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***If Veterans don't help Veterans, who will?***

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## LEGISLATIVE DIVISION UPDATE

**NOTE:** Ian de Planque resigned his position effective June 15. Lou Celli is the interim director.

Both congressional chambers continued consideration of fiscal year (FY) 2017 appropriations measures. The House is now in recess and returns on July 5.

## CONGRESSIONAL UPDATE

### *“Female Veteran Suicide Prevention Act” Passes House, Goes to President*

On June 21, the *Female Veteran Suicide Prevention Act* (**S. 2487/H.R. 2915**) passed by unanimous consent in the House of Representatives and is on its way to the President for signature. Department of Veterans Affairs researchers found women veterans are six times as likely as non-veteran women to commit suicide. Women veterans ages 18-29, many of whom served in Iraq and Afghanistan, are twelve times as likely. Congress acted to address this crisis.

## LEGISLATIVE DIVISION UPDATES

On June 21, Deputy Director Dean Stoline and Assistant Director Jeff Steele attended a meeting regarding the 2017 Defense Policy bill in which Bob Simmons, staff director of the House Armed Services Committee, and Chris Brose, staff director of the Senate Armed Services Committee, discussed their overviews and thoughts of the upcoming 2017 National Defense Authorization Act and the upcoming conference committee which will finalize the legislation. There appears to be many political and policy hurdles that must be resolved at this time and the likelihood of a final bill before election is minimal.

On June 21-23, Assistant Director Matthew Shuman attended the Hire our Heroes Transition Summit at Ft. Gordon, GA. The summit focused on the programs available to the transitioning troops, ending in a Career Fair, which was attended by 70 companies, who desire to employ veterans.

On June 22, Assistant Director Warren Goldstein spoke at a news conference sponsored by Rep. Ryan Costello, (PA) to discuss the passage of the *Veterans Engagement Team (VET) Act*. The *VET Act* would create a program for veterans to receive one-on-one assistance from VA employees to help complete disability and pension claims.

On June 22, Assistant Director Warren Goldstein attended a Senate Committee on Veterans' Affairs (SVAC) hearing entitled *Examining the Progress and Challenges in Modernizing Information Technology at the Department of Veterans Affairs*. The purpose of the hearing was to discuss the progress that VA is making towards modernizing their Information Technology (IT) infrastructure in order to provide high quality care to their enrolled veterans as well as to discuss what progress VA has made with meeting the recommendations made by the Government Accountability Office (GAO) to remove themselves from the IT High Risk List.

On June 22, Assistant Director Warren Goldstein attended a press conference sponsored by Sen. Tom Carper (DE) on the anniversary of the original G.I. Bill to call for the closing the 90/10 loophole. Last year, Senator Carper introduced the [Military and Veterans Education Protection Act](#) to close the loophole that allows for-profit schools to avoid having to secure at least 10 percent of their revenue from non-federal sources.

On June 23, Assistant Director Warren Goldstein attended a House Committee on Veterans' Affairs (HVA) Legislative Hearing in which Louis Celli, Jr. Acting Director of Legislative provided oral and written remarks. The following bills were discussed:

**H.R. 3216:** *Veterans Emergency Treatment Act or the VET Act.*  
The American Legion supports.

**H.R. 4150:** *Department of Veterans Affairs Emergency Medical Staffing Recruitment and Retention Act*  
The American Legion supports.

**H.R. 4764:** *Puppies Assisting Wounded Servicemembers (PAWS) Act of 2016;* The American Legion supports.

**H.R. 5047:** *Protecting Veterans' Educational Choice Act of 2016;* The American Legion supports

**H.R. 5083:** *VA Appeals Modernization Act of 2016;* The American Legion supports.

**H.R. 5162:** *Vet Connect Act of 2016;* The American Legion supports.

**H.R. 5166:** *Working to Integrate Networks Guaranteeing Member Access Now Act or the "WINGMAN Act";* The American Legion opposes.

**H.R. 5392:** *No Veterans Crisis Line Call Should Go Unanswered Act;* The American Legion supports.

**H.R. 5407:** *To amend title 38, United States Code, to direct the Secretary of Labor to prioritize the provision of services to homeless veterans with dependent children in carrying out homeless veterans reintegration programs, and for other purposes;* The American Legion supports.

**H.R. 5416:** *To amend title 38, United States Code, to expand burial benefits for veterans who die while receiving hospital care or medical services under the Veterans Choice Program of the Department of Veterans Affairs, and for other purposes;* The American Legion supports.

**H.R.5420:** *To authorize the American Battle Monuments Commission to acquire, operate, and maintain the Lafayette Escadrille Memorial in Marne-la-Coquette, France;* The American legion supports.

**H.R. 5428:** *To amend the Servicemembers Civil Relief Act to authorize spouses of servicemembers to elect to use the same residences as the servicemembers;* The American Legion does not have a position on the Military Residency Choice Act.

On June 23, Deputy Director Dean Stoline and Assistant Director Warren Goldstein conducted a Congressional Meet and Greet meeting with Shawn Schroeder, Legislative Defense Fellow for Rep. Beto O'Rourke (TX) to discuss issues affecting our nation's veterans

On June 23, Deputy Director Dean Stoline and Assistant Director Warren Goldstein conducted a Congressional Meeting with Jordan Kaye, Legislative Assistant for Rep. Ron DeSantis (FL) to discuss **H.R. 4764**, the *Puppies Assisting Wounded Servicemembers (PAWS) Act of 2016*.

Update on Flag Amendment Bill

On January 7, 2015, **House Joint Resolution (H.J. Res.) 9** was introduced by Rep. Steve Womack (AR). This legislation is a proposed constitutional amendment to protect the American flag from physical desecration. Its text states simply: "*The Congress shall have power to prohibit the physical desecration of the flag of the United States.*" In addition to Rep. Womack and the five original co-sponsors of the House joint resolution there are now a total of **40** cosponsors.

On July 30, 2015, Sen. David Vitter (LA) introduced **Senate Joint Resolution (S.J. Res.) 21**. The Senate measure has **8** cosponsors.

Additional cosponsors continue to be sought for both measures. [A listing of all cosponsors for both flag amendment bills is attached to the end of this report.]

**The American Legion Legislative Division**  
**(202) 861-2700**  
**For Week Ending 06-24-2016**

**HOUSE JOINT RESOLUTION 9**

Rep. Steve Womack (R-AR-3) [Sponsor]  
Rep. Jeff Fortenberry (R-NE-1)  
Rep. Kevin Cramer (R-ND-At Large)  
Rep. Bill Johnson (R-OH-6)  
Rep. David Roe (R-TN-1)  
Rep. Marsha Blackburn (R-TN-7)  
Rep. Walter Jones (R-NC-3)  
Rep. Steve Palazzo (R-MS-4)  
Rep. Scot DesJarlais (R-TN-4)  
Rep. Bob Latta (R-OH-5)  
Rep. Rob Bishop (R-UT-1)  
Rep. Jeff Miller (R-FL-1)  
Rep. Michael Simpson (R-ID-2)  
Rep. Patrick Tiberi (R-OH-12)  
Rep. Ralph Abraham (R-LA-5)  
Rep. Tim Huelskamp (R-KS-1)  
Rep. Frank LoBiondo (R-NJ-2)  
Rep. Daniel Lipinski (D-IL-3)  
Rep. Brad Ashford (D-NE-2)  
Rep. Mark Amodei (R-NV-2)  
Rep. John Kline (R-MN-2)  
Rep. Jason Smith (R-MO-8)  
Rep. David Young (R-IA-3)  
Rep. Adrian Smith (R-NE-3)  
Rep. Joe Wilson (R-SC-2)  
Rep. Steve King (R-IA-4)  
Rep. Charles Boustany (R-LA-3)  
Rep. Brian Babin (R-TX-36)  
Rep. Pete Olson (R-TX-22)  
Rep. John Duncan (R-TN-2)  
Rep. Rodney Frelinghuysen (R-NJ-11)  
Rep. John Fleming (R-LA-4)  
Rep. David Rouzer (R-NC-7)  
Rep. Tom Cole (R-OK-4)  
Rep. Vicky Hartzler (R-MO-4)  
Rep. Bill Flores (R-TX-17)  
Rep. Greg Walden (R-OR-2)  
Rep. Pete Sessions (R-TX-32)  
Rep. Dan Newhouse (R-WA-4)  
Rep. Christopher Smith (R-NJ-4)  
Rep. Daniel Webster (R-FL-10)

**SENATE JOINT RESOLUTION 21**

Sen. David Vitter (R-LA) [Sponsor]  
Sen. Orrin Hatch (R-UT)  
Sen. Lindsey Graham (R-SC)  
Sen. Jeff Sessions (R-AL)  
Sen. Chuck Grassley (R-IA)  
Sen. John Cornyn (R-TX)  
Sen. Dean Heller (R-NV)  
Sen. Deb Fischer (R-NE)  
Sen. Lisa Murkowski (R-AK)

Most recent addition to list of cosponsors in the House.

