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001. list	attendees, interagency veterans policy working group meeting (partial) (2 pages)	04/17/1996	P6/b(6)
002. list	attendees, interagency veterans policy working group meeting (partial) (2 pages)	04/17/1996	P6/b(6)

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Molly Brostrom
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FOLDER TITLE:
Interagency Veterans Policy Group [1]

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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Molly Brostrom
Domestic Policy Council

Box 4: Veterans

Interagency Veterans Policy Group
- IVPG Agendas
- 10/12/95 Joint IVPG/VSOs Meeting
- 4/18/96 & 4/22 IVPG Meetings
- 5/24-5/95 IVPG Meeting with VSOs
- 6/28/95 IVPG meeting and follow-up
- 4/26/95 IVPG Meeting and Agenda
- May 1995 IVPG Report
- 4/19/96 VSOs/Military Coalition Mtg
- 5/26/95 Veterans Media Roundtable with POTUS
- 6/3/96 Veterans Media Roundtable with POTUS

VA Benefits
VA FY 96 Approps
1996 Budget
VA FY 97 Budget
VBA/BVA Claims Processing
Clear & Unmistakable Error (HR 1483)
COLAs & Military Retirees
Disability Compensation
Dual compensation
Eligibility Reform
Employment & Training
Filippino Veterans Proclamation
Flag Burning
GI Bill
DoD Health Care
VA Health Care Restructuring
Homeless Veterans Reintegration Project
DoD Medicare Subvention
VA Medicare Subvention
Persian Gulf
SBA 8A Program
SMOCTA
Transition Assistance Program
Veterans Preference
Vets-100
VA REGO II
Welfare Reform & Veterans
Veterans: Talking Points
Veterans: Issue Brief backup

American Legion Questionnaire (7/96)
Health Security Act & Veterans
POTUS Veterans Speeches
VA Maryland Health Care System
NYC: Homeless Veterans
VA Center for Minority Veterans
POTUS/VFW Speech 3/95
POW/MIA Stamp
Veterans Day/WWII Commemoration 11/95
White House Conf on Small Business & Veterans
Spera

Partnership for Stronger Families
- MOU: CT Neighborhood Revitalization Partnership
- Single Point of Contact Action Team
- CT Visit (8/96)

President's Cancer Panel

JGA

THE WHITE HOUSE

WASHINGTON

April 29, 1996

MEMORANDUM FOR INTERAGENCY VETERANS POLICY GROUP

FROM: Alexis Herman, Assistant to the President for Public Liaison
Kitty Higgins, Secretary to the Cabinet
Carol H. Rasco, Assistant to the President for Domestic Policy

RE: Interagency Veterans Policy Group Meeting

On **Monday, May 6, 4:00-5:30 pm, Room 472 OEOB**, there will be a meeting of the Interagency Veterans Policy Group. The President is expected to hold a roundtable with the veterans press in the near future and therefore it is especially important that you attend next Monday's meeting and are prepared to provide updates on relevant issues.

As in the past, please come to the meeting prepared to provide updates on the issues listed in the attached working agenda. The working agenda consists of issues raised by the veteran service organizations and military coalition groups in our recent meetings with them. If there are other issues that you believe we should be aware of, please come prepared to discuss those as well.

Thank you for your efforts. If you have questions about the agenda or meeting, please call Molly Brostrom of the Domestic Policy Council at 456-5561.

INTERAGENCY VETERANS POLICY GROUP
WORKING AGENDA
April 29, 1996

Short term Issues

1. Department of Labor Veterans Employment and Training Programs

The veterans community is quite concerned about the Administration's 1997 budget proposals to not fund two DOL veterans programs, the Homeless Veterans Reintegration Project and the National Veterans Training Institute. These concerns have been exacerbated by a leaked budget document that gives the appearance of a lack of concern for veterans programs at DOL. DOL has scheduled a meeting with representatives of veterans groups to discuss these concerns, and is considering an agreement to extend the HVRP program.

DOL will report on the meeting with VSOs and the status of HVRP.

2. Expand Commissary privileges for members of the Reserve Components

Arguing that Reservists are increasingly being relied on as key contingents of our nation's defense, the Military Coalition groups are advocating for expanded commissary privileges for Guard and Reserve personnel. Specifically, in letters to Congress, the Military Coalition has requested support for inclusion in the FY 97 Defense Authorization bill of a DoD initiative to implement a test of unlimited commissary use at a minimum of two locations for Reservists. In addition, they are requesting support for increasing commissary privileges for Guard and Reserve members to five visits per month instead of the current single visit per month (12 visits per year).

DoD will discuss the status and our position on these proposals.

3. National Oceanic and Atmospheric Administration (NOAA)

The suggestion was made that a National Performance Review (NPR) recommendation to convert the NOAA Commissioned Corps to civil service positions would not achieve the proposed savings, but would add additional cost. The recommendation was made that the White House reconsider the proposal and support a Senate proposal to downsize the NOAA Corps.

NPR will report on status of proposal.

4. GAO Report on Hispanic Veterans

The American GI Forum referenced the GAO report on issues affecting Hispanic Veterans, asking in particular how VA is going to respond to the issue of increased data on Hispanic Veterans.

VA will provide a brief update on the report and their response, including the issue of data on Hispanic veterans.

5. Academy of Science Agent Orange Report

Questions were raised about our response to a recent Academy of Science report that discusses the question of association between exposure to Agent Orange and spina bifida.

VA will provide a brief update on the report and our response.

6. Blinded Veterans.

The Blinded Veterans Association raised the concern that blinded veterans will fall through the cracks in VA's reorganization of the Veterans Health Administration (VHA).

VA will report on how these concerns are being addressed in VHA reorganization.

7. Transition Assistance Program

Groups expressed support for the continued existence of the Transition Assistance Program, particularly in light of reports of Congressional efforts to dismantle the program.

DoD, DOL and VA will report on status of TAP.

Longer Term Issues

1. Health Care and Military Retirees

The issue of health care options for military retirees and the perception of disparate payment schemes and broken promises continues to be at the top of agendas of Military Coalition groups. Solutions they continue to advocate include Medicare Subvention at DoD and consideration of opening FEHBP to military retirees.

DoD and OMB will report on status of these issues.

2. Eligibility Reform

At the meeting with VSOs, VA provided an update on the status of eligibility reform, explaining that the Senate is planning hearings on the Administration's proposal and the House is expected to bring it to the floor.

VA will provide any new or additional update on the status of eligibility reform.

3. Persian Gulf War Advisory Committee

Administration response to Gulf War veterans with undiagnosed illnesses continues to be of concern to the veterans groups.

NSC will provide any update on progress of the Advisory Committee.

INTERAGENCY VETERANS POLICY GROUP
WORKING AGENDA
April 29, 1996

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President Clinton's Record on Veterans' Employment

Talking Points

President Clinton and Secretary Reich are committed to giving priority to the employment and training of veterans. This commitment is evidenced by:

Since President Clinton took office in 1993:

❑ Transition Assistance Program for soon to be veterans

- 579,000 soon to be veterans and their spouses have been trained on job search and career planning at workshops conducted at about 200 installations nationwide
- the unemployment compensation paid to recently separated service members, or UCX, has declined from $556 million in fiscal year 1993 to $330 million in fiscal year 1995

❑ Jobs for veterans - 1.687 million veterans found jobs through VETS programs in partnership with State Employment Security Agencies (SESAs)

- includes more than 116,000 disabled veterans
- includes over 9,800 homeless veterans
- includes over 9,500 veterans with economic barriers
- includes those helped by the Service Members Occupational Conversion and Training Act
- the unemployment rate of veterans has declined from 7.2% when President Clinton was sworn in, to a 3.4% by September 1995

❑ Enforcement

- President Clinton signed the Uniformed Services Employment and Reemployment Act of 1994, which provides enhanced protection for veterans and reserve component members

- 4,008 veterans' reemployment rights complaints have been closed
- through compliance settlements or litigation, successful veteran or reserve component complainants have received over $2.6 million since 1993
- Assured National Guard members and reservists mobilized to support operations in Bosnia and their employers received information on reemployment rights, benefits and obligations

❑ Training

- the National Veterans' Training Institute (NVTI) has trained 7,790 providers of services to veterans

❑ President Clinton's budget requests for VETS (fiscal years 1995, 1996, 1997) total $591.4 million.

- For two of these fiscal years, 1995 and 1996, Congressional appropriations funded VETS for a total of $371.7 million, as opposed to $405.3 million requested, $34 million, or 16.2 percent less than President Clinton requested from Congress

❑ The Department of Labor's budget was cut by Congress approximately 15% from the original FY 1995 Appropriation to the FY 1996 Appropriation. The VETS' budget was cut 10.7%

❑ The original FY 1996 President's budget request for the Labor Department was cut 16.7% in the 1996 Appropriation. VETS' was cut 9.7%

❑ Establishment of the Advisory Committee on Veterans' Employment and Training

- Secretary Reich met with the Committee, which has issued recommendations on veterans' issues. It is scheduled to meet again on June 6 and 7, 1996

VETERANS ARE AND WILL REMAIN A PRIORITY DURING THE CLINTON ADMINISTRATION

- ❑ Some concerns have been raised over a spreadsheet prepared by staff working on projections which was leaked outside of DOL -- but

- The location of the ASVET accounts on the Department of Labor out year table does not indicate that these activities are the lowest priority in the Department. The lines appear in the same order in which you find them in the budget and are not listed in any priority order

- We will revisit the out year numbers annually. The 1997 budget and appropriations process will only lock in funding for 1997; decisions will be made every year about specific funding levels of programs

- Also, if you look at the recent Congressional conference action and Appropriations Act for the Department of Labor, you will notice the order is the same as was in the out year table

- ❑ Veterans' issues are a high priority in the Clinton Administration, as shown by the establishment of the Advisory Committee on Veterans' Employment and Training by Secretary Reich and his meeting with the Committee

- ❑ President Clinton's FY 1997 budget request increased funding for VETS' grants by $8.8 million over the FY 1996 enacted level, a 5.9% increase

ISSUES

- National Veterans Training Institute (NVTI) - During tight budgetary times and understanding the importance of front-line staff, the choice was made to seek a DVOP and LVER funding increase instead of continuing NVTI. The increase in front line staff serving veterans should mean 6,000 more jobs for veterans.

- Jobs for Homeless Veterans - President Clinton supports a jobs for homeless veterans program.

  - President Clinton indicated his support for a jobs for homeless veterans program during his keynote speech at the Veterans of Foreign Wars winter conference in 1995
  - President Clinton's FY 1995 budget request included a jobs for homeless veterans program, as did the FY 1995 original VETS' Appropriation
  - Congress zeroed out - rescinded - the jobs for homeless veterans program in FY 1995 during their budget reconciliation process
  - President Clinton's FY 1996 budget request included a jobs for homeless veterans program, with a funding level of $5.011 million
  - The recent Conference action on FY 1996 Appropriations did not provide funds for the program
  - VETS, with HUD assistance, has funded a $2.6 million jobs for homeless veterans program in cold weather areas. We anticipate that using our resources available within the Job Training Partnership Act (JTPA) and elsewhere within DOL and other agencies, we will be able to continue to serve homeless veterans in 1997

Department of
Veterans Affairs

FACTS ABOUT HISPANIC VETERANS

Analysis and Statistics Service
National Center for Veteran Analysis and Statistics
Assistant Secretary for Policy and Planning

May 1996

FACTS ABOUT HISPANIC VETERANS

Demographic and Socioeconomic Characteristics of Veterans

Number:

- In 1995, there were an estimated 1,073,000 Hispanic veterans living in the U.S. and Puerto Rico.

- Hispanic veterans accounted for 4 percent of the total U.S. and Puerto Rico veteran population of 26,198,000 in 1995.

- While Hispanic veterans accounted for 4 percent of the U.S. and Puerto Rico veteran population, Hispanics comprised 6 percent of the active duty military in 1995.

Period of Service and Age:

- In 1995, 63 percent of Hispanic veterans served during the Vietnam era or later compared to 47 percent of all veterans, reflecting the younger age distribution of Hispanic veterans. For example, in 1995, the median age of Hispanic veterans was 48 years compared to 57 years for all veterans.

