



Vietnam Veterans of America Chapter 825 South Jersey

103 Florida Ave., Egg Harbor Township, NJ 08234

June 2014

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.

Thank you!



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!

View our website

<http://vvachapter825.org>

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may be sent to
Bob McNulty,
103 Florida Ave.,
Egg Harbor Township, NJ 08234
[609 653-0988]

remcnultysr@yahoo.com

Veterans As A Political Football

It appears that the White House continues to work to contain the growing political furor over allegations of misconduct at the nation's veterans hospitals as Republicans, eager to use the issue in the midterm elections, seized on the reports as new evidence that President Obama is unable to govern effectively. So instead of working together to resolve the problems, and these are no small problems, our elected officials see an opportunity to influence the outcome of the November 2014 Congressional elections

If government workers falsified data or created secret waiting lists to hide the long delays veterans faced before seeing doctors; there should be a call for swift action and removal of the individuals involved in these activities. Accountability is required here. Someone thought to perform these acts and they should be held accountable. This is not some political issue or a means to stem the bad public relations; this is to protect veterans.

Currently lawmakers are working on bipartisan legislation that would give veterans officials greater authority to fire those responsible at the department.

The Department of Veterans Affairs Management Accountability Act of 2014 would "give the Secretary of the Department of Veterans Affairs authority to remove employees of the Senior Executive Service, whose performance the Secretary believes warrants removal, from the government service completely or transfer them to a General Schedule position within the current civil service system. The ability to remove such an employee is modeled after the same authority that Members of Congress have to remove their professional staff members who work for them."

However Secretary Shinseki doesn't support the legislation in its current language. He is afraid if the VA is seen as cracking down on its employees, no one will want to work there.

"Look I'm happy to, as I've indicated, to work with the committee on the language, to provide us the tools we need. In its present form I think it can be improved and I'm committed to working that legislation," Shinseki told reporters recently after testifying before the Senate VA Committee. "What I want to be sure of is that we are not causing folks who might want to come work for VA to choose not to do so. We need their talent and we need their expertise. If people stop coming to VA because they think we're heavy-handed on everything, then veterans in the long run are the ones who suffer the impact of that."

Shinseki said he has removed some 6,000 workers from the VA in the last 2 years, many of them senior staff. Those workers either were terminated, transferred or forced to retire, he said.

White House officials have waved aside calls for VA Secretary Shinseki, to resign. To date the American Legion and the Concerned Veterans of America have called for that resignation.

Republican lawmakers intensified their criticism of Mr. Obama, and some made it clear they intended to use the incidents at the VA facilities as fodder for a broader political theme about incompetence in his administration.

The increasing reports of misconduct at numerous veterans hospitals other than Phoenix in recent weeks have prompted outrage among members of both parties demanding swift action.

As a candidate for president, Mr. Obama denounced delays and poor care for veterans at hospitals run by the Department of Veterans Affairs and vowed that his administration would address the backlogs and greatly

improve care. He pledged in a 2008 campaign speech to build “a 21st-century V.A.” and to confront what he called “the broken bureaucracy of the V.A.”

Several Democratic members said they feared that Republicans may be laying the groundwork for a push to privatize veterans’ health care and dismantle one of the largest bastions of government health care in the United States.

Mr. Sanders, the Senate veterans panel chairman, said he was willing to work with Republicans to improve health care in the system, but he warned against using the allegations as a political weapon.

“I am going to do everything I can to prevent V.A. health care from being politicized,” Mr. Sanders said.

He added: “We are talking about the lives of six and a half million men and women who have put their lives on the line to defend this country, who deserve to be treated with respect, not be made into a political football.”

Hire More Heroes Act of 2013

Speaking of political footballs, the Hire More Heroes Act amends the Internal Revenue Code to permit an employer, for purposes of determining whether such employer is an applicable large employer and thus required to provide health care coverage to its employees under the Patient Protection and Affordable Care Act, to exclude employees who have coverage under a health care program administered by the Department of Defense (DOD), including TRICARE, or the Department of Veterans Affairs (VA).

This legislation is based on the premise that the 50-employee threshold has been a big disincentive for small businesses to grow, due to the requirement if they have more than 50 workers, they fall under that Patient Protection and Affordable Care Act mandate, and their costs go up. If passed this legislation allows businesses that hire a veteran enrolled in TRICARE or through the VA to not count that veteran towards the 50-employee threshold for triggering the ACA employee mandate.

Based on that, the proposal is being touted as legislation that will help

veterans get hired. However, that would only apply if the veteran was enrolled in TRICARE or the VA healthcare system. Unfortunately enrollment in the VA health care system covers only service connected ailments. And this legislation if passed, will not help one veteran who is not enrolled in either system.

HR3474 was introduced in the House November 13, 2013 and currently has 37 co-sponsors, none from New Jersey. S2190 was introduced in the Senate April 1, 2014 with a current count of 39 co-sponsors, none from New Jersey.

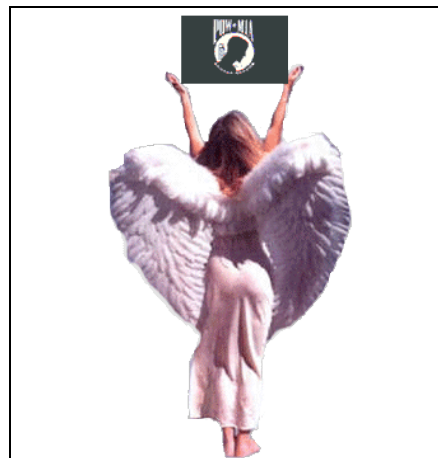
These bills seek to make VA health care and TRICARE a condition of employment for veterans. That by itself will eliminate many veterans from being considered for employment. While some may say this promotes hiring veterans, it promotes hiring veterans for all the wrong reasons. Using veterans to avoid providing health coverage for all the employees will not make those veterans hired popular. Would you want to be a veteran responsible for a company not having to provide healthcare benefits for your fellow employees?

