



THE EAGLE



THE MILITARY OFFICERS ASSOCIATION OF AMERICA PENNSYLVANIA COUNCIL OF CHAPTERS

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STILL SERVING



NEWS AND VIEWS August 2014

PRESIDENT'S CORNER

August means that summer has just about bit the dust! But with congress in recess and back in their home districts, your backyard, it provides an opportunity to let them know how you feel on military and veterans issues before they head back to discuss and vote on vital DoD and Veterans issues. Inside are important issues MOAA is hoping you will join them in advocating for with your Senators and Representatives in congress.

Review the information on our state convention September 12 and 13th in Washington, PA. There are links in this newsletter and on the Council web site with more information on the speakers and nearby places to go on the complimentary hotel shuttle. The registration form can be downloaded from the Council web site at www.pa-coc.org.

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is Donating a Week Stay at a U. S. Resort for a lucky member family registered for the PA Council of Chapters Convention September 12-13 at the Doubletree Hotel by Hilton, Washington, PA. Everyone that sends in a paid registration form for the conference will be entered in the drawing for this generous prize.

Complete the registration form and mail your check to the address on the form. You can attend just the Saturday program, morning and or afternoon sessions. Costs are separated for each session depending on your availability and interest. \$50.00 per person covers all Council events and includes the Friday reception. The Saturday program ends at 3:30 PM.

The reduced hotel rate for the PA Council of Chapters ended on August 22nd. A rate of \$141.00 per night with senior discount may be available.

Regards,
Bob Gray

COUNCIL MEETING DATES

September 12, Council Meeting 1:30 PM
Meadowlands Doubletree Hotel,
Washington, PA

November 8, Council Meeting
10:00 AM Legislative 11:00 AM Council
Days Inn, State College

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State Veterans Legislation

By Bob Gray, Legislative Chairman

The following bills are near passage in the state legislature. The PA War Veterans Council and State Veteran's Commission will be presented with letters supporting these bills for passage in the September session of the legislature. Letters of support will be sent to the Committee Chairs, the leadership of the House and Senate and the Governors' office. The bills need to be voted out of the committee and sent to Appropriation and then to the floor for a vote. **Contact your state senators and representatives to provide your support for movement and passage of these bills.** The bills are located in the following committees.

SB 1129 (Amputee and Paralyzed Veterans Payment) Amends eligibility to only severely disabled veterans using VA disability ratings, which restores the intent of the original law. It does not change eligibility for those currently receiving benefits. **Stalled in the Senate Veterans Affairs Committee.**

SB 1224 (Allows VA medications to be broken down into single unit doses in personal care and assisted living facilities. This benefit has already been granted to veterans in PA nursing homes. Passed the Senate 4/7/2014. Passed the House Veterans Affairs Committee 5/6/2014. **The bill needs to be brought to the floor for a vote to move it to the Appropriations Committee. Then to the House floor for a final vote.**

HB 472 (waive residency for veterans to receive in-state tuition - Revised 08/23/2014) two separate letters of support were provided in the spring for this bill from the PA War Veterans Council, which MOAA is a member. This bill gives veterans moving back to PA limited state residency to attend college or community college at the in-state tuition rate. The GI Bills only reimburse at the in-state rate. While Congress recently passed HR 3230 to improve Veteran's access to healthcare it also contained language to allow all veterans receiving the Montgomery GI Bill and the 9/11 GI Bill to receive in-state tuition in all states. That portion of the bill does not go into effect until July 1, 2015. Veterans starting school this fall will not be able to take advantage of the in-state tuition waiver and even in the spring semester. Passage of HB 472 in September would at least help Pennsylvania's veterans beginning in January. **The bill is stalled in PA Senate Education Committee. It must be voted out and to the floor before it goes to Appropriations and a final floor vote.**

SB 803 (Restore local tax exemption for active duty military pay) this is of interest to active duty and reserve component soldier living in PA. It restores a

previous law giving local tax exemption to military members serving on active military orders and Guard state active duty. **The bill is stalled in the House Finance Committee. It must be voted out and a floor vote taken, then through Appropriations and a final floor vote.**

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Punishing the Higher Education System for Veterans –

The Pennsylvania Way



Effective on 1 July 2015, a little mentioned section of the [Veterans Access, Choice, And Accountability Act of 2014](#) signed into law by the President on 7 August will have huge consequences to Pennsylvania's public institutions of higher learning. It may well affect the well-being of about 25,000 veterans who are students and up to \$300 million in state revenues from the federal government to Pennsylvania's institutions of higher learning.

Section 702 of that law states:

... the Secretary shall disapprove a course of education provided by a public institution of higher learning to a covered individual pursuing a course of education with educational assistance under chapter 30 [Montgomery GI Bill] or 33 [Post 9/11 GI Bill] of this title [38 U.S.C.] while living in the State in which the public institution of higher learning is located *if the institution charges tuition and fees for that course* for the covered individual at a rate that is higher than the rate the institution charges for tuition and fees for

that course for residents of the State in which the institution is located, regardless of the covered individual's State of residence ...

... If after enrollment in a course of education that is subject to disapproval ... a covered individual pursues one or more courses of education at the same public institution of higher learning while remaining continuously enrolled (other than during regularly scheduled breaks between courses, semesters or terms) at that institution of higher learning, *any course* so pursued by the covered individual at that institution of higher learning while so continuously enrolled *shall also be subject to disapproval* ...

... a covered individual is any individual as follows:

(A) A veteran who was discharged or released from a period of not fewer than 90 days of service in the active military, naval, or air service *less than three years* before the date of enrollment in the course concerned.

(B) An individual who is entitled to assistance under section 3311(b)(9) or 3319 of this title by virtue of such individual's relationship to a veteran described in subparagraph (A).

... It shall not be grounds to disapprove a course of education ... if a public institution of higher learning requires a covered individual pursuing a course of education at the institution to demonstrate an intent, by means other than satisfying a physical presence requirement, to establish residency in the State in which the institution is located, or to satisfy other requirements not relating to the establishment of residency, in order to be charged tuition and fees for that course at a rate that is equal to or less than the rate the institution charges for tuition and fees for that course for residents of the State ...