Sex:

- In 1995, 6 percent of Hispanic veterans were women compared to 5 percent of all veterans.

Marital Status:

- According to the 1990 census, two-thirds (66 percent) of Hispanic veterans but about three-quarters (76 percent) of white non-Hispanic veterans were married and living with their spouses. Males were more likely than females to be in a marriage with their spouse present among both Hispanic veterans (66 percent versus 52 percent) and non-Hispanic veterans (75 percent versus 54 percent).

Educational Attainment:

- The 1990 census showed that 44 percent of Hispanic veterans and 49 percent of white non-Hispanic veterans had at least some college education. Among female veterans, 56 percent of Hispanics and 60 percent of white non-Hispanics had attained this level of education.

- According to the 1990 census, 27 percent of Hispanic veterans and 44 percent of white non-Hispanic veterans with a college background had received at least a bachelor's degree.

Unemployment:

- The Current Population Survey showed that in 1995 the average monthly unemployment rate for Hispanic veterans was generally lower than that for black veterans but higher than the rate for white veterans. Among male veterans 20 and older, Hispanics had an average unemployment rate of 5.1 percent compared to 3.6 percent and 6.6 percent for their white and black counterparts, respectively.

Income and Other Assets:

- According to the National Survey of Veterans, among those veterans reporting family income, about one in ten Hispanic veterans (10 percent) had family incomes in 1992 of less than $10,000, compared to only 8 percent of white veterans but 24 percent of black veterans.

- Among veterans reporting family income in the National Survey of Veterans, 30 percent of Hispanic veterans had 1992 family incomes of $40,000 or more, compared to 38 percent of white veterans and 25 percent of black veterans.

- According to the National Survey of Veterans, about 21 percent of Hispanic veterans have family assets (excluding primary residence) over $40,000. Only black veterans are less likely to have as much in family assets: about 11 percent of black veterans have family assets over $40,000, while 36 percent of white veterans report family assets in this range.

- Hispanic veterans were midway between their white and black counterparts in their home ownership characteristics as reported in the National Survey of Veterans. White veterans were the group most likely to own a home (81 percent), followed by Hispanic (72 percent) and black veterans (53 percent).

Where Veterans Are Located:

- In 1990, the five States with the largest number of Hispanic veterans were California (273,700), Texas (196,400), New York (75,200), Florida (55,800), and New Mexico (46,500). The states with the smallest number of Hispanic veterans were North Dakota (280), Vermont (340), South Dakota (390), West Virginia (670), and Maine (700).

- According to the 1990 census, more than one quarter (26 percent) of the veterans in New Mexico were of Hispanic origin. This was more than twice the proportion of Hispanic veterans found in any other state. New Mexico was followed in percentage of Hispanic veterans by the states of Texas (12 percent), California (9 percent), and Arizona and Colorado (8 percent each). West Virginia veterans were the least likely to be of Hispanic origin (0.3 percent).

Veterans' Benefits

Health Care and Other Health-Related Characteristics:

VA Hospital Discharge Rates--

- VA Hospital utilization rates are computed based on patient discharge data from the VA Patient Treatment File and veteran population data from the 1995 Current Population Survey. The breakdown of VA hospital discharges for FY 95 by race is: White 73%; Black 21%; and Hispanic 4%.

- Race-specific VA hospital discharge rates are highest for black veterans, at 83.7 discharges per thousand veterans. The discharge rate for Hispanics was 42.9 VA hospital discharges per thousand veterans, while the rate for white veterans was 29.5. Minority veterans are clearly relatively heavy users of VA.

- VA hospital discharge rates for Hispanic veterans increase dramatically with age: 27.8 discharges per thousand veterans "under 55", 54.1 discharges per thousand veterans age "55 - 64", and 79.9 discharges per thousand veterans age "65 or over". However, the corresponding rates for black veterans are consistently higher than those for Hispanics: 72.0 discharges per thousand veterans "under 55", 79.7 discharges per thousand veterans age "55 - 64" and 119.1 per thousand veterans age "65 or over". Rates for white veterans also increase with age, but not as dramatically: 22.3 discharges per thousand veterans "under age 55", 27.9 per thousand veterans age "55 - 64", and 40.0 discharges per thousand for veterans age "65 or over".

Health Status--

- According to the National Survey of Veterans, about one in four (25 percent of) Hispanic veterans rate their health as excellent compared to one in four (25 percent of) white veterans, and one in five (19 percent of) black veterans. About 26 percent of Hispanic veterans report their health as fair or poor, compared to 20 percent of white veterans, and 30 percent of black veterans.

Activity Limitations--

- According to the National Survey of Veterans, about 8 percent of Hispanic veterans reported health conditions or disabilities that limited their activity. The corresponding figures for whites and blacks were 6 percent and 7 percent, respectively. Among veterans with activity limitations, about 9 percent of the Hispanic veterans were receiving service-connected compensation or military disability pay as compared to 12 percent of white and 7 percent of black veterans with such limitations.

Health Insurance Coverage--

- According to the National Survey of Veterans, about 83 percent of Hispanic veterans have some form of health insurance coverage compared to 90 percent of white veterans and 85 percent of black veterans. Among those insured, Hispanic veterans were more likely than black and white veterans to be insured through their employer (54 percent of Hispanics, 51 percent of blacks, and 43 percent of whites).

Ever Used VA Hospitals--

- About 12 percent of Hispanic veterans report that they have used VA hospital care at some time since discharge from the military. Compared to Hispanic veterans, black veterans were more likely to have ever used a VA hospital (19 percent), while white veterans were less likely (9 percent).

Reasons for Using Non-VA Medical Care--

- According to the National Survey of Veterans, the major reasons (in rank order) that Hispanic veterans who used non-VA medical care in 1992 did so were: "have adequate insurance", "doctor sent me", and "used own physician". Black veterans who used non-VA medical care in 1992 cited "doctor sent me", "accident or emergency admission", and "used own physician" as the major reasons. White veterans who used non-VA medical care in 1992 cited "have adequate insurance", "used own physician", and "doctor sent me" as the major reasons, in rank order.

<u>Educational Benefits:</u>

- The National Survey of Veterans showed that among Vietnam era veterans, the proportion of Hispanics who used VA education benefits (58 percent) was higher than the proportion of whites who used these benefits (54 percent) but lower than this proportion for blacks (64 percent). Among post-Vietnam era veterans, however, the pattern is different. Hispanics had a

higher proportion of users than blacks (39 and 34 percent, respectively), but both lower than the proportion of whites (44 percent).

Home Loans:

- The National Survey of Veterans shows that 32 percent of Hispanic veterans have ever used a VA loan to buy a home compared to 46 percent of white and 71 percent of black veterans.

May 1-2, 1996 Public Meeting of the Presidential Advisory Committee on Gulf War Veterans' Illnesses

This meeting focused on chemical and biological warfare issues and their possible relationship to Gulf War veterans' illnesses. The following is a summary of some of the issues discussed by Committee.

First Panel: Status of DOD Request for Proposals (BAA)

Twelve proposals have been selected for funding based on responsiveness to request, scientific quality, and need as determined by Coordinating Board's Research Working Group. The Committee wanted more information on how the Research Working Group identifies gaps in research the program and how that translates to what proposals get funded.

Second Panel: Medical Evaluation of Possible CBW Exposures in the Gulf War

Chemical warfare agents were detected; the Czechs confirmed detections at very low levels; the US did not confirm any CBW detections; therefore, the presumption (not proof) of presence must be made. Questions remains as to the origin of agents and whether they contributed to any reported illnesses. So far, all data indicates that the role of CBW exposures in illnesses is unlikely.

Third Panel: Detection of CBW agents during the Gulf War

Again, Czech detections were credible. At least 50 unconfirmed detections made by US forces are being investigated. It is still too early to make statement on low level exposure to U.S. troops. There was persistent questioning by the Committee on what it would take for the DOD to admit that US troops were exposed to low levels of chemical agents.

Forth Panel: Effectiveness of US CBW Defence Measures

GAO indicated that there is a general lack of readiness to deal with CBW issues. Even though CBW training intensifies just before deployment, we could do much better. Witnesses indicated that there tends to be more focus on nuclear threats rather than threats from chemical or biological weapons.

Fifth Panel: Health Effects of Low-Level Chemical Warfare Agent Exposure

Considerable discussion took place on the potential interactions between chemicals such as nerve gas agents, pesticides, and PB. More work needs to be done. More is known on acute exposures compared to low-level exposures. The effects of PB were also discussed. No conclusions were drawn.

Sixth Panel: Health Effects of Multiple Vaccines

Doubt was cast on the theory that mycoplasma contamination of the Anthrax vaccine was a factor causing reported illnesses. This vaccine is treated with formaldehyde and, therefore, would not support viable mycoplasma contamination. The Committee suggested that vaccine lots be checked for mycoplasma contamination. Other issues of vaccine quality and effectiveness were discussed.

Seventh Panel: Antidotes to CBW Agents

Vaccine issues and Pyridostigmine Bromide were addressed. This panel was more forward looking. It addressed on-going research efforts and vaccine development activities within the DOD.

Eighth Panel: FDA

This panel addressed the problems associated with trying to utilize the standard FDA biologic/drug approval process for antidotes to CBW agents. Questions such as how do you ethically conduct clinical trials were addressed.

Agenda is attached. I would be happy to provide copies of testimony.

Presidential Advisory Committee on Gulf War Veterans' Illnesses

PUBLIC MEETING

Omni Shoreham -- Diplomat Room
2500 Calvert Street, NW
Washington, DC

May 1-2, 1996

AGENDA

Wednesday, May 1, 1996

9:00 a.m.	**Call to order and opening remarks** Designated Federal Official Dr. Joyce C. Lashof, Committee chair	
9:05 a.m.	**Public comment**	TAB A
10:15 a.m.	**Break**	
10:30 a.m.	**Report on research funded through 1995 Broad Agency Announcement** Mr. Gregory Doyle U.S. Army Medical Research Acquisition Activity Department of Defense Dr. Susan Mather Office of Public Health and Environmental Hazards Department of Veterans Affairs	TAB B
11:00 a.m.	**Followup on chemical and biological warfare (CBW) agents panel meeting**	TAB C
11:30 a.m.	**Medical evaluation of possible CBW exposures in the Gulf War** Major General Ronald R. Blanck Office of the Commanding Officer Walter Reed Army Medical Center	TAB D
12:15 p.m.	**Lunch**	
1:30 p.m.	**Detection of CBW agents during the Gulf War** Gunnery Sergeant George J. Grass, USMC Camp Lejeune, North Carolina Colonel Edward J. Koenigsberg, USAF Lt. Col. Jimmy E. Martin, USA Lt. Col. Arthur L. Nalls, Jr., USMC Persian Gulf Investigation Team Department of Defense Ms. Sylvia L. Copeland Nuclear, Biological, and Chemical Division Central Intelligence Agency	TAB E
3:00 p.m.	**Break**	
3:30 p.m.	**Effectiveness of U.S. CBW defense measures** Mr. Mark E. Gebicke U.S. General Accounting Office U.S. Congress Mr. Michael L. Moodie Chemical and Biological Arms Control Institute Alexandria, VA	TAB F
4:45 p.m.	**Meeting recessed**	

Thursday, May 2, 1996

9:00 a.m.	**Call to order** Dr Joyce C. Lashof, Committee chair	
9:05 a.m.	**Health effects of low-level chemical warfare agent exposure** Colonel David Moore Medical Research Institute of Chemical Defense U.S. Army Dr. Richard Jackson National Center for Environmental Health Centers for Disease Control and Prevention	TAB G
10:45 a.m.	**Break**	
11:00 a.m.	**Health effects of multiple vaccines** Dr. Philip K. Russell School of Hygiene and Public Health The Johns Hopkins University Dr. Anna Johnson-Winegar Medical, Chemical, and Biological Defense Program U.S. Army Colonel John Brundage Center for Health Promotion and Preventive Medicine U.S. Army	TAB H
12:00 p.m.	**Lunch**	
1:00 p.m.	**Antidotes to CBW agents: DOD** Lt. Col. David Danley Medical Systems Program Joint Program Office for Biological Defense Dr. Anna Johnson-Winegar Medical, Chemical, and Biological Defense Program U.S. Army	TAB I
2:00 p.m.	**Antidotes to CBW agents: FDA** Dr. Stuart Nightingale Associate Commissioner for Health Affairs	TAB I
3:00 p.m.	**Committee and staff discussion: Next steps**	
3:30 p.m.	**Meeting adjourned**	

4/19/96 IVPG VSO mtg

Ernie Garcia Amer GI Forum

① Improve services

- GAO report on Hispanic Vets and how they are served
  - no tracking of how Hisp Vets are treated (DATA)
  - Q: Does Brown have advisor on Hisp Vets?