No hearings have been held on this legislation. So to date, no one has been able to go on the record in support of or in opposition to this proposal. It appears to me that veterans with healthcare coverage under the VA or TRICARE are being used as pawn to deny other workers, possibly some veterans without healthcare if they are not counted in the employer mandate. In my opinion this proposal has little to do with hiring veterans and more to do with reducing the ACA requirements. That it is being done in the name of veterans is an absolute insult. It shows how little respect veterans are afforded by some in Congress.

Did you know:

Free Passports

Passports are available to family members free of charge for the purpose of visiting their loved one’s grave or memorialization site at the American military cemeteries on foreign soil.



We Pause To Remember
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

Who Is To Blame For Failures At The VA?

It has been said that failure is an orphan—and there are few failures more troubling than those of the Department of Veterans Affairs.

For too long the VA has been plagued by a backlog of claims from veterans seeking help, leaving them to wait months or even years for compensation.

Veterans and members of Congress have stated that the backlog is unacceptable. President Obama's administration pledged to eliminate it by the end of 2015 and many have taken a reserved position on that.

Charges of keeping more than one set of appointment books and altering wait times at some facilities has thrust another problem area into the forefront.

Some in the veteran community, some in Congress and others have been looking for a lone villain in the VA debacle. Veterans gathered at veterans’ memorials in Washington, joined by some elected officials to protest the closing of the monuments during the federal shutdown and yet there is no mass rally with regard to the troubling accusations that seem to expand daily across the VA system.

For too long, too many, including those in Congress have ignored the roots of the failures at the VA spread across time and party affiliation. Past administrations and Congress whose poor oversight allowed the problems to fester have to shoulder some of the responsibility for the poor state of affairs within the VA. It may be easier to hold one or a few officials at the VA responsible, but it is far from addressing the problems or explaining how doing so will benefit the veterans served by the VA.

To be certain, the VA itself is also not without fault, as bureaucracy and intransigence let the agency deteriorate to the point the problems look to be nearly impossible to fix, leading some to call for the dismantling of the VA.

So how did things get to this state?

Let's start with the claims backlog. The President pledged to end the claims backlog while simultaneously making a string of moves that summoned a flood of new claims to the agency.

The administration made it easier for veterans to get compensation for both post-traumatic stress disorder and exposure to Agent Orange—a Vietnam War-era defoliant now tied to a long list of neurological disorders. Those moves extended help to long-suffering veterans, but they weren't matched by the VA reforms needed to adequately address the new claims. Agent Orange alone took up 37 percent of the Veterans Benefits Administration's claims-processing resources nationally from October 2010 to March 2012, according to a Government Accountability Office report.

As claims soared during President Obama's first years in office, so did wait times. In 2009, there were about 423,000 claims at the VA, with 150,000 claims pending for more than four months (the official wait time it takes a claim to be considered "backlogged"). By 2012, claims had exploded to more than 883,000—and 586,540 of those sat on the agency's backlog list.

The administration did request and Congress provided additional funding to address growing claims. The agency's budget totaled \$100 billion in 2009. In 2014, it was up to \$154 billion. However that money didn't instantly transfer into an expanded capacity to meet veterans' needs as it takes

approximately two years to fully train a claims worker.

Fortunately the influx of claims has since fallen, and the backlog is greatly diminished—though there is controversy over how the administration has dealt with the claims.

Congress has a role and responsibility that has not kept up with the needs of the veteran community. The VA could be overhauled to better address the needs of modern veterans, including reforms to the way it processes claims, assesses the performance of its employees, and measures its overall performance. But putting many of those reforms in place would require an act of Congress—and we have witnessed how little Congress has done over this year and the previous year.

Instead, Congress has taken a more reactive approach. When incidents - such as the recent hospital deaths - capture public attention, lawmakers hold hearings where they berate agency officials with juicy sound bites they can later play back for their constituents. It's good political theater, but it's unclear that the payoff is anything other than political. Only recently have they passed legislation with regard to some questionable bonuses.

Congress is taking some legislative steps: The House voted 390 to 33 with 8 members not voting on a VA accountability bill to make it easier to fire senior executives, and the latest VA funding bill banned bonuses to agency executives.

Representatives Frelinghuysen, Garrett, Lance, LoBiondo, Pallone, Pascrell, Runyan and Smith voted to pass, this bill. Representatives Holt, Payne and Sires voted to oppose this legislation. The 1st Congressional District is currently vacant. Neither measure however contains changes on the structural level.

In 2000, lawmakers passed the Veterans Claims Assistance Act. The law was signed by President Clinton and was, by all accounts, a well-meaning attempt to make it easier for veterans to get VA claims approved. The law required that the VA tell a veteran what to do to prove a claim, help the veteran obtain necessary records, and inform the veteran when the VA could not obtain the

information it needed. The law required the VA to retrieve the veteran's service medical records and provide exams when the VA did not have sufficient evidence to substantiate a claim.

Unfortunately this process wound up adding several additional layers of bureaucracy to an already clunky VA claims process without appropriating additional funds or human resources to manage the increased workload.

