and it does not authorize or pay for care at non-VA

facilities.

Getting the new card is easy. In February 2014, VA began issuing the VHIC to newly enrolled veterans and enrolled veterans who were not previously issued the legacy VIC but who requested an identification card. VA will automatically mail the VHIC to enrolled veterans who were previously issued the legacy VIC and will complete these mailings by winter 2014. There is no action required by these veterans to receive the VHIC. Because of the volume of VHICs that will be mailed, VA asks for your patience during this time.

Enrolled veterans who were not issued the legacy VIC may contact their local VA medical center Enrollment Coordinator to arrange to have their picture taken for the VHIC, or they can request a VHIC at their next VA health care appointment.

Veterans who are already enrolled should ensure the address VA has on file is correct so they can receive their VHIC in a timely manner. To update or to confirm your address with the VA, call 1-877-222-VETS (8387). You also can view and change your address using the kiosk available at many VA medical facilities. If the post office cannot deliver your VHIC, the card will be returned to VA.

If you are not enrolled with VA for your health care, VA encourages you to apply for enrollment online or by calling 1-877-222-VETS (8387). You may also apply for enrollment in person at your local VA medical facility. Once your enrollment is verified, you may have your picture taken at your local VA medical center so that a VHIC can be mailed to you. You also will receive a Veteran Health Benefits Handbook welcoming you to VA.

Pentagon To Review Vietnam Veterans' Discharges

The Pentagon recently announced it will review discharges for Vietnam War veterans who may have suffered from combat-related stress when they were kicked out of the military.

The decision will allow potentially thousands of Vietnam veterans to ask for an upgrade to "less than honorable"

discharges if they can show they suffered from post-traumatic stress disorder (PTSD).

The US military now recognizes PTSD as a diagnosable condition but in the Vietnam era, combat-related trauma was not viewed as a medical standard by the Pentagon bureaucracy.

Defense Secretary Chuck Hagel, himself a veteran of the Vietnam conflict who was wounded and decorated for his service, said the move was "the right thing to do for our veterans."

"This new guidance reflects our commitment to those who served our country during times of war many decades ago," he said in a statement.

The decision came after several Vietnam veterans filed a lawsuit arguing that the Defense Department was unjustly denying them honorable discharges even though they had made claims of being diagnosed with PTSD.

The new rules allow veterans of Vietnam as well as other wars to request a change to their discharge papers if there is evidence they have post-traumatic stress symptoms as a result of their time in uniform.

In a memo to the boards that handle records for the various branches of the armed forces, Hagel ordered that "liberal consideration will be given in cases where civilian providers confer diagnoses of PTSD or PTSD-related conditions" and where there is further proof that the disorder existed at the time of service.

However in cases where a soldier was involved in serious misconduct, the boards are to carefully weigh whether PTSD symptoms can be linked to the misconduct, according to Hagel's memo.

Pentagon officials said the new rules were not meant to automatically grant honorable discharges but to reflect a more contemporary view of mental health problems.

Upgrading a veteran's paperwork to an honorable discharge from the military would allow a former soldier to receive some benefits such as disability pay and it would also carry important symbolism for veterans who feel they have been discriminated against for anxiety stemming from their battlefield experiences.

We Pause To Remember



SSG James E. Kennedy
USA 02 Jan 1950

LTJG Dennis M. Erlich
USN 03 Jan 1942

CPT Ned R. Herrold
USAF 08 Jan 1942

1LT David F. Dinan III
USAF 26 Jan 1944

MAJ Robert H. Mirrer
USAF 05 Feb 1939

SSG Robert F. Scherдин
USA 14 Feb 1947

CDR Donald R. Hubbs
USN 19 Feb 1926

LCDR John T. Glanville, Jr.

USN 18 March 1934

WO William M. Konyu
USA 18 March 1947

LT Bruce C. Fryar
USN 28 March 1944

LT Leon F. Haas

USN 03 April 1943

COL Herman L. Knapp
USAF 11 April 1929

1LT William C. Ryan, Jr.
USMC 24 April 1944

LT John R. McDonough
USN 10 May 1939

SGT Larry W. Maysey

USAF 18 May 1946

LTJG Anthony J. Piersanti, Jr.

USN 26 May 1946

CPT James T. Egan, Jr.

USMC 31 May 1943

LCPL John S. Foley III

USMC 11 June 1947

AX3 Eric J. Schoderer

USN 16 June 1944

LTJG Donald E. Siegwarth

USN 28 June 1941

MAJ Dyke A. Spilman

USAF 14 July 1941

CWO George P. Berg

USA 16 July 1946

MAJ Harold W. Kroske, Jr.

USA 30 July 1947

1LT Joseph D. Adrian

USAF 02 August 1942

CWO Douglass L. O'Neill

USA 03 August 1948

COL Oscar Mauterer

USAF 24 August 1925

SSG Walter Stephen Simpson

USA 21 August 1941

SSG Walter A. Cichon

USA 26 August 1946

1LT Donald W. Bruch, Jr.

USAF 27 August 1941

CWO Walter F. Wroblewski

USA 28 August 1945

MSG Mike J. Scott

USA 02 September 1932

1LT Albert S. Graf

USMC 08 September 1944

Sp4 Walter E. Demsey, Jr.

USA 17 September 1949

SGT Donald Iandoli

USA 19 September 1946

CPT Ronald M. Mayercik

USAF 23 September 1943

LCPL Theotis Collins

USMC 27 September 1949

SGT James L. Suydam

USA 04 October 1948

TSGT Donald K Springsteadah

USAF 23 October 1932

SFC Joseph D. Puggi

USA 21 November 1946

MAJ Phillip L. Mascari

USAF 03 December 1944

LT John B. Martin II

USN 10 December 1945

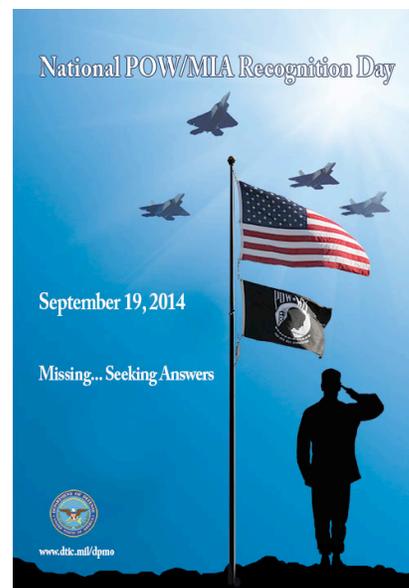
CPT Ronald L. Bond

USAF 14 December 1947

MAJ Richard R. Kane

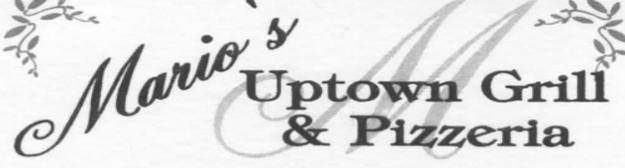
USMC 15 December 1942

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SSGT Douglas Swanstrom, U.S. Army – Ellington, NY

173 ABN BDE Lam Dong, South Viet Nam
6/3/47 – KIA 5/21/69
Vietnam Wall – Panel 24 W Line 72

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