To reiterate, the new law requires the VA to disapprove courses of education provided by public institutions of higher learning that charge tuition and fees at more than the in-state resident rate for those veterans within three years from discharge after having served

at least 90 days on active duty, irrespective of the veteran's current state of residence and length of residence, if the veteran is living in the state in which the institution resides; and this condition continues to apply for the duration the veteran remains continuously enrolled at the institution. The law also applies to the dependents of veterans using Post-9/11 GI Bill benefits.

The significant change is any payment to the institution for tuition and fees is dependent on its in-state tuition policy. If a public institution of higher learning establishes its tuition rates for a course of education (e.g. a degree) based upon residency status, the VA will no longer pay, regardless of the veteran's residency status. Previously, the VA would pay for the course of education up to the in-state tuition rate for the Post 9/11 GI Bill or whatever the Montgomery GI Bill allowed, if that were used. No longer. Yet, truthfully, the problem does not truly lie with our state schools of higher education, though both they and their veterans will be affected, but with our state government, for it decides their residency requirements.

In its failing to act quickly and decisively to waive its one-year residency requirement for an in-state tuition rate on the behalf of veterans — despite pleas since at least 2009 ([H.B. 1054](#)) by returning veterans and veterans organizations — the new federal law becomes a financial game changer for our public universities, colleges and community colleges. The state government's tarrying has been a roadblock for many honorably discharged veterans seeking to transition readjust and improve themselves as quickly as possible, for the purpose of becoming productive citizens. It now puts another financial strain on its public universities and colleges.

To conclude, while at least twenty-six other state governments have seen the light, ours continues to discourage our military veterans from returning to or residing in a Commonwealth and encourages increase to their educational debts when they do enter the state. More than the Commonwealth's working at cross-purposes with the intent of the GI Bill

legislation past and present — no small point — is now involved, however. Our state government is about to hurt our state higher educational system's revenue stream. Both affect our Commonwealth's future prosperity.

Link to HR 3230:

<https://www.govtrack.us/congress/bills/113/hr/3230/text>

Author: RJH

Article from the Leigh Valley Military Affairs Council newsletter 9 August 2014

10August 2014 (general statistical estimates added)

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Federal Legislation

Visit Your Federal Legislators in August

Congress must make some big decisions in the second half of this year. The full House and the Senate Armed Services Committee (SASC) completed their respective drafts of the FY 2015 defense authorization bill. The SASC-passed version of the defense bill would make a number of cuts to pay and benefits proposed by the administration, including:

- Capping the FY 2015 military pay raise at 1 percent, 0.8 percent below the increase dictated by current law to keep pace with private sector pay growth;
- Increasing Basic Allowance for Housing (BAH) out-of-pocket costs for servicemembers by five percent over the next three years;

Dramatically increasing TRICARE pharmacy copayments over next ten years and require all beneficiaries to refill maintenance medications via the mail-order pharmacy.

The House-passed version of the defense bill rejects all of these cuts.

These issues will be debated this fall. It's imperative that we let our legislators know

how we feel about them.

During the month of August, most elected officials will return to their home states/districts to meet with constituents. This is a great opportunity for you as MOAA members to visit your legislators' local offices and advise them of your and MOAA's concerns on these matters.

A key point is that these aren't just "defending our rice bowl" issues; they're critical matters for sustaining retention and readiness – the core of our national defense – over the long term.

To assist you in preparing for these meetings, we've developed fact sheets and talking points on the two key issues listed above.

You don't have to be an expert on every issue. That's why we designed the packages as we have – to include a "key points" summary to talk from, along with one-page fact sheets on each issue that you can print and leave with the legislators and/or their staffs.

One of the reasons MOAA has been successful on Capitol Hill is that we have members who are willing to contact their legislators and express their views on issues that are important to them. Leaders who can say "We represent _____ MOAA members in our state" help convey that they're speaking for a substantial group of constituents.

And the grassroots support of our Council and Chapter leaders has never been as important as it is now.

You can locate legislators' state/district offices.

1. Provide Servicemembers with the Pay They've Earned (PDF)

2. Don't Reverse Basic Allowance for Housing (BAH) Improvements (PDF)

3. Reject TRICARE Pharmacy Fee Increases (PDF)

Use this one-page "elevator speech"(PDF) to summarize the main points of these issues.

Use this statistical summary (.XLS) to highlight the number of people affected in your state.

- See more at:

<http://www.moaa.org/augustrecess/#sthash.eCzQeLLG.dpuf>

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MOAA Legislative Update

A number of major pieces of legislation have yet to be finished, including:

- defense authorization bill
 - defense appropriation bill
 - military construction and VA appropriations
- Here's MOAA's prediction on what's to come on each of the four bills:
- Defense Authorization bill: The House already passed its version of the defense authorization bill in May. The Senate Armed Services Committee also agreed on its version of the legislation. It's unlikely the full Senate will debate and pass the bill by August. That could mean the final passage of the defense authorization bill could be delayed until the fall or as late as after the November elections.
 - Defense, and Military Construction/VA appropriations bills: With the passage of the Bipartisan Budget Act in late 2013, many on Capitol Hill were optimistic that all 15 appropriations bills that fund the government would be passed before the start of the next fiscal year on October 1. However, to date the House has passed only six appropriations bills, and the Senate none. With time running short it's likely that Congress will once again need to pass a continuing resolution to fund the government until Congress can focus on the budget instead of the November 4 elections.
 - - See more on all related bills at the Legislative Action Center:
<http://shar.es/lnkdvG>

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Six Tactics to take effective action

August 13, 2014 By Chrisi West, MOAA staff

You've identified a policy change in your state that could benefit military retirees, veterans, or family members. What's next? To make a difference at the state level, you need to be an effective grassroots advocate. Use these six tactics to take action and cultivate more supporters for your cause:

1. Go online.

Visit MOAA's online advocacy center at www.moaa.org/contactcongress. You can pinpoint the top legislative issues using the State Report Card and use MOAA-crafted language from the advocacy center to write an email to your state-level representatives; most elected officials have an online constituent contact form so you can send your message through electronically.