During the Bush administration, the Defense Department was publicly counting only about a third of the casualties stemming from the War on Terror. That was due to DoD only counting servicemen and women immediately targeted in the department's wounded-in-action statistics. That accounting method left out those who were not targeted but were wounded nonetheless, such as troops injured when they were riding two trucks back from one that was hit by a roadside bomb, or those hurt in training or transportation.

This underreporting made it more difficult for the VA to prepare for the coming influx of requests for help. The poor sharing of information - including medical records - between the two agencies has long been a bone of contention, and it remains a challenge to this day.

The VA ended up being poorly prepared for what happened due to a lack of planning, as well as a lack of capacity for planning

Additionally, the VA's claims-processing time skyrocketed early in the Bush years. In 2002, it took the VA an average of 224 days to complete claims, as compared with 166 days in 1999.

The VA did not have a digital way to process claims nationwide until 2013, instead relying on an inefficient paper filing system. By comparison, the IRS rolled out its electronic filing system across the country - albeit with some problems - in 1990.

Even by the mid-2000s, several years after 9/11, the VA was using out-of-date claims projections it had based on injury estimates that used assumptions from older wars. Due to medical advances, many service members who would have died from their injuries in past wars are now being saved. That means fewer deaths,

but it also means more wounded veterans, a development the agency failed to anticipate and was slow to adapt to.

Another problem was VA failing to request the funding needed to do their duty. In 2005, under VA Secretary Jim Nicholson, after originally denying its fiscal predicament, it came out that the VA faced a \$3 billion shortfall in funding for veterans health care. The situation required emergency supplemental funding from Congress.

In many ways, the Obama administration is paying for the negligence of past administrations, dating all the way back to President John F. Kennedy, who authorized the decade-long use of Agent Orange in Vietnam. But it wasn't just President Kennedy. Under President Johnson, Agent Orange was the dominant chemical used during the war. President Nixon halted its use, but a long line of presidents either refused to acknowledge the damage done or failed to address it.

The VA under President Carter created the Agent Orange registry, where veterans who were worried about potential side effects could be examined. However four years later, a GAO report found that 55 percent of respondents felt that the VA's Agent Orange examinations either weren't thorough or they received little or no information on what long-term health impacts exposure could cause.

President Reagan's legacy includes a damning congressional report from 1990 that found: "The Reagan administration had adopted a legal strategy of refusing liability in military and civilian cases of contamination involving toxic chemicals and nuclear radiation. ... The Federal Government has suppressed or minimized findings of ill health effects among Vietnam veterans that could be linked to Agent Orange exposure."

Progress has been slow. Vietnam veterans won a major victory under President George H.W. Bush when Congress passed legislation allowing the VA secretary to make certain diseases, including Hodgkin's disease and non-Hodgkin's lymphoma, "presumptive" to Agent Orange exposure. This means that the VA automatically assumes the diseases are related to the defoliant that the

veterans encountered during their military service, making it easier for them to collect disability payments.

The government's long-standing failure to address the damage done to veterans by Agent Orange mirrors the larger failure of the VA. It spans generations and party affiliations, and every effort to fix it comes with unintended consequences. The question really should not be who is responsible for this mess, it should be who will be responsible for getting it fixed.

Sallie Mae, Navient To Pay \$139 Million Settling Probes Into Cheating Troops On Student Loans

Sallie Mae and its former loan servicing unit agreed to pay a combined \$139 million to resolve federal allegations that the companies cheated soldiers and charged other borrowers unfair fees on student loans.

The Department of Justice and the Federal Deposit Insurance Corp. accused Sallie Mae and its loan unit, now called Navient, of intentionally violating the Servicemembers Civil Relief Act by overcharging active-duty troops beginning in 2005, a period in which service members were fighting wars in Iraq and Afghanistan. The FDIC said Sallie Mae and Navient processed borrowers' monthly student loan payments in a way designed to maximize late fees.

Despite the settlement and the evidence amassed by federal investigators, the Education Department hasn't determined whether it will take any action on Navient's loan servicing contract with the federal government. Education Secretary Arne Duncan said he instructed department officials to immediately conduct a review to determine "what appropriate actions, if any," should be taken against the company.

The service members law requires loan companies to cap interest rates at 6 percent upon request for borrowers entering active duty. The Justice Department said an audit revealed that just 7 percent of troops on active duty who had student loans with interest rates above 6 percent, and whose loans

had a special military identification code in the companies' computer systems, had their rates capped under the law.

The other 93 percent, according to federal prosecutors, paid much more than they should have. Some had federal student loans the Education Department was paying Sallie Mae to service. Nearly half of them paid an additional \$166. Close to a quarter paid an extra \$500. The Justice Department said a majority of troops gave Sallie Mae and Navient paperwork that made clear they were eligible for the service member law's protections.

Federal authorities said Sallie Mae and Navient broke the law in three ways: The companies failed to honor troops' requests after receiving them, did not follow up with troops whose documents may have been deficient, and failed to inform troops of the 6 percent cap when they requested other benefits under the law.

"Defendants' conduct was intentional, willful, and taken in disregard for the rights of servicemembers," the Justice Department said.

The companies agreed to create a \$60 million fund that will issue refunds to 60,000 aggrieved service members, and to pay a \$55,000 civil penalty. The companies also agreed to refund borrowers who were unfairly charged late fees \$72 million, and pay the FDIC a \$6.6 million civil penalty. Sallie Mae and Navient neither admitted nor denied wrongdoing.

"We offer our sincere apologies to the servicemen and servicewomen who were affected by our processing errors and thus did not receive the full benefits they deserve," said John Remondi, Navient chief executive. Sallie Mae said, "We regret any inconvenience or hardship that our customers may have experienced."