## **VETERANS AFFAIRS AND REHABILITATION COMMISSION**

### **Health Policy Unit**

Former director of Cleveland VA Medical Center sentenced to nearly five years in prison for taking money from design firm

The former director of the Cleveland and Dayton VA Medical Center was sentenced to 57 months in prison for working as a consultant for and taking money and other things of value from a design firm bidding on VA jobs and sharing confidential information about construction projects while still employed by the VA, law enforcement officials said.

William D. Montague, 63, of Brecksville, previously pleaded guilty to 64 counts, including Hobbs Act conspiracy, conspiracy to commit honest services mail fraud, violating the Hobbs Act, money laundering, multiple counts of wire fraud, mail fraud, disclosing public contract information, and other charges.

Montague has paid approximately \$390,000 in restitution and forfeiture.

“As a Veterans Affairs Medical Center Director, William Montague undertook a responsibility to serve the public but instead he chose to become self-serving accepting bribes and kickbacks in exchange for favorable official actions,” said Stephen D. Anthony, Special Agent in Charge of the Federal Bureau of Investigation’s Cleveland Field Office. “The FBI and our law enforcement partners will continue to aggressively pursue those who abuse the trust we place in public servants to act in the community’s best interest.”

“Our joint investigation with the FBI resulted in the conviction of a former VA Medical Center Director who abused his position by taking bribes and manipulating the government's contracting process for personal gain,” said Gregg Hirstein, Veterans Affairs, Office of Inspector General Special Agent in Charge, Central Field Office. “We are pleased that this sentence reflects the seriousness of the crimes and believe this conviction will serve as a deterrent to others who might consider defrauding the Department of Veterans Affairs and our country's veterans.”

Montague served as director of the Cleveland VA Medical Center from 1995 until February 3, 2010. On March 11, 2011, Montague began working as director of the Dayton VA Medical Center, a position he held through December 17, 2011, according to court documents.

Court documents detail interactions between Montague and a company identified as Business 75, an integrated design firm with offices throughout the United States, including New York, Illinois, Virginia, Missouri, and California. The company performed work for the VA directly and through its participation in joint ventures and other teaming agreements.

Montague, Business 75, and employees of the company conspired to defraud the VA of its right to the honest and faithful service of Montague through bribery and kickbacks and to defraud the VA and other potential VA contractors by means of false and fraudulent pretenses beginning in 2010, according to court documents.

Montague secretly used his position as Dayton VA Medical Center director to enrich himself and his designees (including House of Montague, a financial services company Montague operated) by soliciting and accepting gifts, payments, and other things of value from Business 75 in exchange for favorable official actions. He also solicited money and a consulting contract from Business 75 in exchange for information

related to VA contracts and projects, which would benefit Business 75, Business 75's principal and their designees, according to court documents.

This was done to give Business 75 an advantage in obtaining VA contracts and projects. Montague gave false and misleading information to VA employees about his reasons for requesting VA documents and information, according to court documents.

The case was prosecuted by Assistant United States Attorneys Antoinette T. Bacon and Paul Flannery following an investigation by the FBI and United States Department of Veterans Affairs-Office of Inspector General.

<https://www.justice.gov/usao-ndoh/pr/former-director-cleveland-va-medical-center-sentenced-nearly-five-years-prison-taking>

### **How to build a better VA**

Dr. Richard Stone knows a thing or two about massive reorganizations of government health care systems. As former Director of the Health Care Operations at the Department of Defense, Stone helped oversee the transition from the Military Health System to the new Defense Health Agency, which manages the medical care for the nation's entire military.

Now as the Department of Veterans Affairs' new Principal Deputy Under Secretary for Health, Stone is again in a position of overseeing an organization experiencing massive changes. Stone talked to Senior Reporter Carten Cordell about the challenge of building a health system that can meet the need of the nation's veterans.

You've obviously been part of big government transitions in setting up DHA. Coming into this position, what challenges did you see that made it attractive?

So when I retired from the Department of Defense, we had just finished all the business process, reengineering and the business case analysis that drove the stand-up of the Defense Health Agency. And as we stood up the Defense Health Agency, it was clear to me at that point that very large, complex organizations can move forward in a very systematic manner in driving toward unified processes. Shared services is what we call them. The opportunity here at VA is this is a really very good system from a quality standpoint, but it's highly decentralized in its operation. There are 140 separate operating sites that do a great job, but they're operating independently. Therefore, there is tremendous variance in what we're delivering. And the opportunity here is to really drive toward single standardization. It's what we call the operating company model, moving from this very decentralized to a more centralized approach. Now that doesn't mean there's not creativity and innovation in the workplace, you still have those. You need that in medicine to move forward. But the real opportunity, the real challenge here is can you bring this together as a fully integrated health care system delivering high-quality services and meeting the needs of our veteran population.

The other challenge here is sheer growth. This is one of the few health care systems that's growing amazingly rapidly, partly because of the aging of our veteran population. Our Vietnam veterans are getting older. Because of the war that's been going on for all these years, we've had a tremendous increase, more than two and a half million additional veterans that are now seeking care from us. And those veterans have really complex health care problems. The average veteran who is on disability has nine to 13 disabling conditions. So these are very complex patients, an increasing number of patients, challenging a system.

With VistA, the VA's electronic health records system, what is the challenge of designing it to meet users' needs?

So the VistA system was one of the original, if not the original, electronic medical record. The visionaries back in the 1980s and late 1970s that stood up the VistA system really were ahead of the rest of American medicine and developed this electronic medical records system that really has served us so well for these 40 years. But as you are aware from your own computer, the changes are happening so quickly that we really are beginning to outgrow the VistA system. And it is taking a fair amount of assets to keep that old system running and to really update it to the level we need. It needs to be updated in cybersecurity. It needs to be updated in our ability to schedule appointments for patients.

It's one of the struggles we're having because we do 160,000 patients and visits a day. We have just released, or are actively releasing, the VistA scheduling enhancement or VSE. That enhancement will help our 25,000 schedulers work more efficiently in scheduling veterans' needs. Now there's been lots of discussion upon whether that platform, the VistA platform, could lead us into the future. That's a decision that we have not made yet, but is one that we are taking a very serious look at: What does this look like? What really intrigues us is should medical care be moving to a platform in which we can download apps? And maybe instead of 140 or a thousand different fieldings of a medical record system, we could have an app that is downloaded. Frankly, industry is not there yet. If you look at most of the major vendors of electronic medical records, they're in more of a traditional viewpoint.

We are actively in discussions, strategically here, as well as looking out at industry, trying to see where this is going. And I think within the next few months you'll begin to see some decisions and dialogue occurring. I think some of that dialogue occurred in testimony [on April 14] before the [House Veterans Affairs health subcommittee] where the honorable LaVerne Council actually had some discussion of the fact that we continue to look to try and make the right decision.