2. Have a conversation.

Identify like-minded supporters in your personal networks at work, church, your neighborhood association, or other local organizations you're a part of, and talk to them about the issues you've identified and why they're important to your community, military people, or the nation.

Give supporters the phone number or email address for their state legislators and ask them to make contact and share their thoughts on the issue. It only takes a minute to tell your elected officials how you feel, quickly and politely.

When it comes to advocacy, numbers matter. The more constituents your state elected official hears from, the more powerful your voice will be.

3. Be creative.

Host a letter or postcard-writing campaign at your home, a public library, or a local café and invite friends, family, and other supporters. You can use the template language from MOAA's online action center to help constituents craft personalized messages to their local legislators.

For greater impact, ask them to share their stories about how they've been personally affected by the issue at hand. Make the event fun, and take pictures, then write a blog post about your event or post a photo to Facebook and ask others to join in the campaign with you.

4. Sharpen your pencils.

Start a letters-to-the-editor program. It's easier to get a letter printed in a local newspaper than in a large, national paper; just be sure to follow the submission guidelines the newspaper provides on its website.

Connect your local or personal issue to its bigger, national impact to encourage your audience to see how everything fits together.

If your letter is published, try to find a link to your letter online so you can share it easily with other supporters using social media and via email.

5. Go public.

Hold a tabling event to share information on your legislative issues at a high-traffic location,

such as a farmer's market or an outdoor shopping center.

Ask supporters to share their contact information with you, and then have them write a short postcard to their state representative (you can provide blank postcards for them to write on), or have them call their elected official right there if they have a cellphone. You can leave a voice mail for most state legislators on the weekend or after hours.

Be sure to get permission from the location before setting up your table, and use signs (homemade ones are fine) on your table to identify your group. This encourages interested parties to come to you, so you won't always have to approach people cold.

Don't forget to follow up with potential volunteers by sending them links to contact their state representatives directly; include information on future organizing events.

6. Grow your network.

Train your fellow advocates on the how-tos of contacting their state-level representatives, and then ask them to do the same with their own friends and family. The goal is to replicate your effectiveness and create other issue advocates who can reach out to their own networks.

- See more at:
http://www.moaa.org/main_article.aspx?id=14842#sthash.IdXOWIRh.dpuf

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The Bottom Line - Time to End the SBP-DIC Offset

August 6, 2014

By Col. Mike Hayden, USAF (Ret), MOAA

Recently, I helped a survivor, who had lost her retired military spouse, navigate the somewhat confusing benefits in DoD and the VA.

Her husband had elected the Survivor Benefit Program (SBP), which provides the survivor up to 55 percent of the servicemember's military retired pay, yet she also was entitled to Dependency and Indemnity Compensation (DIC) provided by the VA because her husband's death was determined to have been the result of his military service.

DIC provides a modest \$1,233 a month (\$14,796 a year), however, under current law, survivors who are eligible for both SBP and DIC must forfeit a dollar of their SBP annuity for every dollar of DIC received from the VA. Often, the offset completely eliminates the SBP annuity the military retiree paid for, as was the case for this survivor. This offset came as quite a financial shock.

Fortunately, commissions and members of Congress already have called for an end to the offset. The October 2007 report of the Veterans' Disability Benefits Commission recommended eliminating the offset for all SBP/DIC survivors, asserting that when military service causes a servicemember's death, the indemnity compensation from the VA should be paid in addition to SBP coverage, not subtracted from it.

Many members of Congress have acknowledged the inequity and cosponsored corrective legislation (H.R. 32 and S. 734) to recognize SBP and DIC are paid for different reasons — a premise MOAA whole-heartedly supports. SBP is a servicemember-purchased annuity (insurance plan), whereas DIC is an indemnity payment to a surviving spouse when military service causes a servicemember's death.

In 2008, Congress clearly acknowledged this inequity by authorizing for SBP/DIC survivors a modest Special Survivor Indemnity Allowance (SSIA) to begin phasing out the offset. In June 2009, Congress took a second step, increasing SSIA monthly payments to \$150 beginning in FY 2014 and rising to \$310 in FY 2017. Unfortunately, barring an additional law change, SSIA authority will expire Oct. 1, 2017, and the payments will stop.

When SSIA was implemented, the accompanying House Armed Services Committee press release stated, "This legislation (SSIA) is the latest step in our continuing effort to eliminate the so-called 'widow's tax,' which has long denied surviving family members the full payment of their Survivor Benefit Plan benefits... this bill does not completely end the offset ... the House Committee ...will continue to explore every opportunity to pursue legislation that brings us closer to eliminating the 'widow's tax'."

No other federal surviving spouses are required to forfeit their federal annuity because military service caused their sponsor's death.

The bottom line: Difficult budgetary times, such as those we are experiencing today, have led to inaction on ending this unfair offset. Fair treatment for survivors of servicemembers who gave their lives for their country must not be a low funding priority. Congress must, at the very least, take steps to extend and improve SSIA with full repeal of the offset remaining the goal.

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- See more at: <http://www.moaa.org/MRAug14BottomLine/#sthash.FO2KXjQR.dpuf>

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Veterans Affairs Information Meetings Between Local Health Facilities, Veterans Service Organizations in PA

By Bob Gray August 2014

Acting Secretary of Veterans Affairs Sloan Gibson met with the leadership of 26 Military and Veterans Service Organizations (MSOs and VSOs) in July to reaffirm his commitment to work together to address the unacceptable, systemic problems in accessing VA healthcare. This directive has been carried through by James McDonald, the new secretary of Veterans Affairs.

MOAA PA Council of Chapters president, Bob Gray, has been contacted to participate in a statewide conference call with the VISN-4 regional office that oversees all of the VA hospitals and clinics in PA as well as West Virginia and Delaware. Veteran's organizations are encouraged to bring up problems and questions so they can be discussed and actions taken to resolve a problem or research changes at their facilities.

If anyone has a veteran complaint or question on VA access or other matters please contact Bob Gray so he can ask the question or provide information that they can follow up on with your local VA. If you want to participate on the call to explain a situation let Bob Gray know. He can contact the VISN-4 POC and let them know you will also be on the call. If you don't relay issues they can not be voiced in these meetings.