Navient placed some of the blame for its actions on the federal government. According to the company, federal authorities have effectively changed how they enforce the service member law and are now punishing Navient for failing to comply with what Navient describes as new standards.

Industry executives have previously pointed to correspondence between them and the Education Department,

which lends some credence to the industry's position when it comes to federal student loans.

For example, the Education Department previously told Washington trade groups representing student loan companies that service members had to specifically request that their loans be capped at 6 percent. The companies couldn't simply reduce service members' interest rates if they didn't specifically request it.

Reducing interest rates would impact the Education Department's bottom line. The department is forecast to generate \$127 billion in profit over the next decade from lending to college students and their families, according to the Congressional Budget Office.

The settlement, which still must be approved by a federal judge, is the first case to be brought under the service member law alleging violations on student loans, according to the Justice Department.

While the settlement resolves inquiries from the Justice Department and FDIC, pending probes of Sallie Mae and Navient by the Consumer Financial Protection Bureau (CFPB) were not included. The cost to settle the consumer bureau's investigations are certain to drive up the companies' combined tally to achieve peace with regulators in Washington, who have grown increasingly skeptical of the companies' operations.

"Sallie Mae gave servicemembers the runaround and denied them the interest-rate reduction required by law. This behavior is unacceptable," according to Holly Petraeus, who oversees the CFPB's efforts to protect service members. "And it's particularly troubling from a company that benefits so generously from federal contracts."

The service member settlement also opens a new front for Navient, which must now convince the Education Department not to cancel its lucrative government contract.

The Justice Department said the violations occurred on federal student loans -- specifically on those loans the Department of Education pays the companies to service. Sallie Mae, which recently split itself into two, with Navient now handling the Education Department contract, has collected \$256 million in fees off the Education

Department contract over the the past three years.

According to first quarter figures, Navient this year is set to reap more than \$120 million in revenue off the contract. The company handled 5.8 million accounts for the Education Department as of March 31st, 2014.

The contract forbids Navient, and its predecessor, Sallie Mae, from breaking the law, and Education Department officials have said a breach of the contract may be grounds for termination. The Huffington Post previously reported that despite federal investigators having evidence as late as August that Sallie Mae violated the service member law on federal student loans, the Education Department told the company in late October that it intended to renew its five-year contract.

"There is no place in the federal student loan program for companies that would deceive or deprive borrowers of guaranteed protections or benefits," said Rep. George Miller (D-Calif.), the top Democrat on the House Education Committee.

Duncan, when asked during a news conference May 13th, 2014 whether the department would cancel the company's contract, said, "There's no presumption of guilt or innocence. We'll do a thorough review and we'll go over the facts that follow, but every option is on the table."

The federal government's investigation into Sallie Mae took well over a year. Attorney General Eric Holder said that the companies engaged in a "nationwide practice of failing to provide service members with the 6 percent interest rate to which they were entitled under law."

In August, 2013 Chris Greene, Education Department spokesman, said that Sallie Mae told the department that federal student loan borrowers were not affected by what was then publicly viewed as a probe targeting the company's handling only of private student loans.

"The Education Department has done nothing to regulate the company when evidence that Sallie Mae mishandled its loans continues to mount," said Chris Hicks, an organizer who leads the Debt-Free Future campaign for Jobs With Justice, a Washington-based nonprofit that is

among organizations that have called on Duncan to suspend the department's contract with Sallie Mae.

"They have turned a blind eye to their servicers' practices at the expense of borrowers, and this is already beginning to have a ripple effect on our entire economy," Hicks said. "Inaction simply isn't an option."

Sen. Tom Harkin (D-Iowa), who chairs the Senate education committee, said student loan practices uncovered by federal investigators strengthened his resolve to put in place strong servicing rules. "While some of these bad actors might think that they are too big to fail, I am committed to ensuring that student loan borrowers are no longer too small to ignore," he said.

VA Chief Says He Does Fire Poor Performers

The Veterans Affairs Department has forced out more than 6,000 employees over the last two years, VA Secretary Eric Shinseki told Congress on May 15th, 2014. Secretary Shinseki testified before the Senate VA Committee on the serious questions raised regarding veterans' healthcare and reports of cover-ups at a number of VA facilities related to lengthy wait-times for treatment.

The VA Inspector General is working with federal prosecutors who are trying to determine whether criminal violations occurred at a medical center in Phoenix accused of falsifying data or creating secret waiting lists intended to hide months-long delays for veterans to see doctors, a top official told a Senate committee on Thursday.

The disclosure by the official, Richard J. Griffin, the acting inspector general for the department, which is carrying out its own inquiry, is the first official indication that prosecutors have taken an interest in the controversy, which has spread in recent weeks to include facilities in Texas, Colorado and other states.

At the hearing of the Senate Veterans Affairs Committee, Mr. Griffin said he could not offer many details about the agency's investigation because "part of this review could lead to criminal charges" and he did not want to impede that process.

Lawmakers on the Senate Veterans' Affairs Committee questioned the department's accountability amid reports of long waits and preventable deaths at the agency's medical facilities, challenging the agency to fire more poorly performing employees. Shinseki said VA has forced out -- either through transfers, terminations or involuntary retirements -- 3,000 workers in each of the last two years, some of whom were senior executives.

Data from the Office of Personnel Management show about 4,300 VA employees were removed or terminated from federal service for disciplinary reasons, but that figure does not include forced transfers or retirements. House Speaker John Boehner recently threw his weight behind a bill to give Shinseki enhanced authority to fire senior executives.

Sen. Mark Begich, D-Alaska, said allowing employees to transfer to different parts of government or even to different agencies was not a sufficient punishment. "If they're cheating, they're not trustworthy," he said. "If you transfer them to another part of government you just perpetuate what they have done."