② What is being done for children w/ spina bifida being born to Vietnam Vets.

③ DOD report on Gulf illnesses.

④ Gen'l concern abt cutbacks.

Mike Schlee Amer Legion

① I.T. Vet Health Security Plan.

② '97 budget

John Kirby Purple Heart

① Full support of elig ref - supportive of Pres efforts
  - adeq funding of VA
  - Tri Care - concern over denial of benefits they expected. Facil not adeq. Forced move from CHAMPUS to M/Care

Sam Abu

James Kenney AMVETS

(1) Con. Asst 96-97 funding

(2) Homeless program concerns

- can VSOs help

VFW

(1) VETS funding request

- Dis Vet Outreach

- Local Vet Emp Rep.

FY97 request falls short

- low level of support

- question admin appeal process

(2) HVRP - no funding request. historically rec'd $5 M.

- suggest looking for funding from ETA.

(3) Natl Vet Training Instit.

Bill Crandell VVA

- receive HVP

- next example is DOL.

- how to expand Spina Bifida work beyond the VA?

Blind Veterans - Tom Miller

(1) VA HC eligibility

(2) Reorg of VHA/VBA benefits process

(3) DOL

Blind Vets (cont'd)

- DOS/EEOC workloads in dist area.

Ron Drach (DAV)

- reiterating the perception issue w/ Vets.
- Praise for HVD.
- MVRI } two major potential embarrassments.
- HVRP }
- Persian Gulf study: vehement criticism of Dr. Joseph
- Opposed to moving Educ Serv. fr DC to St Louis - will this improve functioning of appl + efficiency of service.
- TAP - supportive of continuing the TAP program don't want to eliminate.
- DAV Homepage

* Drop a note to AC-J re: CHR

Doug Vollmer (PVA)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. list	attendees, interagency veterans policy working group meeting (partial) (2 pages)	04/17/1996	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Molly Brostrom
OA/Box Number: 8398

FOLDER TITLE:
Interagency Veterans Policy Group [1]

2012-0326-S
kc784

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
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Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

001

INTERAGENCY VETERANS POLICY WORKING GROUP MEETING
OLD EXECUTIVE OFFICE BUILDING
ROOM 472
FRIDAY, APRIL 19TH
10:15 A.M. - 11:45 A.M.

American G.I. Forum
Ernie Garcia
P6/(b)(6)

Hector DeLeon
P6/(b)(6)

American Legion
George Michael Schlee
P6/(b)(6)

AMVETS
James J. Kenney - Exec Dir
P6/(b)(6)

Blinded Veterans Association
Tom Miller Exec Dir
P6/(b)(6)

Art Mathews
P6/(b)(6)

Disabled American Veterans
Ron Drach - Emplmt Dir
P6/(b)(6)

[001]

Military Order of the Purple Heart
John B. Kirby
P6/(b)(6)

P6/(b)(6)

Ron Atwell
P6/(b)(6)

Paralyzed Veterans of America
Doug Vollmer - leg. dir.
P6/(b)(6)

Veterans of Foreign Wars
William L. Bradshaw
P6/(b)(6)

Sidney Daniels - employment
P6/(b)(6)

Vietnam Veterans of America
Bill Crandell
P6/(b)(6)

Patricia ONeil
P6/(b)(6)

SS P6/(b)(6)

VETERANS OF FOREIGN WARS OF THE UNITED STATES

OFFICE OF THE DIRECTOR

VFW ISSUES

Submitted to

THE WHITE HOUSE
INTERAGENCY VETERANS POLICY GROUP

April 19, 1996

SUPPORT SUFFICIENT FUNDING FOR VETERANS EMPLOYMENT SPECIALISTS

Veterans Employment Specialists who develop jobs and training opportunities for veterans through State Employment Service Offices are seriously underfunded. By law the veterans employment specialists who are also known as Local Veterans Employment Representatives (LVER) and the Disabled Veterans Outreach Program (DVOP) specialists are required to have minimum staff in each program of 1,600 and 2,008 respectively.

DVOPs and LVERs are state government employees. Their salaries and the Administrative costs associated with operating the programs are paid through federal grants to the states. These grants are provided by the Department of Labor, Veterans Employment and Training Service (VETS). Under the Administration's FY'97 budget proposal, the LVER program would be underfunded by approximately 203 positions and the DVOP program would be underfunded by nearly 341 positions. The VFW finds this especially troubling since funding for the LVER and DVOP programs currently depends solely on allocation of funds from the Federal Unemployment Tax Account (FUTA) trust fund. One of the requirements of this trust account is that proceeds may be used only in the furtherance of employment security programs, which is exactly what the LVER and DVOP programs do. The FUTA trust account regularly accumulates surpluses of over $2 billion annually while the LVER and DVOP programs are continuously underfunded.

The recent trend of underfunding veterans' employment programs contributes to substandard salaries, elimination of promotional opportunities, premature terminations, high turnover rates, and sever reduction in both outreach and professional development activities for staff.

The VFW opposes this practice and we urge the Administration to ensure the adequate funding of veterans employment specialists programs and the proper implementation of the FUTA trust fund.

★ WASHINGTON OFFICE ★
VFW MEMORIAL BUILDING ● 200 MARYLAND AVENUE, N.E. ● WASHINGTON, D.C. 20002-5799
AREA CODE 202-543-2239 ● FAX 202-543-6719

SUPPORT ELIGIBILITY REFORM

At the request of the VFW, Senators Alan K. Simpson and John D. "Jay" Rockefeller, IV, introduced on February 7, 1996, S.1563 and on March 20, 1996, Congressman G. V. "Sonny" Montgomery introduced H.R. 3119, identical bills that would reform the Department of Veterans Affairs' eligibility criteria for determining who can receive treatment in VA medical facilities.

Under the current eligibility criteria established by Congress, VA is shackled by laws that are not easily interpreted, and is required to provide care based on the more costly inpatient mode. Furthermore, VA is prohibited from retaining any third-party reimbursements such as Medicare and private insurance payments when treating non-service-connected conditions.

By opening the VA health care system to all veterans, two main objectives will be accomplished. First, VA will provide all of America's veterans with access to the quality health care they need and deserve. Secondly, by attracting middle-class non-service connected veterans into the system, VA will be able to collect desperately needed non-federal dollars through insurance payments.

Another very important point to be made is that along with opening the VA system to all veterans, it is absolutely critical that VA be authorized under law to collect Medicare and Medicaid payments for the eligible veterans it treats. It is only fair and logical that VA be able to collect such funds for the care it provides to veterans who are Medicare or Medicaid eligible (including, of course, military retirees over age 65) so it need not overburden its already meager resources. Not only would this bring much needed federal dollars into the system, it will mean that this nation's military retirees age 65 and over would no longer be relegated to the Medicare system.

TALKING POINTS

. Reminder of background/history of meetings. We hope that they are useful and productive, and would appreciate any input on how to improve.

. Progress has been made. Homelessness and HUD: Greater sensitivity to veterans and veterans-specific providers -- technical assistance meetings and workshops to ensure veterans-specific homeless providers integration into local continuums of care and to provide tips for competing for grants; HUD has hired a Veterans Coordinator (Bill Pittman, on detail from the Military Order of the Purple Heart); he will be working with their Veterans Resource Center in which a toll free number has been established to respond to questions about HUD programs.

Under the auspices of the Interagency Council of the Homeless and through funding from 12 of its agencies , the Census Bureau is conducting a survey of the homeless that includes questions about veterans status -- VA has been actively involved in the design of the survey. The survey will provide important information to help guide federal policymaking.

. Important and exciting changes happening at the VA -- customer service improvements, streamlining, reduction in paperwork, and in the health care system. On Valentines' Day, our boss, CHR, participated in the Salute to Hospitalized Veterans with a visit to the VA Maryland Health Care System in Baltimore. She was tremendously impressed with the staff and facilities, and the changes that are occurring to provide better and more efficient care to veterans.

. Focus of this meeting is to hear from you. But first we invited a couple of people to provide updates on a couple of issues you have raised with us in the past.

Patricia O'Neil of the Department of Veterans Affairs will give an update on the status of our eligibility reform proposals.

Toni Hustead, OMB Branch Chief for Veterans Affairs, Dan Ermann from HCFA and Ray Wilburn from VA will then tell us where they are in developing Medicare Subvention pilots for VA.

- Subvention

- % of new hires ↑

U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, D.C. 20410-7000

OFFICE OF THE ASSISTANT SECRETARY FOR
COMMUNITY PLANNING AND DEVELOPMENT

March 15, 1996

Dear Colleague:

We are pleased to announce the creation of the **HUD Veteran Resource Center.** Through HUD's Veteran Resource Center, we hope to provide important information about the full range of resources and initiatives available to you from HUD, as well as linking you and your efforts with other valuable resources across all levels of government. You'll be able to contact this resource center through a toll-free number as well as through our Home Page on the Internet.

While HUD works with communities to address their housing and community development needs, we place a special emphasis on those most in need -- the homeless. At any given time, more than 600,000 men, women and children sleep on our cities' streets; more than one-third are men and women who once served their country. While we are dedicated to helping veterans meet a full range of housing, community and economic development needs by creating jobs and new opportunities, we must also take special aims to target the needs of veterans who are homeless.

President Clinton and HUD Secretary Cisneros are committed to working side by side with communities across the country to help break the cycle of homelessness among all Americans, including our military veterans. We understand that the only way we can tackle this problem is by forging comprehensive strategies -- strategies that recognize the particular needs of each segment of the homeless population, and which provide for a coordinated approach for meeting those needs. We call this strategy the Continuum of Care and we want to help you -- as a representative of veterans who are homeless -- to become a part of it's success in your community .

We have worked hard over the past three years to make all of our programs work better for our clients. We have streamlined burdensome processes and cut needless paperwork. Under Secretary Cisneros, we have fought for more and more funding -- nearly tripling our homeless budget since 1992 to $1.6 billion, and providing more than $2.5 billion in resources to states and communities. These funds, coupled with our efforts to slash bureaucracy are helping communities address their particular homeless needs in effective, comprehensive manners.

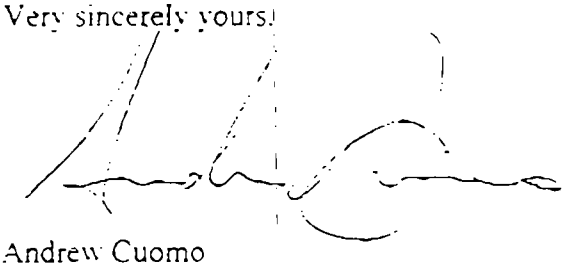
I am also proud to announce the appointment of a special liaison, Bill Pittman, a combat disabled veteran who will head up the Veteran Resource Center efforts. Bill is ready to help us ensure strong communication with Veteran Service Organization's in communities across the country and to provide you with the guidance you need to take full advantage of all HUD programs. Please contact Bill at (202)708-0614 ext 4349 or TDD (202) 708-9300.

The first mission of the Veteran Resource Center will be to inform Veteran groups and VSO's of our 1996 Homeless Assistance SuperNOFA. This nationwide competition is open to all local and state governments and not-for-profits to provide a full range of housing and services for each segment of a community's homeless population. Through this competition, you can access flexible resources to fund your outreach, shelter, health care, job training, and transitional and permanent housing efforts.

Our efforts to help veterans who are homeless are exciting, but nothing can really happen without you.

I look forward to working with you.

Very sincerely yours,



Andrew Cuomo

April 17, 1996

MEMORANDUM FOR JEREMY BEN-AMI

FROM: Molly Brostrom

RE: Background/Updates for Friday and Monday's VSO/Military Coalition Meetings

Last Meeting. Our last meeting with the VSOs/Military Coalition groups was October 12. The meeting was a joint meeting to which we invited several of the agencies to discuss hot topics (Subvention; Homelessness; Military health care reform; and employment issues).