Make sure you also contact your local VA facility of the main hospital for a clinic to voice your question or complaint. I was not able to call in for the first conference call but will appoint another MOAA representative if I am not able to take part in September. The minutes from the first teleconference follow.

**VA Healthcare – VISN 4
Monthly Director's VSO Meeting
August 11, 2014**

Minutes

Attendees

Gary Devansky, Interim Network Director, VISN 4
David Cowgill, Communications Manager, VISN 4
Shelley Nulph, Public Affairs Specialist, VISN 4
Horace Brown, President, Vietnam Veterans of America Martinsburg Chapter
Francis Lashinsky, Commander, American Ex-Prisoners of War, Conestoga Chapter

Neil Appleby, President, Blinded Veterans Association

Briefing Information

- Explanation of meeting and purpose of monthly meetings
- Access Update:
(www.va.gov/health/access-audit.asp)
 - 93% of all appointments scheduled in VISN 4 are scheduled within 30 days or less.
 - 89% of those appointments are scheduled within 14 days or less.
 - This is 5% better than the national average for 14 days or less and 3% better than the national average for 30 days or less.
 - The VISN 4 NEAR List has been reduced by 99% since June 9, 2014. That is a reduction of 1,634.
 - The VISN 4 EWL Count has been reduced by 35% since June 9, 2014.
 - Retrospective Wait Time Averages for NEW completed appointments on Primary Care, Specialty

Care, and Mental Health Care are 17, 19, and 11 days.

- The wait time averages are below the national average by 8, 6, and 3 days.

- My HealthVet Update:
 - As of August 4, 2014, I am proud to report that more than 164,000 patients in VISN 4 have registered to use My HealthVet with 67,039 of those patients opting-in to use secure messaging.
(www.myhealth.va.gov)
- Million Veteran Program Update:
 - Two facilities in VISN 4, Pittsburgh and Philadelphia, were selected as MVP enrollment sites. Pittsburgh is celebrating an important milestone – they have enrolled 5,000 Veterans!
(www.research.va.gov/mvp)
- Wheelchair Games Briefing:
 - 34th National Veterans Wheelchair Games being hosted this week in Philadelphia.
(www.va.gov/opa/speceven/wcg/)

Discussions

The VSOs were very positive, complimentary, and appreciative of the call. Mr. Appleby brought up his appreciation for the network's strong association with his organization and specifically mentioned Carla Sivek's and Barb Forsha's support, which resulted in several VISN 4 staff attending the organization's state and national conventions. There was discussion about access, especially occurrences of appointment availability when providers suggest follow-up appointments or rescheduling availability when weather or other urgent issues require cancellation.

Mr. Devansky reviewed the work VISN 4 is doing to improve scheduling, including extended hours, increased staff, non-VA care, and directors' meetings with schedulers. The VSO attendees also offered suggestions for increasing participation at monthly meetings.

Actions Required:

- Mr. Brown mentioned that several Veterans in Martinsburg have felt unable to connect with their primary care doctors.
 - Since Martinsburg is not in VISN 4, Mr. Devansky encouraged him to direct Veterans to contact the patient advocate.
 - We will follow up with Mr. Brown and provide him contact information for the patient advocates at Martinsburg.
- Mr. Lashinsky reported that Lebanon VAMC's kiosk-based, central check-in area is in a very bright (natural light) location and can require some Veterans to walk a long distance.
 - We will task Lebanon with looking into check-in kiosks at each clinic as well as a visual environment evaluation.
- Mr. Lashinsky suggested working with the Million Veteran Program to improve enrollment among rural Veterans.
 - We will reach out to the enrollment coordinators at Pittsburgh and Philadelphia to evaluate suggestion.

Bob Gray has also been invited to attend the Lebanon VA hospital Veterans Advisory Council meeting August 21.

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President Signs Historic Vets Bill

August 7, 2014 MOAA Legislative Update



Retired Navy Vice Adm. Norb Ryan, president of MOAA, participated in a ceremony with service men and women, lawmakers and other military and veterans' group representatives to witness President Obama sign into law historic legislation to overhaul the VA health care system.

[The Veterans Access, Choice, and Accountability Act of 2014 \(H.R.](#)

[3230\)](#) permits veterans who can't be seen within 30 days at a VA hospital or who live more than 40 miles from a VA facility to seek care outside the VA system. Qualifying veterans will be issued a "choice card" for such care.

The \$16.3 billion measure authorizes the hiring of thousands of doctors, nurses and other health professionals at the VA's nearly 1,000 hospitals and outpatient clinics nationwide. Under the new law, employment rules will be revised to make it easier to dismiss senior VA executives judged to be negligent or performing poorly. This legislation also devotes \$10 billion in emergency spending over three years to pay private doctors and other health professionals to care for qualifying veterans who can't get timely appointments at VA hospitals or clinics or who live more than 40 miles from one of them. Moreover, it includes \$5 billion for

hiring more VA doctors, nurses and other medical staff and \$1.3 billion to open 27 new VA clinics across the country.

Other MOAA-backed outcomes in the bill improve GI Bill education benefits. Student veterans and dependents with transferred GI Bill benefits can attend any public college at the in-state tuition rate, even if they are not legal residents of a state. Surviving spouses from the Iraq and Afghanistan conflicts will receive “Fry Scholarship” under the Post-9/11 GI Bill, a benefit that their children already enjoy.

MOAA is pleased that the legislation creates a VA “commission on care” to strategically examine how VA health care can be made more efficient and effective for veterans in the future. The legislation fulfills a MOAA recommendation to the President and Congress to create a high-level, independent commission to examine how the VA health system can be improved after the current access crisis is resolved.

After the President signed the legislation, Vice Adm. Ryan said, “Today's VA bill signing ceremony at Ft. Belvoir was a very good first step in helping the VA get back on the right course. The Congress demonstrated that when they come together in an bipartisan effort, good things can happen for our Nation. MOAA looks forward to working with the new VA Secretary Bob McDonald and his team as they work to assure veterans get the care and benefits they have earned.”