The American Legion, the Concerned Veterans of America and some lawmakers have called for Shinseki himself to step down. Sen. Dean Heller, R-Nev., himself a veteran asked the secretary why he has not resigned.

"I came here to make things better for veterans," Shinseki said. "That was my appointment by the president. Every day I start out with the intent, in fact, to provide as much care and benefits to those I went to war with."

The allegations raised point to the possibility of systemic problems regarding VA healthcare, problems that require follow-through on several key points from his testimony today -- particularly in urging for a swift conclusion to the Inspector General's investigation, and taking appropriate action to ensure these deplorable shortcomings are resolved once and for all.

The Secretary indicated he expects the results from the IG's investigation will be forthcoming in June. This will give us the first real indication, other than media reports, of how widespread these problems may be. Our veterans

deserve the highest-quality care, and it's going to take resolve and increased leadership from within the VA to ensure they receive it.

While most VSOs and individuals are waiting for the IG's investigative report before deciding the responsibility and leadership of Secretary Shinseki; former Secretary Robert Gates stated that he believed that they problem was not Secretary Shinseki but was the fault of the VA itself. "If there is one bureaucracy in Washington that's more intractable than the Department of Defense; it the VA. Give a lot of credit to Eric Shinseki. I think Secretary Shinseki has all the will in the world to do the right thing by the veterans. He is totally committed. But he sits astride very tough bureaucracy."

December 2012 the United States Government Accountability Office released a report VA HEALTH CARE, Reliability of Reported Outpatient Medical Appointment Wait Times and Scheduling Oversight Need Improvement. Outpatient medical appointment wait times reported by the Veterans Health Administration (VHA), within the Department of Veterans Affairs (VA), are unreliable. Wait times for outpatient medical appointments—referred to as medical appointments—are calculated as the number of days elapsed from the desired date, which is defined as the date on which the patient or health care provider wants the patient to be seen. The reliability of reported wait time performance measures is dependent on the consistency with which schedulers record the desired date in the scheduling system in accordance with VHA's scheduling policy. However, VHA's scheduling policy and training documents for recording desired date are unclear and do not ensure consistent use of the desired date. Some schedulers at Veterans Affairs medical centers (VAMC) that GAO visited did not record the desired date correctly. For example, three schedulers changed the desired date based on appointment availability; this would have resulted in a reported wait time that was shorter than the patient actually experienced. VHA officials acknowledged limitations of measuring wait times based on desired date, and described

additional information used to monitor veterans' access to medical appointments, including patient satisfaction survey results. Without reliable measurement of how long patients are waiting for medical appointments, however, VHA is less equipped to identify areas that need improvement and mitigate problems that contribute to wait times. Like many of the reports made available to Congress, this one fell on deaf ears.

While visiting VAMCs, GAO also found inconsistent implementation of VHA's scheduling policy that impedes VAMCs from scheduling timely medical appointments. For example, four clinics across three VAMCs did not use the electronic wait list to track new patients that needed medical appointments as required by VHA scheduling policy, putting these clinics at risk for losing track of these patients. Furthermore, VAMCs' oversight of compliance with VHA's scheduling policy, such as ensuring the completion of required scheduler training, was inconsistent across facilities. VAMCs also described other problems with scheduling timely medical appointments, including VHA's outdated and inefficient scheduling system, gaps in scheduler and provider staffing, and issues with telephone access. For example, officials at all VAMCs GAO visited reported that high call volumes and a lack of staff dedicated to answering the telephones impede scheduling of timely medical appointments. In January 2012, VHA distributed telephone access best practices that, if implemented, could help improve telephone access to clinical care.

In 2009, the Veterans Affairs Department canceled its patient scheduling system - dubbed the Replacement Scheduling Application Development Program - after spending \$167 million over eight years and failing to deliver a usable product.

Daniel Dellinger, national commander of the American Legion, told Senators at the hearing that lack of a replacement for the scheduling system has, over the past five years, contributed to long patient wait times at multiple VA medical facilities.

Dellinger testified that, as of today, "the American Legion understands that there is still no workable solution to

fixing VA's outdated and inefficient scheduling system."

He urged development of a new system that will allow VA patients to register online for appointments within 24 hours. He also called on VA to create a records system that both the Veterans Benefits Administration and VHA could share to more easily exchange information. A common system could even synchronize care visits in conjunction with compensation and pension examination," Dellinger said.

GAO released a report: VA Health Care: VA Lacks Accurate Information about Outpatient Medical Appointment Wait Times, Including Specialty Care Consults, GAO-14-620T, on May 15th, 2014.

As GAO previously reported in its testimony on April 9, 2014, its preliminary work examining the Department of Veterans Affairs' (VA), Veterans Health Administration's (VHA) management of outpatient specialty care consults identified examples of delays in veterans receiving outpatient specialty care, as well as limitations in the implementation of new consult business rules designed to standardize aspects of the clinical consult process. For example, for 4 of the 10 physical therapy consults GAO reviewed for one VA medical center (VAMC), between 108 and 152 days elapsed with no apparent actions taken to schedule an appointment for the veteran. For 1 of these consults, several months passed before the veteran was referred for care to a non-VA health care facility. VAMC officials cited increased demand for services, and patient no-shows and cancelled appointments among the factors that lead to delays and hinder their ability to meet VHA's guideline of completing consults within 90 days of being requested. GAO's preliminary work also identified variation in how the five VAMCs reviewed have implemented key aspects of VHA's business rules, such as strategies for managing future care consults—requests for specialty care appointments that are not clinically needed for more than 90 days. Such variation may limit the usefulness of VHA's data in monitoring and overseeing consults system-wide. Furthermore, oversight of the

implementation of the business rules has been limited and has not included independent verification of VAMC actions. Because of the preliminary nature of this work, GAO is not making recommendations on VHA's consult process at this time.