Speaking of Ms. Council, she mentioned that VistA had achieved interoperability with DoD's Defense Healthcare Management Systems Modernization (DHMSM) in April, which was a big goal. Given that the information is read-only, but it is shareable, what are the next steps for the development of the two systems?

So look, we need to celebrate just a bit and be very proud of the fact that for the first time in American medicine, we've been able to get major organizations to show their data to each other. And that's to the benefit of our active-duty service members as well as our veterans. As we go through that process, the ability to see each other's data is accelerating at an extraordinary rate. Well over a million records between the two departments have been accessed and people are working through, but that's passive seeing of data. So I can look back at your last five visits in Department of Defense. I can see what was done. It helps me not repeat things, helps me understand what your history is, but it's not live interoperability.

We have a lifetime commitment to our veterans. They move. So whether they're being cared for in Long Island or in Phoenix or San Diego or Florida, our ability to see those records is one of the challenges that we've had, even within our own system. So the next thing we would like to do is you might be traveling in Phoenix and need health care. Wouldn't it be great if you could call your provider or interact, in some manner, with your provider back in Long Island? And they could then interact with the records system in this other site. You ask about what's the next phase of interoperability? It's a live interaction to facilitate health care. It's not just passive viewing. True interoperability means that wherever you're at, you can get care from your provider remotely.

You mentioned the next steps, the Senate appropriations committee just approved funding [on April 13] for services not only related to EHR, but then also telehealth services as well. This is obviously something that's going to be a big benefit in the development of those procedures.



It is because there are areas of the country where we have trouble recruiting various professionals. Let me give you the example of Hepatitis C. Hepatitis C is a highly complex disease to treat, and there's too few hepatitis experts in this country. Therefore our ability to use telemedicine — teleconsultation with a primary care doctor in one part of the country with a Hepatitis expert or another — is something we need to be able to do.

Today we're doing over 2 million telemedicine consultations a year. And so it's an extraordinary advance and brings you the ability that if your optometrist is seeing something in the retina of your eye, the ability to transmit the image of the retina to a retina specialist in another part of the country is the advantage of a system like ours. That we can get you a consultation while you're sitting right in the chair with the optometrist. So tele-ophthalmology, tele-ICU services where we can consult with the various pulmonary and critical care specialists — even when you're in a small hospital remotely — are things that we can do that frankly is one of the reasons I came to the VA. We have the ability to do things that no one else can do.

Dr. Richard Stone talks challenges, opportunities in reforming the VA

Interoperability with the DoD is a big hurdle to have jumped. Is interoperability with private networks the next challenge?

It is and there's a there's a project called the Sequoia Project that has brought hundreds of hospitals together. We today have access to about 25 percent of America's commercial hospitals, and we will raise that to about 50 percent, so that if you get a portion of your care out in the commercial space and a portion of your care inside the VA, [you have] the ability to integrate and see that in real time and not wait for reports.

You know in my 30-plus years of medical practice, I would send somebody to a specialist but then I'd have to wait sometimes weeks to get a report back. Or I would have to get on the phone and call and say, "Well what did you see?" And then it was simply telephonic. There was no lab reports with it and no sort of formal report that I could really work from. The ability to see in real time is something that we have to be able to reach into the commercial space to do. And we think that they'll be a balance between the Department of Defense, our academic partners in the commercial hospitals, the rural hospitals in America as well as our 140 hospitals and 1,000 outpatient clinics.

Can you talk about why the two systems are better than one, and what advantages the VistA system working with DHMSM system provide?

So I can't tell you why they're better than one. And I would say to you that what we try to do is overcome the shortcomings of having one organization going one road and another organization going another. But that's not dissimilar to the fact that we deal with eight or 10 different medical record systems out in the commercial space. And we don't expect there to be a single federal system that everybody has to be on the same.

The [Joint Legacy Viewer], that's what we're able to see all these different record systems in. Commercial space, DoD's system and our VistA system are on a single viewer. Now we're actually enhancing that, we have an advanced system called the [Enterprise Health Management Program] system. And that enhanced viewer will begin to allow us to move to that interaction I talked about earlier. What our thought is is that we'll never bring everybody together in America into a single system. We must overlay that with a viewer that makes it easy for our providers. Our providers happen to be very happy with the VistA system. They've grown up with that, they've been using it. Our schedulers are not so excited. But our ability to use that system is good, but we're trying to overlay it with the type of viewer that we think may be the model for

the rest of America so that it's almost transparent to our providers whatever electronic record system we're on.

Now, the electronic record system from a technical standpoint has to be cyber-secure. It has to operate in the manner that I talked about earlier with our ability to download apps and really move to a platform-based model. But I think if we make it transparent to our providers, we'll continue to improve their satisfaction with using these tools.

Obviously, there's a lot of cooperation between [VA and DoD] and also the Department of Health and Human Services in defining that interoperability and working those pieces together.

There is, but you know this whole entire industry, the health care industry, is a long way from what you and I are used to in like the banking industry. You know, the banking industry agreed on common ways of storing data. So you can now walk into your gas station, walk up to a little portal, and type in a few numbers with your card and actually connect to your bank. So for many of us, we never end up going into a bank anymore because we do it electronically.

Health care in America has not reached the point of even a common patient identifier. And so we're a long way from where some other industries are in common data storage and utilization of data. And as long as you have that, you're going to have to overlay it was something else. Now a lot of people would like to think that DoD and VA will solve all of their problems by being on a common platform. But I said to you earlier that we buy 60,000 visits a day out in the commercial space for the benefit of our veterans. We have to be able to see that data. It won't be overcome even if DoD and we agree, and we may in the future. We have not made that decision yet.

<http://www.federaltimes.com/story/government/management/agency/2016/06/17/how-build-better-va/83558240/>

### **VA won't use its fast-track firing powers anymore**

Veterans Affairs officials will stop using streamlined disciplinary powers to punish senior department executives after another legal challenge to the congressionally backed process, Capitol Hill officials said Friday. The move all but resets VA accountability rules to two years ago, when the expedited removal authority was approved by lawmakers in the wake of the department's wait times scandal.

It also provides new urgency for a series of VA-related accountability bills stalled in Congress, given elected officials' belief that department leaders have not been aggressive enough in dealing with misbehavior and possible criminal activity among VA employees.

Senate Veterans' Affairs Committee Chairman Johnny Isakson, R-Ga., called the department's decision infuriating. "It is outrageous and unconscionable that the VA is choosing to blatantly ignore all of the accountability reforms set in place by the Veterans Choice Act," he said. "Two years ago, veterans were forced to wait far too long for care because of incompetent executives. Since then, we've seen scandal after scandal emerge at the department.

"While some progress has been made to hold bad actors accountable, there is still a long way to go and choosing to ignore these key reforms is a slap in the face to our veterans." VA leaders have long complained about the value of the new disciplinary powers, noting that as written they apply only to a small segment of department employees — senior executives — and create problematic legal questions about appeals.

Only a few individuals have been disciplined under the rules, and the Merit Systems Protection Board has overturned proposed punishment in several other cases.

Earlier this month, U.S. Attorney General Loretta Lynch said the new law speeding up executive firings is unconstitutional because it does not afford those workers proper appeals. The VA decision to dump the entire accountability process passed in 2014 comes as a direct result of that Justice Department stance. Isakson said the announcement should be seen as a call for Congress to act quickly on new legislation. "I am not going to stand by and watch the VA continue to look the other way while another one of its own gets away with egregious misconduct at the expense of veterans' access to quality care and services," he said.

Earlier this year Isakson introduced a sweeping veterans reform measure which includes new disciplinary rules, including a provision to requiring all appeals by executives to be heard by the VA secretary, and not an outside arbiter.

It would also grant other expedited firing and hiring authorities for more VA employees, and shorten the appeals process for every VA worker.

VA leaders have voiced support for the bill. Federal union officials have have objected to the provisions as too harsh, while congressional critics have labeled the plan too lenient. Isakson had hoped to move the measure through his chamber last month, but the legislation has remained stalled.