- See more at:

http://www.moaa.org/Main_Menu/Multimedia_and_Press_Room/News_Releases/President_Signs_Historic_Vets%E2%80%99_Care_Bill.html#sthash.PR5gpATc.dpuf

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VA Reform Act Has Catches

By Tom Philpott / Syndicated Columnist

PUBLISHED: Monday, August 11, 2014 at 12:02 am

Veterans reading only headlines, hearing only sound bites, might have a few misconceptions about how Congress and the VA plan to use non-VA health-care providers to ensure more timely and convenient access to care.

A magical-sounding item called a “Veteran’s Choice Card,” for example, won’t be a limitless credit card given qualified veterans to cover whatever health services they receive from whatever physician they use.

And veterans not already enrolled in VA health care won’t gain accelerated access to outside care as promised by the legislation – unless they serve in areas of combat operations within five years of enrollment.

The centerpiece of the Veterans Access, Choice and Accountability Act of 2014 (HR 3230), signed into law by President Barack Obama on Thursday, is a special \$10 billion Veterans Choice Fund. Over the next three years, VA is to use the fund as needed to buy care from non-VA care providers for veterans if they face long waits for VA care – defined initially as more than 30 days — or if they reside more than 40 miles from VA care.

The intent is to eliminate VA patient wait lists that some VA health administrators and staff conspired to hide in recent years, thus compromising the integrity of performance reports and putting patients’ health at risk.

VA leaders and veteran service organizations prefer to attack wait times through improved resourcing. They want VA spending raised to meet actual patient demand from wars in Iraq and Afghanistan, from the expansion of diseases presumed caused by defoliants used in Vietnam, and from higher costs of caring for aging veterans.

HR 3230 also authorizes VA to spend \$5 billion more to expand its own capacity to deliver care, by hiring more medical and support staff and also building and leasing more space.

House-Senate conferees, in shaping the final bill, categorized the choice fund as emergency

money so the \$10 billion gets added to the nation's debt but not to VA budgets. The \$5 billion for more VA-delivered care is to be paid through cuts elsewhere in VA, including executive bonuses and by deferring planned rate cuts for some types of VA home loans.



Sen. Bernie Sanders, I-Vt., right, and Rep. Jeff Miller, R-Fla., head for a news conference on Capitol Hill on July 28. (The Associated Press)

The legislation mandates use of a new Veteran's Choice Card but it isn't a golden key to private-sector care. It will be more like an informational insurance card to be presented to non-VA health-care providers to identify the veteran and to verify eligibility for episodes of care that, sometime earlier, were arranged through and approved by a VA care coordinator.

The administrative challenges ahead for VA in coordinating a vast expansion of private-sector care, monitoring outside care quality and integrating those medical records back into VA health care will be profound. But the bill is said to set aside only \$300 million for these added tasks.

Indeed, in reviewing the new law's requirements, VA officials are weighing whether current Veteran Identification Cards (VICs), which are issued when veterans enroll in VA health care, might be modified to serve as the "choice card" that the new law mandates.

Other details in the reform package will disappoint reformers who seek to fully

"privatize" VA care. The bill is a series of compromises between near-term action to address the patient wait-time scandal and steps to shore up the integrated VA health-care system so prized by many veterans and their service organizations. Here's more on how non-VA care will grow:

ELIGIBILITY. The hurdles to gain easy access to non-VA care go beyond how far veterans reside from a VA clinic or how long their wait for care. To be eligible, veterans must have enrolled in VA health care by Aug. 1, 2014 or, if they enroll later, they must have served on active duty in a theater of combat operations within five years of enrolling.

These restrictions address cost concerns fiscal conservatives had after the Congressional Budget Office projected that up to two million more veterans would drop current health insurance and enroll with VA if given the chance to use current doctors and have VA foot the bill.

NO FIRM 30-DAY GOAL. Architects of HR 3230, Sen. Bernie Sanders, I-Vt., and Rep. Jeff Miller, R-Fla., would like non-VA care offered to any vet who can't get a VA appointment within 30 days. But their legislation allows VA to set a different wait-time goal if they can defend it. What VA finally decides will be part of interim rules for implementing the law, to be published within 90 days of President Obama signing the bill into law.

The bill would require that if VA can't offer a timely appointment then it must inform the veteran electronically or, if the veteran chooses, by mail, and explain that outside care is authorized. Last year, VA spent \$4.8 billion on non-VA health care but half of that involved emergency services.

40 MILES AS CROW FLIES. Veterans who reside more than 40 miles from a VA medical facility or who must travel by air, boat or ferry to access VA care are to be offered non-VA care instead. VA is to use "geodesic distance" or the shortest route between two points on Earth, or, if you like, "as the crow flies." VA's early estimate is that 500,000 vets will qualify.

However, House-Senate conferees in their explanatory report on HR 3230, say they do not intend the 40-mile criteria "to preclude veterans who reside closer" to a VA facility "from accessing care through non-VA providers, particularly if the VA facility ... provides limited services."

So VA will have to clarify in regulation what 40 miles really means.

CHOICE OF PROVIDER. Not all veterans who become eligible for non-VA care will get to choose their outside provider, and not every non-VA care provider will opt to treat veterans through the VA coordinated care program, even if the vets are existing patients.

Issue for physicians will be the level of reimbursement and the timeliness of VA payments.

VA has existing contracts with individual physicians and with pools of private sector providers. Many more such arrangements are expected. But VA cannot pay rates higher than Medicare allows, with exceptions possible if care is delivered in very rural areas.

Timeliness of VA payments to non-VA care providers has been a significant concern for years. The reform bill has language urging VA officials to improve their payment procedures.

To comment, write Military Update, P.O. Box 231111, Centreville, VA, 20120-1111; email milupdate@aol.com; or Twitter to @Military_Update.

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Disarray, data manipulation at Phila. VA, report finds

By Tricia L. Nadolny, Inquirer Staff Writer
POSTED: JULY 15, 2014

Inspectors surveying Philadelphia's Veterans Affairs benefits center in June found two stunning signs of disarray: mail bins brimming with claims dating to 2011 and other benefits that had been paid twice.

More alarming, the team from the VA Office of Inspector General found evidence that staff tasked with managing pensions for the eastern United States were manipulating dates to make old claims appear new, according to a report obtained by The Inquirer.