Issues that May Be Raised:

. **Subvention**. Workgroup comprised of OMB, HCFA and VA is close to completion on report of how to structure a Medicare Subvention pilot at VA, as proposed under last year's REGO II initiative. We expect report in July, and legislation by late fall/beginning of next year.

Reportedly, DoD is interested in jumping right into a pilot and does not want to go through the process of developing one. Sen. Dole has introduced a bill to allow DoD to test Medicare subvention.

. **Veterans Preference.** A couple of recent incidents at OPM have resulted in questions about the President's commitment to veterans/veterans' preference.

a) A veteran, John Minnick, applied for a job at the Holocaust Museum and appears to have been improperly removed from consideration. OPM's oversight body is investigating the case, and OPM, including Jim King, is in close contact with Mr. Minnick. The American Legion ran an article detailing the case.

OPM's response has been that this is no way represents a compromise of this Administration's commitment to veterans' preference, but it appears that a mistake was made in implementation of veterans preference. Statistics demonstrate this commitment: Despite overall hiring declines in the federal government in the last few years, the percentage of veterans among new full-time hires has increased.

A copy of the American Legion article and Jim King's response is attached.

b) An OPM training form for staff doing background investigations included a hypothetical of a sexual harassment incident. The hypothetical describes the perpetrator as a veteran. The form somehow made it into the hands of veterans groups who were outraged. The training form has been changed.

Dole Legislation. There are rumors of Dole legislation floating around that would expand veterans preference by applying it to promotions as well as initial federal hires.

HVRP (Homeless Veterans Reintegration Project)

Funding History:

* Authorized by the Stewart McKinney Homeless Assistance Act, HVRP began in 1988, and was financed at about $1–1 1/2 million annually until 1993–1995, when funding jumped to about $5 million.

* The FY 1995 rescission bill zeroed out HVRP. H.R. 1158 rescinded the entire HVRP appropriation of $5 million.

* The 1996 June Balanced Budget continued the rescission action for non–GI Bill for America's Workers programs. Since the HVRP was not in that initiative, the Balanced Budget provided no financing for this program.

* Congress in the FY 1996 Labor, HHS, and Education appropriation zeroed out the program.

* To make up for the 1995 rescission, DOL provided former HVRP grantees $1.3 million of the $9 million Job Training Partnership Act (JTPA) Program Year 1995 Veterans Employment and Training Program funds (these program year funds became available on July 1, 1995). In February, DOL signed a Memorandum of Understanding (MOU) with HUD to match these JTPA funds, so HVRP grants from these two "alternative" funding sources total $2.6 million currently. DOL would argue that JTPA money isn't a perfect substitute for HVRP because JTPA eligibility is limited to recently discharged Vietnam–era, or service–connected disabled veterans. HVRP eligibility is wide open. Still, OMB would argue that a categorical demo has been consolidated successfully, and that JTPA monies remain a viable alternative for HVRP grantee funds.

* The FY 1997 Budget includes no funds for HVRP, consistent with the FY 1995 and FY 1996 action.

* According to OMB, It is up to the Department of Labor whether to continue this program by using its discretionary JTPA dollars.

[The VSOs will argue that using discretionary JTPA dollars is "robbing Peter to pay Paul" and that there is a lack of commitment to veterans at the Department of Labor.]

Budget. Potential issues: Zeroing out of HVRP and the National Veterans Training Institute (training for veterans employment staff); the VA budget in the outyears.

Eligibility Reform. The Administration submitted eligibility reform legislation last Congress; the Senate is currently planning hearings on it and the House is expected to bring it to the floor (in the House, our proposal was introduced by Stump). Simpson and Rockefeller introduced a proposal (S. 1563) on behalf of the Independent Budget VSOs this February.

- **Persian Gulf Advisory Committee.** The President's Persian Gulf Advisory Committee met in Atlanta on Tuesday on the potentially hot issue of chemical/biological issues. The meeting was somewhat eclipsed, however, by reports that Ross Perot has funded two studies on Gulf War illness that hypothesize that chemicals that troops were exposed to in the Gulf War are contributors. These studies are expected to be published in May.

  The Advisory Committee gave an interim report to the President in February. The report was fairly positive and the VSOs were relatively pleased. The agencies are now preparing an action plan for the President on how they will implement the Committee's recommendations.

- **Agent Orange.** On March 14, the National Academy of Sciences issued a new report on the health effects of exposure to Agent Orange and other herbicides, suggesting new limited evidence of an association with neurological disorder in Vietnam veterans and spina bifida in their children. VA has announced that they will conduct an indepth review of the report.

FYI: The American Legion has invited the President to address their Annual Convention, September 3, Salt Lake City.

UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
WASHINGTON, D.C. 20415

OFFICE OF THE DIRECTOR

Mr. Daniel A. Ludwig
Commander
The American Legion
P.O. Box 1055
Indianapolis, IN 46206

JAN 11 1996

Dear Sir,

The most recent edition of The American Legion Magazine contained an article by Ken Scharnberg, entitled, "With Preferences Like These...," which contains errors, half-truths and misinformation. Its charge that the Federal Government is ignoring and violating veterans preference laws is simply not true.

Enclosed is a Letter to the Editor which responds to specific points in the article. I respectfully ask that you print this letter in your next issue. This Administration, and I believe, previous Administrations, have vigorously defended and enforced veterans preference laws.

Veterans preference is a simple concept, but it has a complicated set of rules. Through future editions of your magazine, I hope we can communicate accurately about government policies, practices, and employment trends for veterans. We can provide reliable information and statistics, and we would be glad to discuss these issues with you or your staff.

Sincerely,

James B. King
Director

cc: Commanders, Veterans Service Organizations

UNITED STATES
OFFICE OF PERSONNEL MANAGEMENT
WASHINGTON, D.C. 20415

OFFICE OF THE DIRECTOR

JAN 11 1996

Dear Editor,

I must point out that your recent article "With Preferences Like These..." contains many factual errors, half-truths, and misinformation. As someone who has benefited from veterans preference, and as the Clinton administration official charged with enforcing veterans preference, I was disturbed by the harm this misinformation can cause.

The article is wrong to say that veterans comprise only 20.7 percent of the Federal workforce; the actual share is 28 percent. Statistics show that the Government is actually doing a very good job of hiring veterans. The Government is getting smaller, therefore we are hiring fewer employees, but a higher proportion of these new employees are veterans. In 1990 veterans comprised 17.3 percent of all new hires into permanent, full-time positions. By 1994 this percent had climbed to 33.3 percent. In 1994 the government hired 37,892 new employees into these positions. Of these, 12,610 (33.3%) were veterans, 5,557 (14.7%) were Vietnam-era veterans, 2,136 (5.6%) were disabled veterans, and 756 (2.0%) were 30 percent or more disabled veterans. During the past ten years, the hiring rate for 30 percent disabled veterans rose from 1.0 percent to 1.5 percent -- a fifty percent increase -- and for Vietnam-era veterans, it rose from 15.6 percent to 16.7 percent. In an era when the total veteran population is declining and government is downsizing, these are achievements we should all take pride in.

The article charges that OPM and the Merit Systems Protection Board (MSPB) do not take veterans preference laws as seriously as did the U.S. Civil Service Commission prior to 1978. In fact, OPM takes its responsibilities very seriously and certainly does not view veterans preference an "inconvenience." As I testified before Congress last October 13, "...VETERANS PREFERENCE IS A COMMITMENT THAT CANNOT AND WILL NOT BE CHANGED. MERIT PROTECTION AND VETERANS PREFERENCE ARE BEDROCK VALUES. THERE CAN BE NO HINT OF COMPROMISE." And I can assure you that I speak for President Clinton on this point. I will say once again, veterans preference is an earned right.

Some basic facts must be understood. When Congress ended the draft in 1976, it restricted preference to new veterans only if they receive a campaign medal or suffer a service-connected disability. Furthermore, veterans who are eligible for preference in hiring may not be eligible for preference in retention if they retired above the rank of major. As a result of this Congressional action, a large percentage of those who have served in the military are not eligible for veterans preference.

It is also true that the veterans population is aging. Today, 44 percent of all living veterans served in World War II or the Korean War and only 5 percent served in the Persian Gulf. This aging of the veteran population leads inevitably to a smaller proportion of veterans in the Nation's total workforce. The most recent workforce figures show that 59 percent of American men between the ages of 55 and 64 are veterans, whereas only 10 percent of men between the ages of 20 and 34 are veterans. Today, the average age of veterans is 56.7 years, and, in the Federal workforce, veterans average 48.7 years of age as compared to 44.1 years for all employees. Most of our Vietnam-era veterans are now eligible for optional or early retirement.

Returning a list of candidates unused is not a "loophole" in the veterans preference laws. By law, agencies can hire employees from several sources, including current and former Federal employees, veterans who are eligible for direct appointment under the Veterans Readjustment Act and 30 percent disabled veterans who can be appointed directly as well. In 1994, 8,721 and 520 veterans, respectively, were appointed through these two "loopholes."

The article cites an error made by the Office of Personnel Management (OPM) in rating the qualifications of Mr. John Minnick for a position with the National Holocaust Museum. OPM later admitted its error and gave Mr. Minnick priority consideration for an equivalent position. This was an extremely rare case. The General Accounting Office recently audited OPM's application of veterans preference laws and found near perfect compliance. When we find a mistake, and we do make them, we act to correct that mistake and try to avoid making it again.

The article wrongly charges that equal employment opportunity laws are at odds with veterans preference laws. There is simply no evidence that veterans have been discriminated against as a class or that they are underrepresented in the Federal workforce, as compared to the civilian labor force. In fact, the Federal government employs veterans at significantly higher rates than private employers, largely because of veterans preference. The law requires agencies to have affirmative action plans for recruiting, hiring and advancing disabled veterans.

The article is misleading in its discussion of veterans preference in reduction in force (RIF). It is wrong to say that "By law and regulation, the only people whose jobs are protected during a RIF are veterans," but it is true that veterans in the Federal workforce do enjoy absolute preference over non-veterans who hold similar jobs. Moreover OPM regulations enable qualified veterans whose jobs are abolished to "bump" nonveterans out of their jobs.

It is true that veterans are sometimes affected by downsizing. If they believe the RIF rules are not being properly applied, they have the right to appeal to the Merit Systems Protection Board or to take their case to an impartial grievance arbitrator. They can also appeal to a Federal Court. The article cites the case of John

L. Davis, a civilian employee with the Army Corps of Engineers, who it should be noted took full advantage of his right to appeal RIF separation from the Department of the Army. Furthermore, the article failed to mention that the Federal Circuit Court of Appeals agreed with the Board that Mr. Davis's rights had not been violated.

The article criticizes Vice President Gore and Merit Systems Protection Board for recommending change to the Rule of Three, charging that these views reflect "an anti-veteran bias" and "contempt for veterans preference." Nothing could be farther from the truth. A recent five-year demonstration project conducted by the U.S. Department of Agriculture concluded that more veterans are hired when numerical ratings and the Rule of Three are replaced by categorical ratings. The veterans service organizations, including the Legion, have supported this demonstration project and for good reason...it works for both the country and the veteran.