House lawmakers last summer passed a new VA accountability act along party lines, with revised whistleblower protections and different appeals provisions. That legislation has yet to move in the Senate. VA leaders have repeatedly stated that they take disciplinary issues seriously, but also don't see demotions and dismissals as the only way to improve service throughout the department.

Earlier this year, VA Secretary Bob McDonald told lawmakers that more than 2,600 department employees have been dismissed since he assumed office in August 2014, but lawmakers have questioned whether that figure shows an increase in accountability or normal turnover for the 300,000-plus-person bureaucracy.

[http://www.militarytimes.com/story/veterans/2016/06/17/va-fast-track-firing-powers-dumped/86028320/?utm\\_source=Sailthru&utm\\_medium=email&utm\\_campaign=Military%20EBB%206-20-16&utm\\_term=Editorial%20-%20Military%20-%20Early%20Bird%20Brief](http://www.militarytimes.com/story/veterans/2016/06/17/va-fast-track-firing-powers-dumped/86028320/?utm_source=Sailthru&utm_medium=email&utm_campaign=Military%20EBB%206-20-16&utm_term=Editorial%20-%20Military%20-%20Early%20Bird%20Brief)

### **Abused horses now rehabbed to help veterans with PTSD**

In this June 13, 2016 photo, Dan and Amy Thomas try to calm the two Friesian horses they were picking up at the Connecticut Department of Agriculture's large animal rehabilitation center at the York Correctional Center in Niantic, Conn. The ...more

After losing sight in his right eye from a 2013 rocket attack in Afghanistan, retired U.S. Army Maj. Dan Thomas recovered with help from an equine therapy program at Walter Reed National Military Medical Center.

Hoping to help other veterans, he and his wife traveled from their home in Alabama to Connecticut last week to purchase two massive, jet black carriage horses, animals that were put up for auction by the state after they were seized from a breeder in February as part of an animal abuse investigation and rehabilitated through a state program involving female prison inmates who help with the care.

Thomas said the two Friesian mares, among 32 emaciated and depressed horses taken from the farm, are the perfect animals to help veterans dealing with post-traumatic stress disorder.

"They know what it's like to go through hell and come out the other side," said Thomas, who plans to create a program similar to the one he experienced at the couple's 160-acre ranch in Black, Alabama. The Friesians,

1,400-pound Francisca and 1,000-pound Rosalind, will join seven other horses the couple previously rescued.

Considered a "war horse" in the Middle Ages, Friesians are a highly sought-after breed, recognized for being gentle and intelligent. Thomas knows firsthand that such a demeanor in a horse can be a calming influence for returning combat veterans.

"I've been through lots and lots of things. After being blown up, it's quite a traumatic experience for you. The horses are what works for me. So I know it's out there and works for other people because I've seen it," Thomas said, explaining how there's peace in being around such a powerful creature that could hurt you but doesn't.

In this June 13, 2016 photo, a Friesian horse known as Francisca peeks her nose out of her stall at the Connecticut Department of Agriculture's large animal rehabilitation center at York Correctional Center in Niantic, Conn. She is one of ...more

The 32 horses seized by Connecticut officials in February from the Fairy Tail Equine breeding center in East Hampton have attracted great attention from across the country because of the type of horses involved. The Department of Agriculture received inquiries from as far away as Alaska about the sealed, monthlong auction. Besides Friesians, Andalusian and Gypsy Vanner horses were also seized.

Adam and Tracy Erickson, owners of Skywalker Stables in Jamestown, New York, were visibly thrilled to take home Voruke, another Friesian. The couple has rescued horses from the slaughterhouse, buying the animals from meat buyers at the eleventh-hour. They rehabilitate the horses and find them good homes. Tracy Erickson said she's never come across a Friesian and plans to keep Voruke.

"It's just a wonderful, gentle breed of horse," she said.

Money raised from the state's auction will help offset the cost of caring for the horses, which has exceeded \$100,000, not including staff time. Raymond Connors, supervisor of the department's animal control division, said winning bidders were screened to make sure the animals will go to a suitable place.

As the buyers coaxed their new horses into trailers, Connors remarked how the animals look "1,000 percent better" than the day when they were seized. The owners of the breeding center were arrested on animal cruelty charges. Their case is still pending in court.

Dan Thomas saw photos of Francisca and Rosalind after they were seized.

"I'm just really impressed with what the state of Connecticut has done here because these horses are beautiful now," he said. "It looks like the state of Connecticut has saved some lives."

[http://phys.org/news/2016-06-abused-horses-rehabbed-veterans-ptsd.html?utm\\_source=Sailthru&utm\\_medium=email&utm\\_campaign=Military%20EBB%206-20-16&utm\\_term=Editorial%20-%20Military%20-%20Early%20Bird%20Brief](http://phys.org/news/2016-06-abused-horses-rehabbed-veterans-ptsd.html?utm_source=Sailthru&utm_medium=email&utm_campaign=Military%20EBB%206-20-16&utm_term=Editorial%20-%20Military%20-%20Early%20Bird%20Brief)

### **Facing \$1 Billion in Cost Overruns, VA Hospital Execs Head for the Exits**

Costs overruns at a VA hospital being built in Aurora, Colorado, have former officials in charge heading for the exits, according to the AP.

The medical facility near Denver, which is scheduled to open in early 2018, is now expected to cost \$1.7 billion, about three times its original budget.

One of the officials in charge was about to be dismissed and the other was being investigated, according to the Deputy Secretary of the Veterans Affairs Department, Sloan Gibson, the AP says. But both officials retired before the VA could take any action. Now the VA says everyone involved in the overruns has left the department.

In a deep examination of how the cost of the hospital in Aurora spiraled out of control, *The Denver Post* called it “the biggest construction failure in VA history” and “a national calamity.” Despite repeated red flags and warnings that the project would bust its \$604 million budget (almost twice the initial \$328 million estimate), the Post said, the VA pushed forward with a design that includes a lobby the size of two city blocks and 45 elevators. The paper called the Colorado congressional delegation often “impotent” in making sure the project didn’t run off the rails.

<http://www.thefiscaltimes.com/2016/06/16/Facing-1-Billion-Cost-Overruns-VA-Hospital-Execs-Head-Exits>

VA whistleblower calls out VA Central Office senior leadership. Another VA insider is coming forward with shocking claims about leaders abusing power. Supervisors physically threatening employees and sexual harassment are just some of the allegations against the VA Central Office.

The employee, a U.S. Air Force veteran and information security officer who chose to conceal his identity, took his concerns all the way to the top and yet little to nothing has been done about them. He came to us as a last resort, hoping someone would listen to his multitude of complaints.

"I've had several people come to me, wanting to know what to do, very upset," he said. "They want to do the right thing but they're afraid for their jobs." It has been a recurring theme within the Phoenix VA for years, but this employee said he could no longer sit in silence.

"There's a lot of supervisors that use their positions to intimidate others," he said. Case in point, he says, is his direct supervisor, whom he accuses of threatening him because he recently reported problems and even illegal activities within the facility.

"That's when he grabbed the arm of the chair and he lunged at me and he yelled at me and said, 'I'm your supervisor. I'm telling you it's wrong,' then he ordered me not to report anything without his permission," the whistleblower explained.

The employee says while some didn't acknowledge the incident, others, including a VA Central Office senior leader, blamed the supervisor's alleged behavior on stress. He also said the supervisor in question and others continue to belittle and intimidate staff.

"I have had it put in writing to me that I am not to cooperate with investigators, specifically congressional investigators," he said. "My personal belief is that they don't want their dirty laundry exposed." There was no response from the VA Central Office for comment on his claims.

The employee commended the current director of the Phoenix VA, Deborah Amdur, and said she addresses problems immediately, but unfortunately she has no control over VA Central Office operations.

<http://www.azfamily.com/story/32232547/va-whistleblower-calls-out-vva-central-office-senior-leadership>

**VA director breaks silence on hospital issues**

For weeks now we have been talking to whistleblowers and investigating problem after problem from inside the troubled Phoenix VA. Now, the medical director, Deborah Amdur, is addressing the claims we've uncovered. She said things are getting better little by little. She also said she has become aware of specific issues, in part because of my reports, and is taking immediate action.