The findings are the first clear evidence that the city's VA system is not immune from controversies that have plagued other centers and sparked a growing scandal over delayed care and services affecting veterans nationwide.

Two whistle-blowers who work at the Philadelphia Veterans Affairs Regional Office, where the offenses were discovered, described the process the same: "cooking the books."

"They're hiding the real numbers from the people and saying, 'We're catching up to the backlog,' " said Ryan Cease, 31, who has worked at the Germantown facility for about five years. "But they're not. They're just hiding it."

The inspector general's review was released by the House Committee on Veterans Affairs ahead of a Monday night hearing in Washington at which it will be presented.

Separate from the ongoing probe into appointment-setting practices at the VA Medical Center in University City, the report focuses on the VA Regional Office on Wissahickon Avenue, which oversees the administration of benefits to 825,000 veterans in eastern Pennsylvania, southern New Jersey, and Delaware. The site also houses a Pension Management Center, one of three nationwide, that services more than a dozen states and Puerto Rico.

In a statement released jointly, the Philadelphia and national VA offices said they have taken immediate actions to correct the practices in Philadelphia. The national office added that it is conducting on-site reviews at other regional offices where potentially similar issues have been identified.

The Inspector General's Office declined to discuss the review in Philadelphia, saying any public comments will be made at Monday's hearing.

Tip received

The probe at the city's regional office was sparked June 18, when the inspector general received a tip from a whistle-blower, according to the report.

A team visited the site the next day.

There, they found employees were manipulating dates through the misapplication of a May 2013 VA memo that allows claims overlooked in veterans' files to be marked with the date on which they were found, known as the "discovered date."

The clearance - which the VA gave a few months after it laid out an aggressive plan to eliminate its crushing backlog by the end of 2015 - was meant for rare occasions.

But staff at the Philadelphia regional office's Pension Management Center have used the clearance to mark the discovered date on claims that didn't fit the criteria, the inspector general found. The action made claims look as though they were newer than they were, the report said. The inspectors, whose investigation is ongoing, found 30 occurrences on the June visit.

Kristen Ruell, a lawyer and a whistle-blower from the Philadelphia office who is scheduled to testify at Monday's hearing, said the discovered-date loophole is widely used and has been since it was instituted.

She said managers first instructed those processing claims to use the discovered date for claims a year or older. As the 2015 deadline nears, that has changed, and more recently staff members were told to use it on claims as little as six weeks old, she said.

"They basically use this as a free ticket, like the golden ticket, to make their old stuff new," said Ruell, 39, who has worked at the center for about seven years.

When the VA instituted the discovered date in 2013, it said each use had to be accompanied by an explanation and approved by a top administrator, after which notice would be sent to a higher office. In each of the 30 cases found in Philadelphia, explanations were not given. But the center's assistant director still signed off on the change, the report found. Notices were never sent.

In a statement, the VA said the inspector general had discovered "confusion and misapplication" of the policy at the Philadelphia regional office and said that the discovered-date practice has since been suspended nationwide.

Regional offices found to have an unusual number of applications of the policy have been referred to the inspector general for review, and any cases impacted by the lapse will be identified and corrected, the agency said.

Acting VA Secretary Sloan Gibson said any employee found to have "intentionally misused this policy will be held accountable," according to the statement.

Other allegations

The VA Inspector General's Office said its probe also must address other allegations at the Philadelphia regional office. They include:

Staff "cherry picking" easy claims and processing them out of order to inflate performance.

Staff not addressing more than 32,000 electronic inquiries from veterans regarding the status of their claims.

Staff hiding mail.

Staff shredding military and returned mail that couldn't be delivered.

Managers being aware of duplicate payments being made to veterans and directing staff to write off the overpayments.

The agency said the regional office is providing additional guidance and training to address the duplicate payments.

It also said the 68 mail bins of papers dating to 2011 were sorted, and all the documents were found to be associated with completed claims and are now being electronically scanned. The inspector general said the old mail, which included both claims and supporting documents, was of concern because decisions on claims could have been made without all the necessary information.

The VA, in its statement, said the office is also being investigated on allegations that staff members have faced retaliation for speaking with the inspectors.

Ruell said the inspectors visited the site in June after she told a friend and former employee from the center about her concerns, and he notified the inspector general.

It's not the first time Ruell and Cease have gone up against their employer. In 2012, both spoke to the New York Times about finding duplicate records that were leading to duplicate payments.

Ruell said the practice of doctoring claim dates stems from staff being rated on performance through a point system and expected to process claims "perfect and fast."

"It's like a system designed to fail," she said. "So it breeds a lot of issues where people are trying to play tricks to look good for Washington."

As new controversy at the Philadelphia regional office comes to light, details of the ongoing review of the city's VA hospital are still being tightly guarded. The facility, the regional hub for more than 57,000 veterans, and a clinic it runs in Horsham, were flagged to receive added scrutiny in a nationwide VA audit released last month.

That review of 731 sites across the country found some employees have used alternate lists or changed dates to hide delays in service. Administrators at the hospital have said they do not expect willful manipulation of data to be found and suggested faulty bookkeeping might be to blame.

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Tuition Assistance Rules Stiffen

August 8, 2014 MOAA Legislative Update
DoD announced new performance standards for tuition assistance benefits, and also limited covered costs of the benefit.

Under the new rules, servicemembers taking an undergraduate course must achieve at least a C letter grade or

higher in a class, or they will be forced pay back the cost out-of-pocket. Graduate students must achieve at least a B.

Due to the unique challenges of military service, the Pentagon indicated it would grant exceptions to the new rules in extenuating circumstances.

The tuition assistance program will no longer cover the costs for non-tuition education fees. These fees include books, room and board, lab fees, supplies, and more.

The services previously froze the tuition assistance program as they grappled with budget challenges.