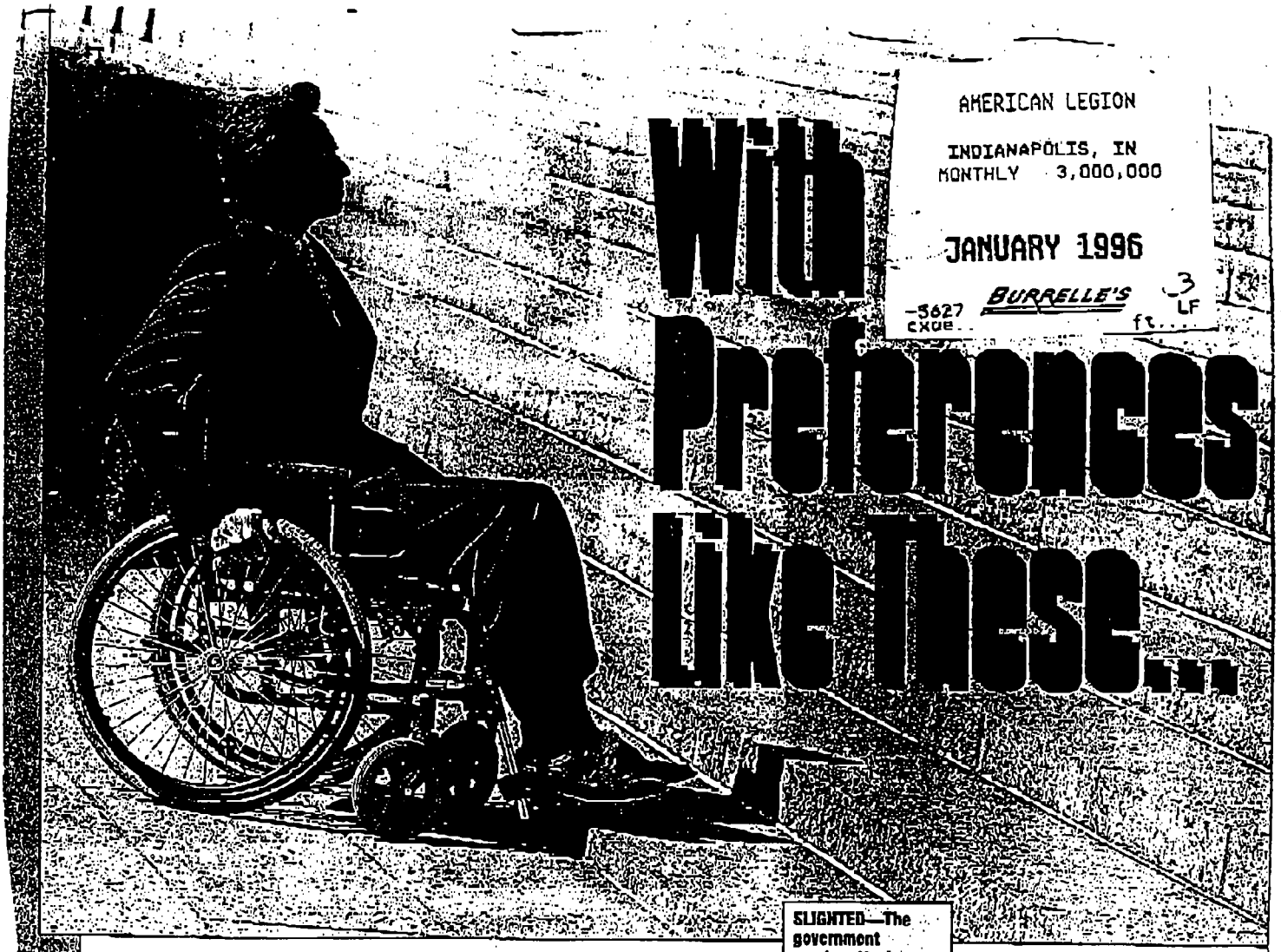
No system is perfect, and humans will err from time to time, but I know that this administration -- and I believe this to be true of our predecessors, of both parties -- considers veterans preference to be a sacred trust, and the figures I have cited support the truth of this.

Again, my thanks for the Legion's ongoing hard work for all of America's veterans.

Sincerely,

James B. King
Director

AMERICAN LEGION
INDIANAPOLIS, IN
MONTHLY 3,000,000
JANUARY 1996



With Preferences Like These...

SLIGHTED—The government employs the largest number of disabled veterans, but the number is steadily dropping because non-veterans are being hired instead.

For job-seekers, being a veteran used to mean you got a leg up. Now it often means you get a thumbs down.

0297R

By Ken Scharnberg

WHEN John Minnick applied for a public-relations position at the federally-sponsored Holocaust Museum in Washington, D.C., he felt optimistic. After all, he had a solid track record of related experience, coupled with managerial expertise. And because it was a federal job, Minnick—a disabled veteran—thought that veterans preference statutes would give him just the edge he needed.

"My application was one of four selected by the Office of Personnel Management (OPM) and forwarded to the Holocaust Museum personnel director," says Minnick, who learned through a friend at OPM that he had scored the most points under the federal application-rating system.

Then things took a strange turn. The museum personnel manager called OPM and said the establishment preferred somebody else—a non-veteran. It wasn't that Minnick was unqualified. The personnel manager simply wanted the other applicant.

Just like that, Minnick was out, and another candidate was in.

What John Minnick experienced is a direct violation of veterans preference statutes that affect thousands of veterans each year. The blunt truth is that veterans preference laws are regularly ignored or circumvented by federal hiring managers (some of whom will go so far as to reject entire lists of candidates simply because a veteran's name appears on that list). Worse, there is little a veteran can do to redress the wrong. For example, when Minnick complained about the incident, he was told that the personnel manager at the museum was new, and that an inexperienced OPM staff member had erred. And that was that. Excuses, but no job.

Years ago, John Minnick's story might have had a different ending. That's because years ago, veterans preference in federal employment was taken far more seriously. The laws first took life as part of the GI Bill and were based on a solid rationale: Military service interrupts an individual's normal career progress. To level the playing field, the government developed a point system for federal job testing. To give veterans an edge, five

Ken Scharnberg is veterans affairs editor of THE AMERICAN LEGION MAGAZINE.

points were awarded for wartime service (or more recently, for having served in a war zone), 10 points if the veteran had a service-connected disability. The points would be added to any federal employment exam with a score of 70 or more. And that is how things generally worked—until 1978.

That year, President Carter's Reorganization Plans abolished the Civil Service Commission (CSC), the governing body that heard and ruled on veterans preference appeals. The CSC was replaced by the Merit System Protection Board (MSPB), and the United States Code was rewritten so that "hearings and appeals with respect to veterans preference" became "hearings and appeals with respect to examination ratings." A subtle change, perhaps, but it is now clear that OPM and MSPB no longer interpret the law in a manner consistent with its meaning and spirit prior to 1978.

According to OPM figures, some 615,080 non-postal-employee veterans were working for the federal government at the end of FY91. This was down by 138,000 from FY87, an 18.3 percent drop OPM attributed to the aging veteran population. By FY94, the figure had dropped to 560,028, a number that includes the 12,610 veterans newly hired the same year, according to OPM. All told, both the number of veterans currently in federal employment and the number being brought in are shrinking.

And yet, since 1991, expeditionary medals—the current basis for granting preference to non-disabled veterans—have been awarded to about 1 million GIs of the Gulf War, Somalia and Haiti. With that many "new" veterans qualified for preference in federal hiring, plus those from the Vietnam era seeking a mid-life career change, the number of veterans in federal jobs should be going up, not down.

In fairness, the federal government remains the nation's largest employer of disabled veterans; overall, about 20.7 percent of all federal employees outside of the postal system are veterans. This sounds like an impressive percentage until the numbers are compared to data from when CSC was still intact. In 1975, *half* of all federal employees—1.35 million workers—were veterans.

Officially, the government tends to deny that much is amiss. During a recent meeting on the issue, OPM director James King said his department fully supported veterans preference. Richard Weidman of the Veterans Economic Action Coalition remains skeptical. "That's just so much smoke," said Weidman, who contends that blatant violations of veterans preference laws take place regularly. "What OPM does not seem to understand is that veterans preference is the law," said Weidman. "It's not

The blunt truth is that veterans preference laws carry very little weight and are regularly ignored or circumvented.

VETS LAST—The Holocaust Museum in Washington, D.C., denied John Minnick a job because of "a clerical error." Many other vets encounter similar "errors."

With Preferences Like These...

LIAISON—The Labor Department's Preston Taylor, right, and then-Legion's Economic Commission Chairman, Alan Titus, discuss veterans preference laws.

something they can ignore because it is inconvenient. Moreover, it is an earned right. It was not granted to them by accident."

The growing anti-veteran bias is clearly visible once you learn to decode the government's often-confusing memos and reports. For example, in a report on federal hiring submitted to Vice President Al Gore, the MSPB stated, "The interaction of two staffing requirements embedded in federal personnel law—veterans preference and the 'Rule of Three'—is widely viewed as an impediment to good hiring practices." What this means in English is that the top three or more candidates for a government job (based on points scored) are forwarded to the hiring manager for consideration; the so-called "impediment to good hiring" is that if one of the three is a veteran, the manager is supposed to give preference to that individual. Indeed, later in its report, the MSPB proposes legislation to undercut or abolish the Rule of Three. Such a step would formalize the contempt for veterans preference now practiced informally by many federal hiring managers.

Today, about 20.7 percent of all federal employees outside of the postal system are veterans. In 1975, half of all federal employees—13.5 million workers—were veterans.

Government managers justify their actions on the grounds of "improving the federal work force." They say they want the flexibility to hire a non-veteran applicant—for example, a recent college graduate—who scored higher on the exam when one deducts the bonus points awarded to the veteran simply for being a veteran.

However, under existing law, a manager already has the option of rejecting the entire list and requesting a new one. Taking advantage of this loophole is a common practice, according to James Hubbard, director of the Legion's National Economic Division. Hubbard says lists may be rejected several times until the manager finds the "right" person. The GAO confirms that about 71 percent of applicant lists containing a veteran at the top are returned as a result of "candidates lacking desired qualifications." Tellingly, when no veteran's name appears on the list, 51 percent are returned.

Compounding the bias against veterans, according to Preston Taylor, director of the Department of Labor's Veterans Employment and Training Services, is the fact that the federal government is undergoing a massive reduction-in-force (RIF). By law, during a RIF, a veteran has "bumping rights," which simply means he or she can transfer into another position of the same level and "bump" a non-veteran or an employee with less tenure. Because veterans preference gives veterans such statutory protections during RIFs, other federal employees see them as a threat. All of which leaves non-veteran federal personnel feeling "angry and scared," says Taylor.

But there is a subtler reason why veterans are often shunted aside in favor of others, at least by civilian government contractors subject to federally mandated hiring policies: fear of discrimination cases brought by minorities. A person protected by Equal Employment Opportunity (EEO) laws who is discriminated against can sue and collect damages. Faced with the choice of a possible reprimand from OPM (which rarely happens anyway) or the very real threat of legal action and monetary settlement with those protected under EEO, contract employers routinely reject veteran applicants in favor of women and minorities, says the Veterans Economic Action Coalition (VEAC).

Interestingly, VEAC, a veterans preference advocacy organization, cites a handful of suits that tried to apply EEO guidelines in veterans preference cases, without success. It seems veterans are not included in the classes protected from discrimination under federal civil rights laws.

UNFORTUNATELY, even when the veteran lands the job, that doesn't always end the problem. The grim truth is that the job protection that once existed for veterans is rapidly being eroded.

Consider what has happened in the U.S. Postal Service. Some 278,000 veterans were employed in 1991 by the postal system, the nation's largest veteran employer. In 1994, newly

appointed Postmaster General Marvin Runyon, under orders to downsize the massive USPS, hit upon a cunning plan. Knowing that he could not undertake an actual RIF without running afoul of veterans preference statutes, Runyon instead shuffled his people around, moving former managers into low-ranking positions where they were supervised by individuals of lesser grade and tenure. Coupled with this was a freeze on all raises and cost of living adjustments for the former managers until the pay of the lower-paid supervisors eventually rose to meet the former managers' incomes through annual COLAs—a process that could take many years. In this way, the USPS would save millions by not having to pay salary increases or COLAs.

The affected employees, veteran and non-veteran alike, appealed to the MSPB, which agreed that the demotions did in fact constitute a RIF. Runyon wanted to appeal the decision, but fortunately for postal employees, President Clinton stepped in and told him to return them to their former positions.

STILL, Runyon had a trump card to play. He abolished some positions on paper, then renamed them and gave them revised duties. Thus, when veterans demanded their old jobs back, Runyon was able to tell some of them truthfully—if unfairly—"That position no longer exists."

In an interesting footnote to the postal caper, Joseph J. Mahon Jr., OPM's vice president of labor relations, wrote that among other things, Runyon's RIF was "too likely to have an adverse effect on minorities and women in the work force." By law and regulation, the only people whose jobs are protected during a RIF are veterans.

Yet somehow, affirmative action became the larger consideration over veterans preference, once more revealing the government's true priorities.