"I have nothing to hide here," Amdur told me during a candid sit-down interview Friday. "If we have an issue, I want to know." Amdur said she takes the sacred trust of veterans very seriously.

For months, I've been reporting on long wait times, alleged medical mismanagement and concern about the cares our veterans are -- or are not -- receiving. My sources were not only veterans but insiders at the Phoenix VA, as well. "As you say, staff did not feel comfortable bringing forward these issues, and, in fact, they are very fearful that there might be some punishment if they did so," Amdur acknowledged. "I worked very, very hard to reverse that."

She said transparency is a top priority, not only for the veterans she serves but also for the employees who initially came forward to me, trusting me with critical information that led her to take immediate action.

"Since hearing that story [about the Veteran Choice Program], we did a very careful review of the processes.

I have a team working overtime and on this weekend to make sure that all of those veterans get on the Choice list," Amdur said. She also said she has ensured the hospital has 24/7 mental health coverage and is currently recruiting more social workers and psychiatrists.

While she said things are improving, it's going to take time patience.

"We are working very hard to ensure that every veteran connected to this health care system has a positive experience," Amdur, who took over the troubled hospital in December 2015, said. "We have work to do. There's no question about that, but I have a very dedicated staff who are veterans themselves, and I feel are all poised to continue our forward movement."

<http://www.azfamily.com/story/31680641/va-director-breaks-silence-on-hospital-issues?autostart=true>

### **How one injured veteran traded opiate painkillers for medical marijuana**

Stephen Mandile spent 10 years on a host of pills after he was injured in Iraq in 2005. Now, he uses medical marijuana to treat his pain and wants to help other vets get the same opportunity. Stephen Mandile, 37, holds a fentanyl patch -- an opiate painkiller 50 times more potent than heroin -- that he was prescribed by his Veterans Administration doctor. Stephen Mandile, 37, holds a fentanyl patch -- an opiate painkiller 50 times more potent than heroin -- that he was prescribed by his Veterans Affairs doctor. He prefers to use medical marijuana to help his pain, but the VA won't cover cannabis.

One snowy day this past winter, Stephen Mandile did what lots of other homeowners did and snow-blowed his driveway. Unlike most people, he was thrilled. Ten years after Mandile was injured in Iraq and three months after stopping his opiate painkiller regimen for chronic spine pain and nerve damage, the father of two from Uxbridge felt like himself again. Clearing his driveway himself was just the latest milestone in his journey. He says he has medical marijuana to thank for it. Mandile, 37, was among the first in line when the state's first dispensary opened up last June, buying cannabis to replace a regimen of powerful painkillers. Over the past 10 years he was on various opiates — morphine and percocet, then fentanyl and oxycodone — plus a host of other medications to help him sleep and combat the side effects.

He considered himself an addict, his dealer the Veterans Affairs doctors. "I never thought I was doing the wrong thing, because I was doing what the doctors told me to do," he said.

His pain was still unbearable, though. And mentally, he was worse. He spent his nights awake, unable to sleep, his mind racing. He spent days counting hours until he could put on his next fentanyl patch, counting pills to make sure he could make it through the day.

Mandile would look at maps and note where the most remote ponds and lakes were, picking out where he'd sink into the water and kill himself. After he swallowed a handful of percocets in 2014, his wife demanded a change. "She's the one who told me, 'You have to try something else. You have to try something that's not going to kill you,'" he recalled. The switch for Mandile and other veterans isn't an easy path. For one, his VA doctor couldn't prescribe him marijuana, but just help him safely taper off the opiates. And the cost can be prohibitive. An ounce of marijuana at a dispensary runs about \$400; Mandile needed to smoke, vaporize or eat about two ounces a week for daytime pain and to help eke out four hours of sleep a night. That's nearly all his monthly benefits, he said.

Fentanyl, oxycodone and percocets, though, come free with his veterans' health benefits. The local cannabis community has pitched in to donate marijuana — likely illegally, Mandile acknowledges — but it's not a permanent fix. That's why Mandile wants to see more help for veterans struggling with opiate addiction, starting with discounted or free medicinal cannabis. Eventually, he'd like to see the state open a location for alternative healing, where marijuana could be grown, packaged and given to veterans, along with opportunities for other therapeutic activities.

Stephen Mandile stands outside of the Massachusetts State House, hoping for a meeting with Gov. Charlie Baker to talk about making medical marijuana more accessible to injured veterans. Stephen Mandile stands outside of the Massachusetts State House, hoping for a meeting with Gov. Charlie Baker to talk about making medical marijuana more accessible to injured veteran.

Mandile's journey stands in contrast to the argument many make against legalizing pot. Gov. Charlie Baker, in announcing an anti-legalization campaign with Boston Mayor Marty Walsh and House Speaker Robert DeLeo in April, said making marijuana legal threatens to "reverse our progress combating the growing opioid epidemic."

The Mass. Medical Society agrees, with the association's most recent president saying that "we are battling an epidemic of prescription drug and opioid abuse that is already disrupting and destroying too many lives." Mandile doesn't buy that argument. For him, marijuana wasn't a gateway drug — it was a getaway drug. "Medical marijuana, which is not toxic, doesn't kill anybody, is supposed to be this dangerous gateway drug into a life of addiction," he said. "Here I am ... I used it as an exit drug."

Not all politicians are as fearful of cannabis' dangers. Earlier this year, Sen. Elizabeth Warren asked the Centers for Disease Control and Prevention to study whether legal marijuana could help the opioid epidemic — specifically as an alternative to opioids for pain treatment. Other states, like Maine and Ohio, are pursuing the idea. Advocates of greater cannabis access point to studies showing positive effects on the opiate crisis. One study, published in the Journal of the American Medical Association, found that states with medical marijuana laws had a 25 percent lower fatal overdose rate than states that didn't. And a study released earlier this year in Michigan found that pain patients using medical marijuana saw 64 percent drop in their use of opiates for pain relief.

Their quality of life increased, too, the study found, something Mandile said he's felt since October, when he tapered off the last of his opiates. For the first time, his daughters, ages 2 and 4, are seeing what their dad looks like without unbearable pain.

He's stepping up his activism, too. Earlier this year, he formed Veterans Alternative Healing, a non-profit working to find non-opiate ways for veterans to manage their pain. In May, he spent a week outside the

State House, holding homemade signs reading, "OPIATES KILL. MMJ HELPS," all day and sleeping in his car at night. He wanted a meeting with Gov. Charlie Baker, to talk about what can be done to help stop the cycle of pain, addiction and death among veterans. In a statement, a spokesperson for Gov. Baker pointed to the work the administration has done to fix the broken medical marijuana system and help veterans obtain benefits through the state SAVE program.

"Through the Department of Veterans Services, the Commonwealth offers numerous programs and benefits, including access to the SAVE Program, and will continue to work with our federal partners to provide quality health care and services for our veterans and their families," communications director Lizzy Guyton said in a statement.

Last week, Mandile was back outside the State House, again asking for a meeting with Baker after meeting the previous week with members of the Executive Office of Public Safety. In his pocket was a fentanyl patch. The same drug that state and local officials are blaming for a rash of overdoses and famously killed the singer Prince in April. The synthetic opiate is 50 times more powerful than heroin. Mandile had picked up the fentanyl the day before at the VA at no cost. He said he wanted to show Baker and other state officials how easy it is to get a drug that could kill him. A drug so dangerous, it could kill his kids if they touched the tiny patch.

"Doctor's orders," he said, as he stuck the postage-stamp size square to his arm in the shadow of the State House. "I'm doing what the doctor said to do." He hopes eventually, it'll be as easy and cheap to get the drug that really helps. Stephen Mandile, 37, stands outside the Massachusetts State House, hoping for a meeting with Gov. Charlie Baker. He says he used medical marijuana to get off a litany of opiate painkillers after he was injured in Iraq 10 years ago. Stephen Mandile, 37, stands outside the Massachusetts State House, hoping for a meeting with Gov. Charlie Baker. He says he used medical marijuana to get off a litany of opiate painkillers after he was injured in Iraq 10 years ago.