Performance standards are designed to lower costs without significantly diluting the benefit. MOAA is concerned, however, that the new restrictions could adversely impact tuition assistance participation rates and the professional development of young servicemembers. - See more at: [http://www.moaa.org/Main_Menu/Take_Action/Top_Issues/Serving in Uniform/Compensation/Tuition Assistance Rules Stiffen.html#sthash.VnmJecIR.dpuf](http://www.moaa.org/Main_Menu/Take_Action/Top_Issues/Serving_in_Uniform/Compensation/Tuition_Assistance_Rules_Stiffen.html#sthash.VnmJecIR.dpuf)

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More Army Pink Slips on the Way

August 8, 2014 MOAA Legislative Update

Less than a month after the [Army informed nearly 1,200 captains](#) they would be involuntarily selected to separate from service (some while in combat zones), the service announced it would soon notify 550 majors they too would be forced out of service.

The Army is resorting to involuntary separations in order to bring its active duty force down from its post-9/11 peak of

570,000 members to 490,000 by October 2015. It will further shrink to 450,000 troops by 2019, and if sequestration isn't alleviated, the Army could contract to as small as 420,000 servicemembers.

The involuntary separations come after the Army already exhausted less draconian drawdown methods such as slowing accessions and offering voluntary separation incentives.

Some of the majors selected will have enough service time to retire, but many others will come up short.

The Guard and Reserve will likely acquire some of the separating captains and majors to fill their needs, while the rest will have less than a year to prepare for transition back into the civilian world.

The Army's Soldier for Life Transition program is working with MOAA to assist in providing transition services for these servicemembers.

As a member benefit, MOAA offers a military-friendly job board, interview preparation tools, and career transition seminars around the country. The career transition team is prepared to assist with military-to-civilian résumé critiques, personalized one-on-one counseling, salary negotiation techniques, and more. To learn more about MOAA's career transition services, visit www.moaa.org/career.

- See more at:

[http://www.moaa.org/Main_Menu/Take Action/Top_Issues/Serving_in_Uniform/Transition/More_Army_Pink_Slips_on_the_Way.html#sthash.FDAOggez.dpuf](http://www.moaa.org/Main_Menu/Take_Action/Top_Issues/Serving_in_Uniform/Transition/More_Army_Pink_Slips_on_the_Way.html#sthash.FDAOggez.dpuf)

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Combat Stress Among Veterans Is Found to Persist Since Vietnam

By [BENEDICT CAREY](#) AUG. 7, 2014 in the New York Times

A study funded by the Department of Veterans Affairs tracked post-traumatic stress disorder among veterans of the Vietnam era.

Most veterans who had persistent post-traumatic stress a decade or more after serving in the Vietnam War have shown surprisingly little improvement since then, and a large percentage have died, a new study finds, updating landmark research that began a generation ago. Members of minorities who enlisted before finishing high school were especially likely to develop such war-related trauma, as were those veterans who had killed multiple times in combat, the study found.

The new analysis, financed by the Department of Veterans Affairs, is part of the first effort to track a large, nationally representative sample of service members through their adult lives, and it is likely to have implications for post-traumatic stress treatment and disability-benefit programs for years to come, the authors said. Both issues have been hotly debated during the drawdown from the wars in Iraq and Afghanistan.

The study, which was to be presented on Friday, confirms that a vast majority of veterans learn to cope. Yet most of those who do not — 11 percent, in the Vietnam sample — could live with traumatic stress for the remainder of their lives. An estimated 13 percent of current active-duty soldiers and 10 percent of Marines have post-traumatic stress disorder, or PTSD, characterized by disabling flashbacks, hyper-arousal and sleep problems, and about 120,000 sought treatment in 2012, according to government figures.

“This study shows us what the road ahead is going to look like,” said an author, Dr.

Charles Marmar, chairman of psychiatry at NYU Langone Medical Center and director of the NYU Cohen Veterans Center. “A significant number of veterans are going to have PTSD for a lifetime unless we do something radically different.” More than 18 percent of those with PTSD had died by retirement age, about twice the percentage of those without the disorder.

Just as its precursor, a study conducted three decades ago, stirred debate about post-traumatic stress, the new research is likely to raise new questions about why war trauma persists in some veterans longer than in others, the effectiveness of current PTSD treatments and whether disability compensation affects motivation to recover.

“We have funded lots of projects to improve PTSD treatment, but this study shows that we need to do better,” said F. Alex Chiu, of the office of research and development in the Department of Veterans Affairs. “We need to understand these chronic sufferers, and it’s going to be a learning process on our side.”

Members of the research team will present the findings in a series of talks at the [American Psychological Association](#) in Washington.

The new report is more than an update or a bookend, experts said: It is also a beginning. “This is a tremendously important effort, tracking the course of war-related trauma from young adulthood past middle age — we have nothing else like this,” said Bruce Dohrenwend, a professor of epidemiology and social sciences at Columbia University who was not involved in the study. “Now, we need to dig in and figure out what these results mean.”

Each war produces its own mental syndrome, whether the partial paralysis known as shell shock after World War I, or the numbed exhaustion that was called combat fatigue after World War II. But it was the first installment of this historic V.A. study — the [National Vietnam Veterans Readjustment Study](#), published in 1992 — that put PTSD on

the map as the signature mental injury of that war, prompting the government to invest heavily in the treatment of traumatized veterans and payment of disability benefits. It also set off a furious debate over the prevalence of the disorder, its definition and appropriate treatment that continues to this day.

That original study, an in-depth survey of 2,348 Vietnam veterans, found that about 30 percent of them had had PTSD at some point in the years since the war. By the late 1980s, when the survey ended, about 15 percent still qualified for the diagnosis, said Dr. Marmar, a principal investigator on both the original study and the follow-up.

Scientists and policy makers have debated those numbers ever since, and critics of the Department of Veterans Affairs have questioned whether the agency’s mental health services accelerate recovery from post-traumatic stress or — in some cases — retard it. The agency’s focus on the disorder can prime people to see the diagnosis as a catchall for any postwar mental problems, these critics say, and to see disability benefits as an incentive to stay sick.

Rick Weidman, executive director for policy and public affairs for the [Vietnam Veterans of America](#), said his group had called on the department to track treatment effectiveness more carefully. But he added that V.A. services had helped many Vietnam veterans, saying, “We know a lot of people who are alive today because of the V.A. medical centers; they may not be getting better, but they’re not offing themselves.”