In document after document, whether from the USPS or other government agencies, the overriding concern seems to be minority body count: *Do we have enough blacks, Hispanics and women in our workplace*? Sadly, where veterans are concerned, the question too often seems to be, *Can we think up another loophole to avoid veterans preference*?

Take the case of John L. Davis, a GS-15 civilian employee with the Army Corps of Engineers. A Korean veteran, Davis had worked for the government for 40 years. In March 1993, he was notified that his position would be eliminated as part of a RIF. According to Davis, there were as many as six positions at the GS-15 level within his department that he should have been able to bump to. His application to these positions was denied because, according to the civilian personnel officer, he was unqualified. He was offered a lower-paying job in another government office, which he ultimately was forced to accept.

HE APPEALED the decision to the MSPB. Though he acknowledged that "day-to-day administrative management of an office" was the only qualification he lacked for the position, he reminded the board he had similar experience at a lower pay grade. (In any case, federal managers have conceded in court that few people step into these managerial slots with every criterion fully met.)

Davis argued that he was denied his right to bump due to office politics and personal animosity. He supplied witnesses who testified that after he told another manager he intended to bump for the job in the event of a RIF, the manager complained to the director. Court records also showed that review board personnel intended to "teach Davis a lesson." Those same records contained statements that "he ascended fast, so he could descend fast," and that there were "political consequences" to Davis' actions.

Administrative Judge William L. Boulden wrote, "I find that [Davis] has established that [two review board members] were motivated by personal animus with regard to the appellant's rights under the RIF, and thus, the agency's determination of those rights could, under the circumstances, have been based on prohibited personnel practices."

A great victory for Davis? Not quite. Boulden wound up ruling against him, basing his decision on the dubious argument that Davis lacked managerial experience in the higher pay grade.

And there was nothing Davis could do about it. (Nor does the injustice end there, apparently: Susan Odom, a coworker and one of the people who testified on Davis' behalf, claims that the Department of the Army is now retaliating against her husband and her.)

The State Department has concocted yet another method to ensure that "favored" non-veterans are retained within the government. Here the work force is divided into three sections, or "cones": the top-ranking 25 percent; the middle-ranked 50 percent; and the lowest-ranked 25 percent. Each cone is treated as a separate entity. This means the veterans in the highest cone enjoy full preference and RIF protection—but it also means the non-veterans in the top level have preference and protection from veterans in the two lower cones.

Thus, as so often happens, the government has applied veterans preference rules in an uneven, be-thankful-for-small-favors manner. And still, as Ray Smith, chairman of the Legion's National Economic Commission, puts it, "You can count on some manager or director figuring out some way to sidestep the rules."

THE SEARCH for silver linings in all this leads mostly to a handful of individuals waging their own personal war on behalf of veterans. For instance, PUFL Legionnaire Robert Donahue, a Local Veterans Employment Representative in Charles City, Iowa, received The American Legion National Outstanding Employment Service Officer Award for work placement, training and schooling of veterans. Donahue, a member of Post 278 in Osage, Iowa, found ways to get jobs for veterans in an area plagued by low employment.

Another "point of light" shines within the Department of New York, where the VEAC's Rick Weidman also is the department's veterans employment chairman. According to Department Adjutant Richard Pedro, Weidman and others have begun an aggressive effort to train, counsel and find employment for New York veterans. Other Legion Departments—notably South Carolina, Wisconsin and Utah—are also actively involved in finding veterans work in the private sector.

But admirable as these efforts may be, they do little to tip the scales of injustice that played havoc with the likes of John Minnick, John Davis and many thousands of other veterans—men and women who made the mistake of believing that veterans preference laws actually meant what they said. □

THE WHITE HOUSE

WASHINGTON

WHITE HOUSE MEETING WITH REPRESENTATIVES OF VETERAN SERVICE ORGANIZATIONS

Friday, April 19, 10:15–11:45 am
Room 472 Old Executive Office Building

Agenda

Welcome/Introductions

-Kitty Higgins, Assistant to the President and Secretary to the Cabinet
-Jeremy Ben-Ami, Deputy Assistant to the President for Domestic Policy

Brief Updates

-Eligibility Reform: Patricia O'Neil, Special Assistant to the Secretary for Policy and Planning, Department of Veterans Affairs
-Medicare Subvention Working Group

Discussion of Issues of Concern from VSO Representatives

Adjourn

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Adjourn

Status Report on Medicare Subvention for VA

- VA Medicare subvention will test the feasibility of VA as a Medicare provider. They will also test its ability to integrate its core mission -- caring for Category A veterans -- with competition with the private sector to provide care to Medicare-eligible Category C veterans. The decision to expand the pilots nationally will be made after the evaluation demonstrates VA's ability to meet the cost, quality and access standards.

- The importance of the evaluation was demonstrated recently when CBO scored the DoD Medicare subvention demonstration at a cost of $1.5 billion over six years (FYs 1997-2002). CBO based its scoring on uncertainties about how DoD and beneficiary behavior would affect Medicare costs in a demonstration. The same uncertainties cited by CBO in its DoD scoring also exist in the VA. Like DoD,
  - -- VA cannot accurately estimate the current level of services it now provides to dually eligible beneficiaries.
  - -- VA pilot sites may have incentive to shift costs to Medicare.
  - -- a VA capitation pilot (the option VA appears to be most in favor of) could attract relatively healthy beneficiaries that currently receive care in the private sector on a fee-for-service basis. If this occurs, Medicare could end up paying more to VA for the care of these patients than it now pays the private sector.

- We expect CBO to score any VA proposal similarly due to the difficulty in addressing these issues prior to the pilot's start. Consequently, the evaluation must address these questions before a decision to expand subvention nationally can be considered to avoid paygo costs and a drain on the Medicare Trust Fund.

- Three work groups were established late last summer to develop working models for the capitation, fee-for-service, and bundled payment pilot options. The work groups report to the study team, which has overall responsibility for creating a final report for policy-makers at all three agencies.

- The workgroups have developed interim reports, but several cross cutting decisions needed to be addressed before final reports could be prepared. Work was temporarily halted during the winter as the study team struggled to develop a common set of overriding principals to guide work team efforts.

- At this time, all issues have essentially been settled. The final issue, the evaluation, was resolved in early April when the study team agreed that the pilots will be subject to a comprehensive evaluation that considers the full range of cost, quality and access issues.

- We expect the work groups to submit final reports to the study team in early June. The study team plans to present its report and recommendations to policy officials in July.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. list	attendees, interagency veterans policy working group meeting (partial) (2 pages)	04/17/1996	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Molly Brostrom
OA/Box Number: 8398

FOLDER TITLE:
Interagency Veterans Policy Group [1]

2012-0326-S
kc784

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[002]

INTERAGENCY VETERANS POLICY WORKING GROUP MEETING
OLD EXECUTIVE OFFICE BUILDING
ROOM 472
FRIDAY, APRIL 19TH
10:15 A.M. - 11:45 A.M.

American G.I. Forum
Ernie Garcia
P6/(b)(6)

Hector DeLeon
P6/(b)(6)

American Legion
George Michael Schlee
P6/(b)(6)

AMVETS
James J. Kenney
P6/(b)(6)

Blinded Veterans Association
Tom Miller
P6/(b)(6)

Art Mathews
P6/(b)(6)

Disabled American Veterans
Ron Drach
P6/(b)(6)

[002]

Military Order of the Purple Heart
John B. Kirby
P6/(b)(6)

Ron Atwell
P6/(b)(6)

Paralyzed Veterans of America
Doug Vollmer
P6/(b)(6)

Veterans of Foreign Wars
William L. Bradshaw
P6/(b)(6)

Sidney Daniels
P6/(b)(6)

Vietnam Veterans of America
Bill Crandell
P6/(b)(6)

- Welcome
- Thanks for written comments
- Recent Jobs legislation
- Look forward to input.

(V) (1) Meet w/ Vet Orgs Homeless Council

(2) Nov 9 - Rose Salute to Veterans
→ w/ Sec'y Montgomery.

DOL $60,000 jobs
163,000 — training.

(3) Oversight of Jobs preference.
- grievance process.

(4) Ron Drach concerned w/ the military personnel getting some separation assistance.

God Stackman HCFA
Jackie/Mark
Tom Miller Bl. Jobs
Sharon Barnes VA Vet Svcs
Marsha VA
Dennis VA
Irwin Parnes ~~Dol~~ VA
Norma St. Claire DoL
Jeanne Fitz DoL
Ron Drach
Bill Crandell VVA
Bob Carbonneau AM VETS
Jim McGill VFW
Sig Daniels VFW
Howard Metzger T.W.V.
Preston Taylor DoL
Trish SBA
Doug Wolter PVA
→ Jim Adams RCA
Chuck Schreiber NGA
Michael Schlee Legion
Col. Walker Willis R.O.A
Hector DeLeon
Lynn Klein
Toni Hustead

Fall Interagency Veterans Policy Group Meeting
Truman Room, White House Conference Center
October 12, 1995, 1:00-3:00 pm

Detailed Agenda

1:00 Welcome
-Carol H. Rasco, Kitty Higgins, Alexis Herman

1:15 Overview of IVPG History and Updates
-Jeremy Ben-Ami, LeeAnn Inadomi

IVPG Background:

- Established last year (Fall 1994--initial meeting September 21) to enhance and promote communication and coordination on veterans issues across federal agencies; 3rd (4th?) meeting with groups; regular meetings and follow-up with federal agencies.

Accomplishments/Successes:

- Open line of communication; unprecedented access

- Report this spring on status of issues raised by VSOs and military coalition groups.

- Among those issues in the report which we have successfully moved forward, after you raised these issues with us:

  -Advanced the naming of members to DOL's Advisory Committee on Veterans Employment and Training and Presidential Advisory Committee on Persian Gulf War Illness (meeting next week of P.G. Adv. Committee)

  -Ensured veterans representation among delegates to 1995 White House Conference on Aging; post-conference, worked with WHCoA staff to reconsider rules on adoption of resolutions -- as a result, a resolution introduced by veterans' delegates was added, and two veterans delegate introduced resolutions were included in the report sent to the Governors.

  -Included Paralyzed Veterans and Disabled Veterans of American on Administration's National Disability Policy Review outreach

  -OPM and National Performance Review encouraged to reach out and include veterans in discussions on veterans preference

  -Facilitated White House meeting with groups on the status of health reform last December

  [-Areas we continue to work on: VA Backlog]

Updates on Key Issues from Agency Representatives:

- I want to turn to agency representatives to talk about a couple areas where there was significant concern and where we have made signifanct strides in addressing.

    - Budget and Reconciliation (Nancy-Ann Min)
    - Homelessness (Jacquie Lawing, Marsha Martin)

1:30 Discussion: Meeting the health care needs of the defense/veterans community (Facilitator: Jeremy Ben-Ami)

- As you are aware, we've structured the meeting around two general areas that have been of interest. To start the discussion, we asked agency representatives to begin with BRIEF presentation.