In its December 2012 report, GAO found that VHA's outpatient medical appointment wait times were unreliable. The reliability of reported wait time performance measures was dependent in part on the consistency with which schedulers recorded desired date—defined as the date on which the patient or health care provider wants the patient to be seen—in the scheduling system. However, VHA's scheduling policy and training documents were unclear and did not ensure consistent use of the desired date. GAO also found that inconsistent implementation of VHA's scheduling policy may have resulted in increased wait times or delays in scheduling timely medical appointments. For example, GAO identified clinics that did not use the electronic wait list to track new patients in need of medical appointments as required by VHA policy, putting these patients at risk for not receiving timely care. VA concurred with the four recommendations included in the report and, in April 2014, reported continued actions to address them. For example, in response to GAO's recommendation for VA to take actions to improve the reliability of its medical appointment wait time measures, officials stated the department has implemented new patient wait time measures that no longer rely on desired date recorded by a scheduler. VHA officials stated that the department also is continuing to address GAO's three additional recommendations. Although VA has initiated actions to address GAO's recommendations, continued work is needed to ensure these actions are fully implemented in a timely fashion. Ultimately, VHA's ability to ensure and accurately monitor access to timely medical appointments is critical to ensuring quality health care to veterans, who may have medical conditions that worsen if access is delayed.

**Vietnam Veteran
and proud of it**

Phoenix Problems Not New

November 12th, 2011 Ken Alltucker, writing for The Arizona Republic reported that the Phoenix VA Health Care System cut its budget and delayed equipment purchases this year (2011) to help compensate for an \$11.4 million shortfall that stemmed from lax oversight of a VA health-care program, a new report says.

The Department of Veterans Affairs' Office of the Inspector General issued a report last week (November 2011) that found the Phoenix VA did not have effective controls over a program that sent veterans to non-VA facilities for health care resulting in the VA spending \$11.4 million more on care at other metro Phoenix hospitals and long-term care facilities last fiscal year than it anticipated.

According to the article, Phoenix VA representatives said they have tightened oversight with a new full-time position to ensure all requests for non-VA care are medically necessary and can't be provided by the local VA. "What contributed to the problem was a lack of monitoring in place," said Paula Pedene, a spokeswoman for the Phoenix VA. "Any time you can do the care in house, it is less costly and it is easier to care for the patient."

The Phoenix VA has sought to keep pace with the system's rapid growth in recent years as more veterans return from war, relocate to metro Phoenix or apply for benefits after a job loss. The local system has added nearly 10,000 new veterans over the past two years, swelling to about 81,000 veterans.

The program budgeted \$56 million on medical care for veterans at non-VA facilities last fiscal year. That represented 13 percent of the Phoenix VA's \$438 million budget for all medical services.

So the \$11.4 million overspending at non-VA hospitals and facilities in metro Phoenix created budget repercussions for the local VA.

The VA had to cancel \$3.8 million in equipment purchases, including a second MRI machine.

The Phoenix VA also received \$2.3 million from the VA's national fee program and \$5.3 million from the VA's Southwest Healthcare Network,

which oversees metro Phoenix and six other VA systems in the Southwest.

The IG's report said that the regional district overseeing trimmed \$2 million from the Phoenix VA's budget this year to "emphasize the seriousness of the shortfall." This year's cuts were spread across the VA's administration, medical care and facilities' budgets.

The Inspector General report found that the problems stemmed from oversight of the program that sent veterans outside the VA for health care.

One physician was responsible for approving all non-VA care, but that physician routinely authorized such care without asking questions or seeking additional information. The physician estimated that he authorized hundreds of requests each week while also performing his clinical duties.

With the lack of oversight, the report found the VA may have paid other health providers for diagnostic tests and procedures that were not medically necessary, services that were available at the VA or unnecessary and excessive therapy treatments, the report said.

The report singled out the costs of veterans who were sent to hospitals to be weaned off ventilators. It found 15 patients who spent 30 days or more at hospitals at an average cost of \$2,600 per day.

One patient was at a hospital for five months.

"If the veteran had not weaned in that time, then the (Phoenix VA) needed to re-evaluate the appropriateness of continued ventilator weaning and consider alternative medical options," the report said.

The discovery of oversight problems has prompted the Phoenix VA to restructure its program, assigning one full-time person to review requests submitted by veterans seeking non-VA care.

Exchange – Open Online Store To All Vets

Army and Air Force Exchange Service (AAFES) officials want to expand shopping privileges at the online exchange store to all honorably discharged veterans. Doing so would open the online store to about 20 million veterans.

AAFES officials contend the move would have no negative impact on current eligible shoppers — and would be a boon to revenues and profits that support military morale, welfare and recreation programs on installations. AAFES, which refers to its brick-and-mortar stores and its online store as "The Exchange," operates the website shopmyexchange.com for authorized customers of all branches of service.

Under Defense Department policy, the only veterans currently authorized as exchange patrons are those with honorable discharges who are rated by the Veterans Affairs Department as 100 percent disabled, or hospitalized where exchange facilities are available.

According to DoD spokeswoman Joy Crabaugh there have been discussions, but no formal proposal, about opening the online store to all honorably discharged veterans. If a proposal does come forward, she said, it would require extensive review by DoD, including a legal review that would determine whether DoD could unilaterally change the policy, without having to seek a change in law.