In the follow-up analysis being presented on Friday, a research team led by Dr. Marmar and William Schlenger of Abt Associates, a research firm based in Cambridge, Mass., tracked down nearly 80 percent of the original group, had them fill out questionnaires and participate in phone interviews. The team used standardized diagnostic tools to assess symptoms and performed intensive, hourslong clinical interviews on 400 of the veterans.

Some of the findings are likely to fuel further debate. Veterans with lifetime, war-related PTSD were heavy users of veterans health services, and two-thirds of them reported discussing mental health issues in those visits in the past six months, compared with 11 percent without the disorder. “Now that is a striking figure, because clearly it doesn’t seem to have done much good,” said Dr. Simon Wessely, director of the Centre for Military Health Research at King’s College London, in an email. “For once, I doubt very much that lack of treatment, or the so-called treatment gap,” is to blame.

Doctors inside and outside the V.A. who treat trauma say that countless patients — including tens of thousands of veterans — have improved in therapy and that the criteria to qualify for a diagnosis has already been tightened in recent decades, partly as a result of the 1992 study.

Other findings are unlikely to be controversial, experts said. Veterans who enlisted before graduating from high school were at especially high risk of developing chronic PTSD, as were those involved in intimate, close-combat killing. Previous studies have found the same.

Hispanics veterans were three times as likely as whites to develop the disorder, and blacks twice as likely. Those ethnic differences had turned up in other studies as well, though the gap was mostly explained by differences in education and combat exposure — minority soldiers and Marines generally had less education upon enlistment and saw more combat, compared to whites. The new report found that minority veterans were at high risk of developing chronic PTSD even after correcting for education and combat.

“We really don’t know the reasons for the difference,” Dr. Marmar said. “That’s something we’re going to have to look at more closely.”

Surprisingly, veterans with lifetime PTSD were no more likely to die of heart disease than those without the disorder. Previous research had found a strong correlation between trauma-related symptoms and heart problems. One reason for the discrepancy might be that the veterans in the study were not yet old enough for heart disease to be a major factor, some experts said; the average age was 66. Another factor might be that those with PTSD were getting continuous cardiovascular care at V.A. facilities, Dr. Marmar said.

The death rates are not a matter of debate. About two in 10 of the veterans who participated in the landmark study at the beginning, in the 1980s, died prematurely, by retirement age. Those with lifetime PTSD were twice as likely to have died than those who did not have the disorder, their lives often claimed by the rough hand of a life on the margins: injuries, accidents, suicide and homicide.

“These are the costs of war, over a lifetime,” Dr. Schlenger said in an interview. “It’s good to have solid empirical data to help us understand how to manage them.”

A version of this article appears in print on August 8, 2014, on page A14 of the New York edition with the headline: Combat Stress Among Veterans Is Found to Persist Since Vietnam.



DFAS Eases Complex Password Rules

August 8, 2014 MOAA Legislative Update

If you were one of the thousands of retirees and survivors who complained to the Defense Finance and Accounting Service about the unreasonably strict password content and expiration requirements the agency imposed last year -- congratulations.

You helped force DFAS to appreciate that its burdensome requirements increased security in only one way: by preventing beneficiaries from accessing DFAS' online services.

The changes come almost a year to the day when [MOAA first petitioned DFAS](#) to adjust its password policy.

Here's a summary of what DFAS agreed to change about the password requirements, effective immediately:

Password Length

New:
9 to 30 characters

Old:
15 to 30 characters

Password Content

New:
No spaces
At least ONE
 uppercase letter
 lowercase letter
 number
 special character of the following
eleven (!,@,#,\$,%,^,*,+,_=)

Old:
No spaces
At least TWO

uppercase letters

lowercase letters

numbers

special characters of the following
eight (!,@,#,\$,%,^,*,+,_=)

Password expiration/change requirement

New:
Every 150 days

Old:
Every 60 days

This is confirmation again that grassroots efforts work when enough people demand change.

- See more at:

http://www.moaa.org/Main_Menu/Take_Action/Top_Issues/Enjoying_Retirement/Compensation/DFAS_Eases_Complex_Password_Rules.html#sthash.NQ4I1auh.dpuf

Chapter News

After months of preparation and two months of calling and talking to numerous national MOAA members in Central Pennsylvania, Past Council President Bill Harris scheduled an organizational meeting in State College to provide more information to MOAA members interested in forming a chapter. The meeting was a success with 26 members attending. This was followed up with a second organizational meeting on August 15th when Officers and Board members were elected and a name for the chapter was approved. Welcome **Central Pennsylvania Chapter**.



The officers of the Central Pennsylvania Chapter take the oath of office administered by PA Council President Bob Gray. The new officers are, from left to right, Vincent Tedesco, Jr. – President, John Conkey - 1st VP, Francis Gatto - 2nd VP, John Diercks – Treasurer and Eric Loop – Secretary.



Central Pennsylvania Chapter Board Members take the oath of office administered by PA Council President Bob Gray. The Board Members are, from left to right, Norm Lathbury, Bob Mitchell, Milt Trask, Ed Tracey, Tom Mira.

The chapter's first general membership meeting is September 4th, 1900 hours at American Legion Post 245 on Science Park Road, State College.

PA Council of Chapters



2014 State Convention

Doubletree Hotel by Hilton

Pittsburgh Meadowlands

Free shuttles to the Meadowlands Casino, Meadowlands Race Track, Tanger Outlets, Trolley rides at PA Trolley Museum and Pittsburgh is 15 minutes away.



<http://www.pa-trolley.org>

Presentations by MOAA Staff,
MOAA Travel and USAA

Speakers: Vadm Norb Ryan Jr.
MOAA President



http://capitolwords.org/date/2002/09/17/S8663-3_tribute-to-vice-admiral-norbert-robert-ryan-jr

and Todd DePastino - writer,
educator and motivational
speaker



<http://veteranvoicesofpittsburgh.com/about/contact/about-todd-depastino>



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GLORIOUS INSULTS

“He has all of the virtues I dislike and none of the vices that I admire.” Winston Churchill



PA COUNCIL OFFICERS 2014-2015 Term

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PA MOAA chapters have 1,894 members and another 10,591 MOAA national members live in PA and are not in chapters. That means our total PA membership is 12,485 and climbing. Thank you for staying involved!

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