<https://www.boston.com/news/local-news/2016/06/15/one-injured-veteran-traded-opiate-painkillers-medical-marijuana>

## **Claims Unit**

Government Accountability Office Teleconference:

Zachary Hearn participated in a teleconference with representatives from the Government Accountability Office (GAO) on June 15, 2016. GAO requested input from veterans service organizations (VSOs) regarding the appeals modernization effort, and the development of the plan. The American Legion previously testified regarding the appeals modernization plan to the Senate Committee on Veterans' Affairs supporting the passage of the bill to implement the plan.

Notification Improvement Meeting:

Matt Labozzetta participated in the notification improvement meeting on June 16, 2016 with representatives from the Veterans Benefits Administration (VBA). During discussion of modernizing the appeals process, VSOs were adamant that VA must improve its decision letters pertaining to VA disability claims to ensure that veterans understand the decision letters.

Disability Assistance and Memorial Affairs Subcommittee:

Zachary Hearn and Matt Labozzetta attended a hearing on June 15, 2016, held by the Disability Assistance and Memorial Affairs (DAMA) Subcommittee. The purpose of the hearing was discuss a recent VA Office of Inspector General finding that some VA regional offices were improperly shredding documents prior to



scanning into VA's Veterans Benefits Management System. Beth McCoy, Deputy Under Secretary for the Office of Field Operations, assured DAMA members that efforts and training have been taken to ensure that similar events do not occur in the future.

Veterans Benefits Subcommittee:

Zachary Hearn conducted a teleconference with the following individuals regarding the Veterans Benefits Subcommittee:

Ralph Bozella, Chairman, Veterans Affairs and Rehabilitation Commission  
William Smith, Chairman, Veterans Benefits Committee  
Pat Rourke, Vice-Chairman, Veterans Benefits Committee

Below are the topics discussed:

*Appeals Reform update*

House Committee on Veterans' Affairs testimony will be delivered on June 23, 2016 by Lou Celli  
Senate Veterans Affairs Committee hearing occurred in May 2016  
Continual meetings with VA regarding implementation  
GAO meeting on June 15<sup>th</sup> to discuss various efforts to reform the appeals process

*DSO School (July 28-30)*

Invitations have been mailed and RSVPs for the guest speakers has been made:  
Ron Quade, Director of Veterans Service, Minnesota Department of Veterans Affairs  
Anthony Camilli, CFPB  
Representative from the BCMR  
NVLSP and Ann-Marie Gordon, M.D. will present  
Two tracks

*ROAR*

Boston  
Portland  
St. Paul (July 2016)

*National Work Queue*

Near full implementation  
Only original claims are impacted. NWQ will begin implementing appeals at a later date

*National Convention*

Screening Committee  
Resolution renewals  
New resolutions  
Speakers (VA&R Commission and Veterans Benefits Subcommittee)

**Military Evaluation Board/Physical Evaluation Board (MEB/PEB)**

DoD Boards:

For the week of 20 June the DoD Boards section submitted three applications (DD Form 293) to the Discharge Upgrade Board, two applications (DD Form 149) to the Board for Correction of Military Records on behalf of applicants we are actively assisting. An additional 24 applicants contacted the office requesting information on the application process, assistance was provided by answering their questions and providing

the appropriate applications and instructions on filing. On Monday June 20<sup>th</sup>, Gerardo Avila attended the VA Disability Advisory Committee at VA Central Office with Matt Labozzeta.

#### **Integrated Disability Evaluation System (IDES):**

Suzanne Fagan, IDES representative at Joint Base Lewis McChord, WA briefed four Service members on the IDES process, submitted one written rebuttal on behalf of a client, and assisted 15 service members by answering questions on the Medical Boards and VA disability benefits.

#### **Board of Veterans Appeals Unit (BVA)**

During the week ending June 17, 2016 the Board of Veterans' Appeals reached dispositions on **285** American Legion represented appeals. Of those dispositions **73.0%** of the denials were overturned with outcomes favorable to the veteran. In **79** cases, the Board granted benefits outright after considering The American Legion's arguments. In **129** cases, The American Legion was able to point out errors in the development of the veteran's claims which mandated corrective action under the law. Of the total number of dispositions, **75 (26.3%)** were outright denials.

Also during this period, the American Legion Appeals Unit reviewed, prepared written Informal Hearing Presentations (IHP), and/or orally argued **226** veteran's appeals. These claims included originals, remands, as well as specialty cases (Advance on Docket, Independent Medical Opinions, Court Remands, etc.). The unit handled telephone inquiries and provided consultations with veterans, VSO's, and Congressional Offices. The administrative team fielded 189 phone inquiries during this period. The appeals representatives conducted two (2) Central Office Hearings during the week.

#### **Insurance, Pension and Debt Management**

The VA&R VA Insurance unit began review and processing of 70 applications for new insurance coverage for veterans in the Service-Disabled insurance program, along with 43 disability and settlement claims on other veteran's VA policies. Further case development included 19 phone calls with veterans, family members and VSOs, 53 further insurance inquiries or transactions, and 36 veteran insureds were contacted by mail on their policies, insurance options and action deadlines. There were also 28 direct contacts with VA personnel in regards to correcting or having additional actions taken on veteran's accounts.

The Philadelphia VA&R Pension unit processed 14 new claims for Veterans or Death pensions, along with reviewing and preparing 439 case actions for support of on-going pension benefits. Casework included processing 155 additional transactions and case inquiries to VA, and 24 phone contacts with claimants and VSOs with 5 personal contacts.

The VA&R Pension offices in St. Paul and Milwaukee processed 129 new claims for Veteran's pensions and Death pensions, and presented supporting casework material on 87 claims already in progress, while also processing 177 inquiries and pension transactions, and 301 rating review audits. Phone contacts with claimants and VSOs amounted to 193 calls and e-mail contacts, 2 Appeals, and 235 items of outgoing correspondence for the week ending June 22, 2016.

#### **Benefits Delivered at Discharge (BDD)**

The Western BDD Office reviewed 15 claims with 197 issues. Each claim required reviewing the rating, C&P examination, and Service Treatment Records. Additional research was required on some cases. The BDD office also received 9 phone calls from Veterans and Department Service Officers throughout the

country requesting the status of claims or had questions concerning a rating. The office provided an update to the status of the claim or provided options concerning the rating. One Veteran visited the office. The office received and reviewed 27 pieces of VA correspondence.

**Louis J. Celli Jr., Director**  
**Veterans Affairs and Rehabilitation (VA&R) Division**  
**(202) 263-2983**  
**Week Ending 6/24/2016**

## NATIONAL VETERANS EMPLOYMENT & EDUCATION COMMISSION

### TOPIC 1: ECONOMY

Financial markets were plunged into major turmoil Friday after Britain's stunning decision to [leave the European Union](#), sending the British pound to one of its largest single-day losses and touching off sweeping stock sell-offs on Wall Street and around the world. The major U.S. stock indexes got pummeled as soon as trading floors opened. The Dow Jones Industrial Average dropped more than 500 points in the first few minutes of trading, losing nearly 3 percent. The Standard & Poor's 500-stock index was down 58 points, or 2.8 percent. The tech-heavy Nasdaq slid 169 points, or 3.4 percent. The huge losses were part of a domino-style panic - first Asian markets diving and then spreading to Europe and Wall Street - that was widely seen as just the opening blast in what could be months or longer of upheaval as traders and investors assess the fallout from Britain's E.U. break.