The Navy Exchange Service Command (NEXCOM) operates its own online sales website, myNavyExchange.com, which, like the AAFES site, is open to authorized exchange shoppers of any service.

NEXCOM has no plans to request or propose changes to its criteria for authorized shoppers, according to spokeswoman Kathleen Martin. "However, we will certainly evaluate and respond to any proposals or initiatives presented to us," she said.

AAFES distributes part of its profits to the services' Morale, Welfare, Recreation (MWR) programs, proportionately based on the branches of online shoppers.

With more customers, officials AAFES could make purchases on a larger scale like other online discount

retailers, and invest in better technology and customer service. The larger scale — with limited increase in overhead — would boost profits, providing more contributions to MWR.

Within the first five years of ramping up the online store website to include a deeper, better and broader selection of items to accommodate the veterans' population, officials project an increase in profits of \$70 million to \$100 million.

That would be a huge jump from the current financial situation for online sales. In 2013, AAFES' online website had a loss of \$4.7 million, that loss being reflective of the old site. AAFES is launching a new, more shopper-friendly website in July, with an improved product mix.

A copy of an AAFES point paper obtained by Military Times states that officials believe the improvements to the website that are already in motion, and the ability to reach a broader customer pool, could help mitigate some of the challenges in sustaining the viability of the exchange benefit, such as troop drawdowns, cuts in installation MWR programs, and fewer customers living on base.

Some advocacy groups say opening the exchange online website to vets is an idea worth considering.

"This is a very interesting proposal ... worth further evaluation," according to Joe Davis, a spokesman for Veterans of Foreign Wars.

The Retired Enlisted Association also supports the idea in principle, "assuming there are proper controls so that only veterans have access," according to Larry Madison, national legislative director.

According to DoD's Crabaugh, the Defense Manpower Data Center (DMDC) does maintain information on veterans. AAFES and the other exchanges use DMDC's Defense Enrollment Eligibility Reporting System to verify customers shopping online.

AAFES officials reportedly contend that since the information fields are available in DMDC, the protection and transfer of data about veterans could follow the same authorization procedure now used to validate active-duty members, retirees and their dependents.



Moving the VA Claims Process Forward

In the last several weeks we have witnessed some bizarre events relative to the problems within the VA. One thing is certain, when politicians are done with their grandstanding and finger-pointing, the problems will still be there.

If President Obama and Congress are really willing to move past politicking to search for policy solutions, experts say there are steps that could be taken right now to better connect veterans with the care they need. The problem is that we are in an election year and some in Congress will do what they can to damage the President's image in his final years.

There are some things that can be done right away to address some of the concerns. Let me start with the claims process.

Currently veterans must fill out lengthy and complicated claims forms when they seek compensation for their injuries, and those forms often arrive at the agency either incomplete or incorrect.

Congress should ask doctors - not veterans - to handle the paperwork. With the private insurance carried by most civilians, doctors typically submit reimbursement claims to the insurer. Were a similar process to be adopted by the VA, the agency would be receiving claims by legal professionals or military doctors who would be better trained and more accustomed to filling them out - and thus much more likely to file them accurately.

This would require a change to relieve veterans of the responsibility for filling out forms that most privately insured patients do not have to contend with when claiming benefits.

The VA claims process is set by statute, and so to change it lawmakers would have to pass new legislation allowing for changes.

Another change that should take place would be to have Congress require the VA to give more veterans the benefit of the doubt.

If Congress wanted to change the process to make life easier for veterans, they could also scratch the VA's policy of going through each and every claim filed. The IRS doesn't investigate every

tax return. Medicare doesn't investigate every doctor bill. So why does the VA investigate each and every claim that veterans file?

Instead, the VA could mirror the private sector by generally approving the majority of claims that look accurate, and only auditing a sample or those that raise red flags, according to Linda Bilmes of Harvard University's Kennedy School of Government.

"You should have the kind of process that you have at customs, where you don't check every bag. Because if you checked every bag of everyone stepping off the plane, you'd have a huge backlog," she said.

Understandably, the VA may have serious concerns about the proposal out of a concern this could result in the majority of veterans getting monetary compensation for disabilities that cannot be determined to be due to service.

Would it not be better to err on the side of veterans initially while continuing to investigate the veracity of the claim?

Another area for improvement that would require Congressional action would be for the VA to reward its employees for quality, not quantity.

That would require a change in the way the VA counts its work. As long as VA employees have an incentive to go fast and not process claims correctly they will continue to do so.

Changing the incentive structure needs no act of Congress, or an executive order from Obama—though either would make it more likely to happen. Instead, the VA has the power to start making those changes the moment it decides to.

Congress needs pressure the Pentagon and the VA to share electronic files.

The VA stands to benefit greatly from the Defense Department's information. There is a relatively easy way to share it: electronic health records. However for whatever reason, that isn't happening, and the VA's performance is suffering for it.

Claims routinely stall as the VA waits to get service records from the Pentagon, as VA staffers use those records to help determine if an injury is related to a veteran's time in the military.

Being able to share health records electronically has been a long-standing goal for the departments, dating all the way back to 1998. There was a plan for the VA and DoD to build a joint platform for records sharing. However the project was dropped in 2013 after costs ballooned into the billions. The Pentagon is now putting out a contract for a Defense Department-wide health record system, and the VA is among the bidders. The agency plans to build upon its current record system and see if the Pentagon will pick it.

Everyone agrees integration still remains the end goal, the details on how to get there are unclear at best. The departments have yet to "disclose what the interoperable electronic health record will consist of, as well as how, when, and at what cost it will be achieved," according to a Government Accountability Office report released in February 2014.