Agency Presentations (5 minutes each):

- VA Eligibility Reform, Other REGO II initiatives, VA health care reorganization, VA Client Services Report (Dennis Duffy, VA)
- VA Subvention Pilots (Nancy-Ann Min, OMB)
- DoD Subvention Pilots (Gary Christopherson, DoD)
- DoD Health Care Changes--VA/DoD collaboration, Tricare, Medicare managed care and base closures (Gary Christopherson/Al Giambone, DoD)

Comments from groups/New Issues

2:20 Discussion: Economic issues affecting the defense/veterans community

Agency Presentations (5 minutes each):

- VocRehab, Empl&Training Consolidation, Progress on Advisory Committee Recommendations (Preston Taylor, DOL)
- GI Bill, Responses to Downsizing (Jeanne Fites, DoD)
- Civil Service hiring (Lynn Klein, OPM)

Comments from Groups/New Issues

3:00 Adjourn

- Wrap to cover [illegible] provided for us.
- Acknowledge Molly
- thanks for written comments
- p.s. stay in touch

DRAFT

INTERAGENCY VETERANS POLICY GROUP MEETING

White House Conference Center, Truman Room
October 12, 1995, 1:00-3:00 pm

Administration Participants

White House
Alexis Herman
Assistant to the President for Public Liaison

Kitty Higgins
Secretary to the Cabinet

Carol Rasco
Assistant to the President for Domestic Policy

Jeremy Ben-Ami
Deputy Assistant to the President for Domestic Policy

LeeAnn Inadomi
Special Assistant to the President for Cabinet Affairs

Bob Jones
Special Assistant to the Secretary, Department of Veterans Affairs/OPL

Molly Brostrom
Senior Policy Analyst, Domestic Policy Council

Office of Management and Budget
Nancy-Ann Min
Associate Director for Health and Personnel

Toni Hustead
Branch Chief, Veterans Personnel

Jim Fish
Program Examiner, National Security Division

Department of Defense
Jeanne Fites
Deputy Undersecretary of Defense

Norma St. Claire
Director, Information Management for OUSD Personnel and Readiness

Gary Christopherson
Senior Health Advisor

Al Giambone
Principal Director for Program Policy and Coordination

Department of Housing and Urban Development
Jacquie Lawing
Deputy Assistant Secretary for Economic Development

Mark Johnston
Acting Director, Program Mgmt. Division, Office of Special Needs Assistance

Department of Labor
Preston Taylor
Assistant Secretary for Veterans Employment and Training

Department of Veterans Affairs
Dennis Duffy
Assistant Secretary for Policy and Planning

Marsha Martin
VHA Coordinator for Homeless Initiatives

Irwin Pernick
Associate Deputy Assistant Secretary for Policy

Health Care Financing Administration, HHS
Dan Ermann
Office of Legislation and Intergovernmental Affairs

Joel Slackman
Special Analysis Staff

Office of Personnel Management
Janice LaChance
Director, Communications

Leonard R. Klein
Associate Director, Employment

Small Business Administration
Bill Truitt
Assistant Director, Office of Veterans Affairs

THE WHITE HOUSE

WASHINGTON

Joint Meeting of the
Interagency Veterans Policy Group and
Veterans Service Organizations and Military Coalition Groups

White House Conference Center, Truman Room,
October 12, 1995, 1:00-3:00 pm

Agenda

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- Alexis Herman, Assistant to the President for Public Liaison
- Kitty Higgins, Assistant to the President and Secretary to the Cabinet
- Carol Rasco, Assistant to the President for Domestic Policy

1:15 Overview of IVPG History and Updates

- Budget and Reconciliation
- Homelessness

1:30 Meeting the health care needs of the defense/veterans community

- Agency Presentations
- Discussion

2:20 Economic issues affecting the defense/veterans community

- Agency Presentations
- Discussion

3:00 Adjourn

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The American Legion

Bob Carbonneau
AMVETS

Hector DeLeon
American G.I. Forum

Tom Miller
Blinded Veterans Association

Ron Drach
Disabled American Veterans

Howard Metzger
Jewish War Veterans

Greg Bresser
Military Order of the Purple Heart

Wallace Williams
National Association for Black Veterans

Sharon Barnes
National Association for Uniformed Services

Chuck Schreiber
National Guard Association

Dick Johnson
Non Commissioned Officers Association

Doug Vollmer
Paralyzed Veterans of America

Col. Walker Williams
Reserve Officers Association

Jim Adams
The Retired Enlisted Association

Jim Magill
Veterans of Foreign Wars

Bill Crandell
Vietnam Veterans of America

Dr. Stephen C. Joseph and Dr. Kenneth W. Kizer

DoD and VA Joint Efforts -- Of Mutual Benefit

On June 29th, a significant event in the history of the Departments of Defense (DoD) and Veterans Affairs (VA) joint efforts took place. Not with a lot of fanfare but with a sense of common purpose, the Assistant Secretary of Defense (Health Affairs) and the Under Secretary for Health, Department of Veterans Affairs signed a memorandum of understanding. Under this agreement and for the first time, the DoD is making VA Medical Centers eligible to be reimbursed for care under Defense's new TRICARE program.

This newest effort, operating through Defense's TRICARE program, has the potential of giving DoD's CHAMPUS (Civilian Health and Medical Program of the Uniformed Services) beneficiaries another choice, in addition to military and private sector providers serving them today. While beneficiaries can continue to use military treatment facilities and private sector providers, many may have one more option -- a VA Medical Center. Beneficiaries who prefer care from a VA Medical Center can choose to use one, as long as it meets the requirements of TRICARE and its managed care support contractors. Costs to beneficiaries will be the same as when they use a private sector provider.

With this new agreement, VA Medical Centers wishing to participate in TRICARE would apply to DoD's regional managed care support contractors and must meet the cost, access and quality criteria used by the contractors. Those VA Medical Centers striking agreements with TRICARE contractors would then be available to DoD's beneficiaries in the same way that private sector providers will be available. While this agreement does not automatically treat VA Medical Centers as TRICARE providers, for the first time it makes them eligible to apply through managed care support contractors to become TRICARE providers. This new effort with the VA will be phased in over the next two years.

This VA and DoD agreement, in the form of a memorandum of understanding, and the mechanisms it creates become the primary vehicle for VA Medical Centers wanting to provide care to DoD's CHAMPUS beneficiaries.

Why is this agreement so important? Very simply, it exemplifies the way that DoD and VA are approaching joint efforts now and into the future. The key is that VA and DoD joint efforts be of mutual benefit.

In this case, VA Medical Centers will benefit because they have the opportunity to attract not only more paying patients, but more paying patients who have much in common with the veterans already being served, yet present a more diverse set of medical conditions. At the same time DoD and its beneficiaries will benefit as beneficiaries have another option for receiving health care, in addition to Military Treatment Facilities and private sector health care providers. The more attractive, in terms of cost, access and quality, that VA Medical Centers become for DoD beneficiaries, the more DoD beneficiaries will choose VA Medical Centers.

DoD and VA are working cooperatively at all levels. The above agreement is just one example of cooperation at the highest level between the Under Secretary for Health in Veterans Affairs and the Assistant Secretary of Defense (Health Affairs). Many joint efforts have been operational for some time and many of those efforts reflect cooperation at all levels of both agencies. More joint efforts, as are described below, will come in the future.

Dr. Custis, in his June 1995 column in U.S. Medicine, points out that many joint efforts are already in place. For years, VA and DoD at all levels have engaged in a wide range of sharing arrangements built on the principle of joint efforts for mutual benefit. For example, VA and DoD have collaborated in research projects, such as traumatic brain injury, post-traumatic stress disorder, alcoholism, AIDS, spinal cord injury and sensory impairments and, most recently, illnesses that may be related to service in the Persian Gulf War.

In the area of sharing health care resources, Public Law 97-174, "The Veterans Administration and Department of Defense Health Resources Sharing and Emergency Operations Act," was specifically enacted in 1982, to promote cost-effective use of federal health care resources by minimizing duplication and underuse of health care resources while benefiting both VA and DoD beneficiaries. As a result of this legislation, the Economy Act (Title 31 USC) and administrative action, the two Departments have shared health care resources.

Since the 1982 legislation, facility-level resources sharing agreements, ranging from major medical and surgical services, laundry, blood, and laboratory services, to unusual specialty care services, have shown continued annual growth. In 1984, there were a combined total of 102 VA and DoD facilities with sharing agreements. By 1995, that number had more than doubled to 284. In two years between FY1992 and FY1994 shared services increased from slightly over 3,000 to more than 4000.

In addition to the hospital-to-hospital agreements, many education and training agreements exist between VA Medical Centers and military medical reserve component units. Under a typical agreement, a VA Medical Center provides space for weekend training drills. In return, reserve personnel serve as supplemental staff. For example, the VA Medical Center in Tampa, Florida, has training agreements with Army, Navy, and Air Force Reserve units. An average of 25 reservists train at Tampa on weekends while simultaneously supplementing VA staff. Reservists training at Tampa include physicians, nurses, and medical technicians. Training occurs in medical services, shock trauma, aeromedical evacuation, disaster preparedness, surgery, psychiatry, pathology and administrative services.

Also, for several years, the two Departments have pursued a program of joint venture construction and operation of hospitals. The first of these was the facility at Kirtland AFB in Albuquerque, New Mexico. In this joint undertaking, the Air Force is operating a wing in the Albuquerque VA Medical Center. The Air Force also operates a comprehensive health care clinic and dental clinic adjacent to the hospital. Through this sharing effort, the Air Force avoided approximately $10 million in construction costs and is producing additional savings through multiple sharing agreements within the facility.

Another joint effort is the new 129-bed hospital at Nellis AFB. The $75 million FY 1990 Federal Medical Facility which replaced the old Nellis Air Force Base Hospital opened in July 1994. The Air Force is operating the facility, but VA is staffing its 52 beds. The Air Force and the VA estimate annual savings of almost $24 million and approximately $7 million respectively.

At the same time, VA and DoD are working together on other potential joint ventures at sites such as Travis AFB (California), Elmendorf AFB (Alaska), East Central Florida, Fort Sill (Oklahoma), Fort Bliss (Texas) and Tripler Army Medical Center (Hawaii).

How are we approaching future joint efforts? DoD and VA have decided the best strategy is to link our two networks wherever their is substantial mutual benefit. We are aggressively fielding that strategy and will continue to do so for the foreseeable future.

While this may appear obvious, not everyone seems to agree that the criteria should be mutual benefit. However, to do otherwise causes problems. There are problems if VA and DoD were to pursue joint efforts when one of the agencies and its beneficiaries may see no benefit. There are greater problems with pursuing joint efforts when both agencies and their beneficiaries may see no benefit. Neither of these latter two criteria is in the best interest of our beneficiaries or taxpayers. Instead, since there are more than enough opportunities offering mutual benefit to DoD, VA and their beneficiaries, we apply the mutual benefit criteria and focus on those opportunities meeting that criteria.

To provide a better idea of what that portends for the future, it is helpful to cite another recent agreement reached between DoD and VA. Under this informal agreement, the two agencies laid out those areas which offer the best possibility for mutual benefit. As can be seen from the following list, future joint VA and DoD efforts cover significant territory.

PRIORITIES FOR JOINT DOD/VA EFFORTS

Health systems development

- DoD and VA will develop and operate shared facilities and joint venture sites.
- DoD and VA will carry out joint planning on medical facility construction that impacts both DoD and VA beneficiaries.

Readiness

- DoD and VA will carry out joint planning for and the development of:
  - The flow of patients (injured active duty troops) within the continental U.S.
  - Specialized care for specific types of conflict-related injuries, e.g. spinal cord injury, traumatic brain injury.

Provision of Care

- DoD and VA will sign the appropriate agreements and take the necessary steps which enable the provision of medical care to DoD beneficiaries by VA Medical Centers under the CHAMPUS managed care support contracts. (Signed June 29, 1995)
- DoD and VA will work together to develop arrangements whereby DoD beneficiaries can receive appropriate specialized care (e.g. head trauma, rehabilitative care) from VA Medical Centers.

Post-deployment epidemiology, research, evaluation and care

- DoD and VA will continue their close cooperation on post-deployment (including Persian Gulf Illness) research, epidemiology, and clinical care.

Technology/Information Systems

- DoD and VA will develop joint and coordinated efforts with regard to a) developing telemedicine as a means to improve readiness and patient care, b) improving interoperability and interconnectivity between VA and DoD services, and c) providing information management support for joint ventures.

With this as our joint strategy for the future, let us return to the issue of how our two networks should be linked. In this, we share the caution put forward by Dr. Custis. As he stated, "this is not to propose a single monolithic Federal Medical Service." On that point we concur. So what are we not only proposing, but actually implementing?

Paralleling what the DoD is doing within its own Military Health Services System, the VA and DoD are moving forward jointly on the development of their respective health care systems. Each agency is heavily involved in reinventing their health care systems.

For VA, that means the activation of the Veterans Integrated Service Networks (VISNs) along with a sweeping reorganization of the VA headquarters. Beginning in October of this year, the structure of both the field and headquarters of the Veterans Health Administration (VHA) will be significantly changed, In the field, the former four-region structure will give way to 22 smaller, more cohesive VISNs. These networks were chosen according to existing patient referral patterns, and groupings of facilities and patients sufficient to provide comprehensive services. The facility directors will collaborate with the VISN director to provide cost-effective care and improved patient services, and to pool resources to expand access of care to veterans. Each VISN will be headed by a director, who will have operational control, strategic planning and budgetary responsibility over all the patient care facilities and service providers in the network.