Economists warned that the decision significantly raised the risk of another global recession. Some economists believe that the instability in Europe is going to have worldwide repercussions, especially at a time when growth around the world is so low. International economic policymakers released a joint statement warning that financial volatility could have "adverse implications for financial and economic stability." Major central banks said they were working together to ensure markets could continue to function smoothly. "We affirm our assessment that the U.K. economy and financial sector remain resilient and are confident that the U.K. authorities are well-positioned to address the consequences of the referendum outcome," read the statement from G-7 finance ministers and central bankers.

Among the immediate shock waves are the deep uncertainties injected into stock and currency markets in a whiplash effect after Wall Street and other exchanges rose in recent days on confidence that Britain would remain in the 28-nation bloc. The wider questions, which could reverberate through markets for the rest of the year and beyond, include potential blows to both the British and E.U. economies as the relationship begins to unravel, and how it all could ripple through a global economy facing other challenges such as low oil prices and a slowing Chinese economy. London's FTSE 100 exchange nose-dived in the first minutes of trading and then clawed back some ground. Other big losers included the main stock indexes in France and Germany, which was bottoming out in ranges near its worst one-day drop.

Clem Miller, a portfolio manager at U.S.-based Wilmington Trust, said investors were caught off-guard by public opinion polls that showed Britain would likely remain in European Union. "Financial markets react to unexpected but also high magnitude events," he said from London. "This is a high magnitude event for financial markets." The pound, meanwhile, slid more than 10 percent over six hours on fears that Britain's E.U. exit — known popularly as Brexit — will spur global financial instability. The pound was now worth less relative to the U.S. dollar at any point since 1985. In London, Prime Minister David Cameron - a leading voice to remain in the European

Union - said he would step down because of the result. But even as he gave a timetable for his own exit by the fall, he sought to offer immediate reassurances to worried markets, calling Britain's economy "fundamentally sound" and saying there would be no immediate changes in the status of immigrants in the country.

Mark Carney, governor of the Bank of England, also moved quickly to assure investors. "We've taken all the necessary steps to prepare for today's events," he told reporters. Carney added that British banks have been stress-tested "against scenarios more severe than the country currently faces." A similar message was issued by the European Central Bank chief, Mario Draghi, who said the institution was "ready for all contingencies" to help calm market anxiety, including pumping additional funds into the region's banking system. In Asia, stocks suffered across-the-board losses. Tokyo's Nikkei closed down 7.9 percent, and Hong Kong's Hang Seng index tumbled 2.9 percent. The Chinese yuan dropped to its lowest level since 2011. "We are extremely worried about the risks to the global economy as well as financial and foreign exchange markets," Japan's finance minister, Taro Aso, told reporters.

Angus Nicholson, a Sydney-based market analyst for IG.com, summed up the historic ramifications of the vote as changing "the calculus of global markets." In the run-up to the referendum, many economists predicted that a "leave" vote would be a direct hit to trade and investments in Britain, including with the United States as one of the country's biggest investors. Many American firms use London as a gateway to trade with the rest of the European Union. The International Monetary Fund, meanwhile, predicted that, in a worst-case scenario, a "leave" vote could reduce economic growth by up to 5.6 percent. The predictions of global economic strains were reflected in oil prices, which dropped below \$50 a barrel for U.S. benchmark crude.

"The vote to leave the European Union is bad news for the U.K. economy, certainly in the near- and medium-term," wrote Howard Archer, a senior economist at IHS Global Insight. "Major economic and political uncertainty will be a fact of life for some considerable time." Some analysts even began speculating that the U.S. central bank would have to cut interest rates, just six months after raising them for the first time since the recession amid hopes that the recovery had solidified. Beyond the immediate turmoil in financial markets, economists said impact of Britain's decision could take years to trickle through the rest of the global economy. Analysts at Morgan Stanley estimated the vote will reduce U.S. growth by 0.6 percent over the course of 2017.

**HOUSEHOLD****DATA****Table A-5. Employment status of the civilian population 18 years and over by veteran status, period of service, and sex, not seasonally adjusted**

[Numbers in thousands]

Employment status, veteran status, and period of service	Total		Men		Women	
	MAY 2015	MAY 2016	MAY 2015	MAY 2016	MAY 2015	MAY 2016
Gulf War-era II veterans						
Unemployed	160	125	132	105	28	20
Unemployment rate	5.4	4.0	5.3	4.0	6.3	4.0

*National unemployment rate is 4.7 percent (May 2016). Gulf War II veterans unemployment rate is 4 percent.<sup>1</sup> Currently, the unemployment rate for Gulf War II women veterans is 4 percent (down from 5.1 percent in April).*

**TOPIC 2: MEETINGS**

*On Monday, June 20*, the National Veterans Employment & Education Division held a conference call with the Department of Kentucky regarding an upcoming Career Fair in August. Additionally, staff reached out to the Yellow Ribbon Reintegration Program coordinator in Florida, in respect to their upcoming Yellow Ribbon Program being held at the Baltimore Raven Stadium in July. This program is a DOD-wide effort to promote the well-being of National Guard and Reserve members, their families and communities, by connecting them with resources throughout the deployment cycle.

*On Tuesday, June 21 – Thursday June 24*, the National Veterans Employment & Education Division attended a board member meeting of the Coalition for Veteran Owned Business (CVOB) that was collocated with the Women's Business Enterprise National Council (WBENC) Conference held in Orlando, FL. There, the heads of many Fortune 100 businesses and banking institutions discussed the future of the CVOB and what they need from the Coalition when it comes to their supplier diversity programs. The WBENC Conference had a comprehensive schedule aimed at linking business owners with business development, management and healthcare resources.

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<sup>1</sup> U.S. Department of Labor. *Economic News Release: Employment Situation Summary, November 2015.*

***On Tuesday, June 21 – Thursday, June 24***, the National Veterans Employment & Education Division attended the Transition Assistance Program (TAP) at Joint Base Andrews in Maryland. This program was developed by DOD in coordination with VA and other partnering agencies to provide comprehensive services to our nation's service members to transition to work, life, and home after the military. Our staff is monitoring TAP to see if the revamped program is delivering service members with the necessary tools and information they need in order for them to successfully transition into the civilian workforce.

***On Thursday, June 23***, the National Veterans Employment & Education Division attended the U.S. Army's MSO/VSO and Non Federal Entity (NFE) Conference at the Pentagon. The Department of Army officials discussed readiness and transition issues regarding the Army, particularly the Army Reserve. Budget, Readiness, Sexual Assault, Suicide, Healthcare, and Transition into civilian workforce were topics at the conference. Speakers included: Andy Napoli, Assistant for BRAC, U.S. Army; Diane Randon, Deputy Assistant Chief of Staff for Installation Management, U.S. Army; MG Michael Smith, Acting Chief Army Reserve, U.S. Army; Colonel Sam Cook, USAR Strategic and Equipping Division, U.S. Army; Barbara Ryan, Health Strategist & Lead Communications, Education & Training, Office of the Surgeon General; and Colonel David Doherty, Chief Community Relations and Outreach Division, U.S. Army.

***On Friday, June 24***, the National Veterans Employment & Education Division participated in the VSO meeting hosted by the Department of Labor's Veterans' Employment and Training Service (DOL-VETS). The discussion centered on the new changes made to the website – veterans.gov. In addition, DOL-VETS discussed the VA's new initiative "My VA Communities, Putting Veterans First" and its impact on veterans getting connected to them for training/employment opportunities.

### **TOPIC 3: SMALL BUSINESS**

Last week's Supreme Court [decision](#) will significantly impact the way the Department of Veterans Affairs purchases from FSS multiple award schedules. In *Kingdomware Technologies v. US*, the Court unanimously held that a statutory preference, commonly known as the [Veterans First Program](#), requires that the VA must follow the "Rule of Two" for all purchases, unless two narrow exceptions apply.

The "Rule of Two" requires the VA to restrict procurements to small businesses concerns owned and controlled by veterans if the contracting officer has a reasonable expectation that two or more such small business will submit offers and that the award can be made at a fair and reasonable price that offers the best value to the Government. The statute includes two exception to the "Rule of Two," both of which relate to circumstances permitting sole source awards to veteran-owned companies.