Congress has failed to keep this endeavor moving. Congress has set arbitrary deadlines that don't get met and then no one is held accountable accordingly. Congress could force both the Pentagon and the VA to move the process to fruition either by writing specific requirements into the budget or freezing bonuses and other fiscal benefits until the officials get the job done.

Accountability is not just an issue for the VA. Congress needs to be held accountable.

Challenges Serving Veterans

A new federal policy to refer more veterans for care outside the overwhelmed Veterans Affairs Health System could end up straining some non-VA hospitals with lags in reimbursement and patients who have needs that civilian providers aren't accustomed to treating.

Over Memorial Day weekend, the White House and the VA announced that more veterans will be able to use private medical services in order to address long wait times reported in several areas throughout the U.S. In Phoenix, the department's inspector general concluded, in a report issued May 28th, 2014, that 1,700 veterans in need of care were kept off the facility's official wait list and the average wait

time was 115 days, although VA guidelines say veterans should get appointments within 14 days of the date they ask to be seen.

Under the Accelerating Care Initiative, VA facilities must offer a referral to an outside provider if they don't have the capacity to give an earlier appointment to any new patient who is on a wait list or has a visit scheduled more than 30 days out.

The first referrals are expected May 30th. The VA believes it will take up to 90 days to fully implement the policy, which is expected to become permanent. Veterans will only be able to seek care at private clinics and hospitals in areas where the department's capacity to expand is limited. The VA did not provide an estimate of how many patients might be referred under the policy.

The VA typically has only reimbursed providers outside the system for emergency care and for veterans who live in rural areas without access to a VA facility. The system also has sometimes granted specific requests to see private providers. In fiscal year 2013, the VA paid for such care for 1 million veterans at a cost of \$4.8 billion, approximately 10% of the agency's budget.

Associations representing hospitals in states with large veteran populations said they are concerned about the prospect of getting claims paid by the veterans system. March 2014 the U.S. Government Accountability Office released a report (GAO-14-175) detailing instances of claims from non-VA hospitals that were wrongly denied because of poor administrative processes.

"We found that VA lacks sufficient oversight mechanisms and data to ensure that VA facilities do not inappropriately deny claims," the report read. When private hospitals were not reimbursed by the VA, they billed veterans directly, the GAO said.

"Because our hospitals have historically experienced challenges with timely reimbursement for VA patients, we are awaiting further information from our federal partners as to any modifications to payment policies associated with this weekend's announcement," said Julie Henry, a spokeswoman at the North Carolina Hospital Association. The VA

estimates that North Carolina is home to as many as 950,000 veterans.

Similar concerns were raised in Michigan, where the VA also estimates just under a million veterans reside. "Michigan hospitals operate on tight operating margins—3.4% on average in fiscal year 2012 compared to 6.5% average operating margin at hospitals nationwide—so slow reimbursement can add to the financial burdens hospitals endure," said Laura Appel, vice president for federal policy and advocacy for the Michigan Health & Hospital Association.

Another concern raised by the policy shift is the prospect of having civilian providers treat patients for conditions such as exposure to Agent Orange, Gulf War syndrome and combat-related post-traumatic stress disorder.

"There can be a lack of understanding of veteran culture and how they can experience something like PTSD differently from other patients," said Dr. Craig Bryan, Director of the National Center for Veterans Studies in Salt Lake City at the University of Utah. "This could lead to many servicemen who seek out care to drop out of treatment prematurely."

VA Scandal Fallout Starts to Hit

The controversy over delays in patient care at VA have spilled over into actions by both the House and Senate focusing on senior executives at the agency, actions that employee organizations are concerned could widen to other agencies and other levels of employees. The House passed a bill (HR-4031) that essentially strips employment protections from SES members at the department, allowing them to be fired or demoted to the GS at the VA Secretary's discretion

Wilmington VAMC Under Investigation

According to an article in the News Journal, the Wilmington VAMC is one of at least 42 VA facilities being investigated by the VA Inspector General for the sort of scheduling

anomalies at the root of a growing national scandal.

The IG continues to decline to name or confirm other centers being investigated, a spokeswoman said today.

The Wilmington center says the IG was responding to an invitation. "Robin Aube-Warren, the facility's new medical center director, requested the IG to do an in-depth review of scheduling practices at the Wilmington VA Medical Center and Community Based Outpatient Clinics to get an accurate assessment and to ensure all Wilmington VA staff have a full understanding of VA's policy and continued integrity in managing patient access to care," spokesman James Coty said in an e-mailed statement. "All staff have been highly encouraged to fully participate in the review."

At Wilmington, the two clinicians said, one practice has been to shift entire patient loads, or "panels," from one primary caregiver's team to another's.

"Patients are scrubbed from primary care panels," the nurse said. "That is what the VA department has done. They remove patients from primary care panels, they become unassigned. They then are like orphans – although that provider still believes the patient is their responsibility."

Another has been to periodically rename primary care teams – "which they seem to do with regularity," the doctor said. This, the clinicians said, "resets" the waiting list.

"They become brand new again," the nurse said. "And if they've been in VA for years, it doesn't matter."

"There's no rhyme or reason to any of it," the nurse said. "We can't appropriately staff, that's why providers leave, or, providers are gone, and it can take a year before management can decide we need to replace them. 'Well, we can reassign those patients to other people. We can scrub these panels and get rid of patients.' And that's what they do. And the patients don't go away. They just become unassigned."


The root cause is said to be a combination of staff reductions over a period of years, an influx of new patients since 2010, and a desire to meet patient-care goals set by higher headquarters.

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