The VA has long taken the position that the “Rule of Two” is inapplicable to purchases under the GSA schedule program. Last week, the Supreme Court settled the issue and held that the VA must apply the “Rule of Two” to all purchases, even those made under the FSS program. VA contractors that are not veteran-owned should expect to see additional competition from veteran-owned and controlled contractors in the future. The American Legion will be submitting testimony to the Senate Small Business Committee on this matter.

#### **TOPIC 4: EMPLOYMENT**

Senate lawmakers and even the Defense Department have picked a fight with a group they usually go out of their way not to offend: the nation's veterans. The American Legion came out strong against a Senate bill that would make veterans' preference in federal job hiring a one-time benefit, meaning the veteran only gets to use it once. The Legion slammed the change in the harshest terms, accusing the Defense Department -- which included the change in the National Defense Authorization Act -- of betraying the men and women who had served in uniform. "One would think the agency that produces veterans and service-disabled veterans would have the additional moral obligation to uphold the institution of Veterans' Preference," Legion National Commander Dale Barnett said in letters to senators and representatives. "Instead, the [DoD] turned their backs on their former employees."

Under current law, veterans may use the preference in the federal job market whenever they apply for a job or promotion. The argument has long been that the years they spent away in uniform put them at a disadvantage to peers who entered federal service early on. According to a June 17 report in The Washington Post, a senior Pentagon official went to Senator John McCain (AZ), asking for the change. The argument made to McCain is that the benefit results in too many qualified non-veterans losing jobs to unqualified veterans.

This is not the first time that veterans' preference has been threatened. In 2014, the Merit Systems Protection Board released a report claiming that veterans' preference was spurring resentment among non-veterans in the federal workforce and also decreased job opportunities for women applying for jobs. To which The American Legion's National Commander at the time, Mike Helm challenged MSPB by stating, "To any civilian workers who have problems with veterans' preference, The American Legion's message is simple: Become a veteran...Those who have served in uniform have earned such preference." Helm also pointed out that there are now more female veterans who were hired.

#### **TOPIC 5: VETERAN HOMELESSNESS**

A sign of the changing attitudes toward homelessness in Washington's suburbs lies inside a just-built, \$4.5 million center in Fairfax City that, four years ago, might have been reviled instead of embraced by leaders in the Northern Virginia community. The new Lamb Center, which will celebrate a grand opening Sunday, offers private showers, healthcare, laundry service and a large pantry stocked with donated pasta, cereal and canned goods. A dental suite will open soon. Most of all, since beginning operations recently, it gives roughly 100 homeless people per day a sense of belonging in an affluent suburb where elected officials once fought to push out the 23-year-old



nonprofit organization. "Our relationship with the city now is like night and day," John MacPherson, the center's executive director, said while standing recently inside the center's packed lunchroom.

The Fairfax City Council, which earlier this year unanimously approved the rezoning application to convert a former auto upholstery facility into the center for the homeless, "has been nothing but supportive," MacPherson said. That wasn't the case before Fairfax City lost a battle at Virginia's Supreme Court against the Lamb Center in 2012. Founded by a coalition of churches as a small counseling service, the Lamb Center had expanded by 2008 as homelessness spread in Northern Virginia. The number of people served each day doubled from an average of about 55 to more than 100. Before long, the center was offering meals and hot showers inside its cramped home, on the edge of a strip mall where Lee Highway and Fairfax Boulevard meet.

Local business owners and residents complained about people loitering. Under then - Mayor Robert Lederer, city leaders fined the Lamb Center for zoning-code violations, triggering a legal dispute. City officials also moved to find a new home for the organization outside the city, going as far as an offer to purchase the land, which residents in nearby Fairfax County opposed. In 2011, the city passed a zoning ordinance that prohibits organizations serving the homeless from being within 1,000 feet of a grocery store or other retail outlet that sells alcohol. The following year, the state Supreme Court ruled that the Lamb Center had the right to offer meals and showers. By then, Lederer had been succeeded in office by R. Scott Silverthorne. The new mayor, who won a third term last month, brokered an agreement to move the Lamb Center to a new building less than a quarter-mile away from its old home. "I didn't believe that confrontation or disagreement with the Lamb Center was getting the city anywhere, and the Supreme Court ruling confirmed my feelings," Silverthorne said. "I approached them and said, 'Let's put our collective heads together and find a better location.' "

Fairfax leaders now describe the center as a necessary part of the future for the city of 24,000 residents. Arlington County last year opened a similar facility that also includes shelter beds. "There are homeless persons in the city of Fairfax and the surrounding area, and that's a fact of life," said City Council member David Meyer, who for years was the Lamb Center's sole supporter on the council. "But the constituency of the center is not just the city of Fairfax. It is truly regional." On any given day, there are about 1,060 homeless people in the area that includes Fairfax County and Fairfax City, according to the county's most recent annual census. That number is down from about 1,835 in 2008, said Dean Klein, who heads Fairfax County's Office to Prevent and End Homelessness.

Increasingly, homeless people in the area are over 50 and work low-wage jobs, Klein said. Many have camped out in wooded areas for years and in some cases have lost their campsites as new subdivisions or commercial strips are built. Among younger homeless men, the number of veterans of the wars in Afghanistan and Iraq remains a problem, despite a nationwide effort launched in 2010 to find them housing. Klein said there is still "some negativity or resentment" against homeless adults in the area, including in Bailey's Crossroads, where residents are fighting an effort to relocate a walk-in shelter to make room for a new mixed-use development planned at the shelter's current Moncure Avenue site. But the county has shown its support by allocating \$500,000 toward building the Lamb Center. Church groups and private individuals have raised \$3.5 million, with \$500,000 still to go.

The 10,000-square-foot, two-story building is about three times as large as the center's former home - space enough to house four counselors and a caseworker with the Department of Veterans Affairs who works there four days a week. Terry Downs, a Fairfax City resident who led the drive to raise funds for the new building, said members of local churches often go there to help serve lunch and greet people as they walk in from off the streets. "There's a real sense of community," Downs said.

"I think there is a 'not in my back yard' attitude with homelessness and anything else that people find scary. Once you get involved in something like this, those phobias leave us all." Inside the building one recent morning, about 40 men and women stored their valuables inside private lockers and waited for lunch to be served. Some took showers, while others dropped off their dirty clothes in the laundry room, where center volunteers operate three washers and four dryers.

John Baird Jr. said one of the new building's most important functions is providing more privacy to people who are homeless but may not want to advertise it. The center's previous site sat on the edge of a busy traffic circle off Lee Highway, which meant walking past retail stores and restaurants to find aid. The new building has a spacious parking lot and sits at the end of a cul-de-sac near an auto repair shop and some small warehouses. "This one is kind of tucked back," said Baird, 47, a former mechanic who now works as a lot attendant for an auto dealership and sleeps in his car. "It seems to be in a safer location." Baird said that when he first walked into the Lamb Center a few years ago, he was taken aback by the sight of parents with children, people who had jobs, and others with apparent mental illnesses. "I had no idea there were that many homeless people in Fairfax County," he said. "I sat down and thought, 'Oh, my God.' It's eye-opening, but it's hurtful, too."

## **TOPIC 6: CAREER FAIR**

This week, work continued on The American Legion's upcoming hiring events to be staged in Atlanta, Belle Chase (LA), Biloxi (MS), Cincinnati, Detroit, El Paso, Fort Indiantown Gap (PA), Fort Jackson (SC), Huntsville (AL), Houston, Joint Base Pearl Harbor-Hickam, Kansas City, Lexington (KY), Los Angeles, Memphis, Montgomery (AL), New York, Omaha (NE), Pinellas Park (FL), Rochester (NY), Springfield (IL) and Washington, DC. The mission of The American Legion's National Veterans Employment & Education Commission is to take actions that affect the economic well-being of veterans, including issues relating to veterans' education, employment, home loans, vocational rehabilitation, homelessness and small business.

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**Week Ending: 6/24/16**