Commensurate with this decentralization of day-to-day decision making authority will be a re-engineering of VA headquarters, which will shift its focus to systemwide issues and the important function of governance of the system. This reorganization of VHA will improve efficiency, boost accountability and enhance customer service.

For DoD, reinvention, in part, means the development of TRICARE. TRICARE is DoD's regionalized managed care system, serving active duty troops and their families and retirees and their families. Moving away from the traditional workload based system, TRICARE moves toward capitation. Under capitation, the system will focus on funding Military Treatment Facilities and managed care support contractors per enrolled beneficiary rather than on the number of visits or bed days. With that change, the incentives change for military providers and the private sector, as managed through the managed care support contractors. Providers will need to be concerned about the total care of a beneficiary, not just for this current episode and not just for current year, but potentially for year after year. Preventing illness and injury becomes very important. Beneficiary satisfaction with access, cost and quality become more important. More cost-effective management of the Military Health Services System and its Military Treatment Facilities becomes more important.

DoD made a fundamental decision as to how to bring about this change. This change was to result from a joint effort of the Army, Navy, Air Force and the Office of the Assistant Secretary of Defense (Health Affairs) (OASD(HA)). "Joint" is the key term. After all, that is how DoD carries out its military missions. That is how DoD is carrying out its health mission. Under the joint approach, the Military Services and the OASD(HA) retain their respective missions, identities, cultures, and strengths. Whenever it is to their mutual benefit, as is the case with the new TRICARE program, they join forces and work side-by-side.

So it is with the VA and DoD. They have joined forces and are working side-by-side. Both retain their identity and culture. Both play to their strengths. Both carry out their assigned mission. Both must be responsive to the American taxpayer. Both ensure that their respective beneficiaries are cared for.

Again, joint efforts are best built on the principle of maximizing mutual benefit. For DoD, VA and their beneficiaries, joint efforts have been and will continue to be of mutual benefit.

MEDICAL CARE FOR BENEFICIARIES IN BASE REALIGNMENT AND CLOSURE (BRAC) AREAS

BACKGROUND: The approved base realignment and closure (BRAC) lists (1988, 1991, 1993 & 1995) will result in the closure of 31 military treatment facilities (MTFs) and an additional number of health clinics in the continental United States. In the past, when an MTF closed, residual beneficiaries used either the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) or Medicare for their health care needs. That no longer is the situation. With strong Congressional support for the Department of Defense (DoD) to do more for beneficiary populations affected by base closures, we have enhanced our planning and programs to specifically address their needs. DoD eligible beneficiaries remaining in areas affected by BRAC actions will be provided with alternative health care delivery options after their local MTF closes. The Department's actions to lessen the medical impact include transitional health care programs, managed care initiatives, retail pharmacy networks, a mail service pharmacy demonstration, and meetings with beneficiaries at affected BRAC sites.

CURRENT STATUS: The Military Services are charged to develop transition medical plans for their MTFs scheduled for closure. These in turn are reviewed by a joint working group at the DoD level to ensure a consistent and integrated approach to the identification of resource requirements, allocation, and access at closure sites.

Our goal is to have TRICARE, the Department's managed care program, implemented throughout the United States by 1997. This initiative provides a uniform, triple option set of benefits for eligible beneficiaries and will offer stable, comprehensive, health care coverage, improved beneficiary access and choice while containing overall DoD health care costs. Once TRICARE is implemented, the managed care support contractor will be able to develop networks of providers for those locations having a sufficient density of eligible beneficiaries. In the interim, we are including in our fiscal intermediary CHAMPUS claims processor contracts the requirement for development of preferred provider networks in BRAC areas. This will provide our beneficiaries an optional network of health care providers, reduce cost, and eliminate claims paperwork.

A retail pharmacy benefit is also included in each location where a provider network is developed. This program for CHAMPUS-eligible personnel will also be available to military Medicare-eligible beneficiaries residing within former BRAC catchment areas or those who relied upon a now closed facility for pharmacy services within twelve months of its closure.

In addition, the Department is conducting a two year mail order pharmacy demonstration project which began service on November 1, 1994. This project involves two multi-state regions that include Florida, Georgia, South Carolina, Pennsylvania, Delaware, and New Jersey. At the end of two years, a Report to the Congress is required which will evaluate the project and recommend future deployment of the program. Additionally, on September 1, 1995, mail service was extended to 12 BRAC sites. As with the retail pharmacy benefit program, the mail service pharmacy benefit is also available to Medicare-eligible beneficiaries residing within former BRAC catchment areas or those who relied upon a former facility for pharmacy services within twelve months of closure. Additional BRAC sites may be added to the mail order service contract as future closures progress.

Our BRAC Health Care Beneficiary Working Group is composed of representatives of each Military Service, Health Affairs, and an independent member appointed from among private citizens qualified to represent all personnel entitled to military health care. Since May 1993, selected members of the Working Group have visited many of the installations scheduled for closure. They have met with beneficiary organizations, local officials, Congressional representatives and their staff, base personnel, and retired personnel at each of the closure sites. Town meetings were held at each site and attendance has averaged approximately 200 - 600 people.

The group has gained valuable insight into specific health care issues and concerns affecting beneficiaries who remain after a base medical facility has closed. Information gathered during these visits will be the basis for future recommendations to the ASD (Health Affairs) and the Congress concerning health care delivery systems within affected BRAC sites.

Military Hospitals Due to Close as a result of BRAC

Installations with Inpatient Hospital Facilities

Army

Presidio of San Francisco, CA
Fort Ord, CA
Fort Devens, MA
Fort B. Harrison, IN
Fort McClellan, AL
Fitzsimons Army Medical Center, CO
Fort Lee, VA
Fort Meade, MD

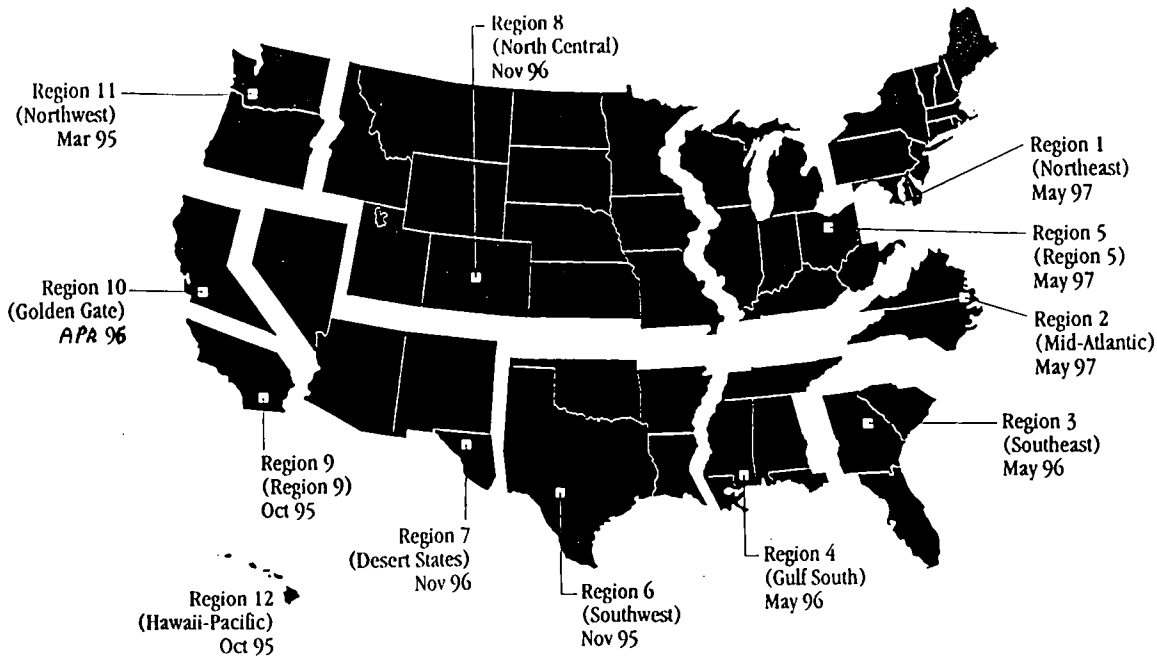
Navy

NH Long Beach, CA
NH Orlando, FL
NH Philadelphia, PA
NH Oakland, CA

Air Force

Pease AFB, NH
Homestead AFB, FL
Eaker, AFB, AR
England AFB, LA
George AFB, CA
Myrtle Beach AFB, SC
Wurtsmith AFB, MI
Williams AFB, AZ
Bergstrom AFB, TX
Carswell AFB, TX
Chanute AFB, IL
Loring AFB, ME
Castle AFB, CA
Griffiss AFB, NY
K.I. Sawyer, AFB, MI
Plattsburgh AFB, NY
March AFB, CA
Reese Air Force Base, TX
McClellan AFB, CA

TRICARE will be coming to your Region in the near future. Beneficiaries in the States of Washington and Oregon now have the opportunity to participate in TRICARE. If you live in another state, check the map at right for the start-up date in your Region.



TRICARE

Quality Care for the Uniformed Services

Welcome to TRICARE!

TRICARE is the new Department of Defense health care pro-gram. We have combined the best features of the Army, Navy, Air Force and CHAMPUS health care programs to create the TRICARE triple option - health care plan.

This brochure is designed to give you a general overview of the three TRICARE options from which you can choose— Prime, Extra and Standard. However, it is not intended as a complete description of coverage.

OPTION I

TRICARE Prime–*beneficiaries may enroll in TRICARE Prime which features:*

- ★ Lower Costs—*no annual deductible and reduced copayments.*
- ★ Improved Access—*enrollees have timely access to health care services. This includes a twenty-four hour Health Care Finder who can assist you in quickly obtaining health care services.*
- ★ Enhanced Benefits—*preventive health care benefits to keep you and your family healthy.*
- ★ Less Paperwork—*usually there are no claim forms to file.*
- ★ A Primary Care Manager—*you select a Primary Care Manager (PCM) who will provide and/or coordinate all your health care needs.*
- ★ Point of Service—*the TRICARE Prime benefit also includes a new point of service option which allows enrollees to retain freedom of choice to use providers without an authorization from the PCM, but at significantly higher cost sharing than TRICARE Standard.*
- ★ A Quality Provider Network—*access to a network of quality doctors, hospitals and other health care providers usually near your home or work.*
- ★ No Balance Billing—*TRICARE network providers accept the negotiated rates and your copayment as payment in full.*

How can you enroll in TRICARE Prime.

Active duty personnel are automatically enrolled in TRICARE Prime and will continue to receive most of their care in military treatment facilities. Active duty family members, retirees and their family members and survivors can easily enroll in TRICARE Prime, for a minimum of one year, by filling out an application and agreeing to receive their health care services coordinated through their TRICARE Primary Care Manager.

MEDICARE-ELIGIBLE BENEFICIARIES

At this time, Medicare-eligible beneficiaries will not be able to enroll in TRICARE Prime. If the Department of Defense is permitted by Congress to obtain reimbursement from the Medicare system for providing health care services to Medicare patients, we will then offer Prime enrollment. Until then, Medicare beneficiaries will be able to use military treatment facilities on a space-available basis. In addition, Medicare beneficiaries will be able to use the Health Care Finders who can provide them a list of health care providers in their area who accept Medicare payments.

Do you have to pay any enrollment fees or copayments in TRICARE Prime.

Active duty personnel and their family members pay no enrollment fees. Retirees, their family members and survivors will be required to pay an enrollment fee (see costs chart). If a non-active duty patient receives care from the civil-ian network they will pay a small copayment (see costs chart).

OPTION 2

TRICARE Extra - if you choose not to enroll in TRICARE Prime, you may still take advantage of cost savings by using the TRICARE Extra option. The TRICARE Extra option offers the following features when you use our TRICARE Network Providers:

- ★ Lower Costs—*once the deductible has been met, your cost share will be 5% less than TRICARE Standard rates. You will also be able to take advantage of lower negotiated network provider rates.*
- ★ No Enrollment Fees—*unlike TRICARE Prime you do not have to enroll, but you can still use the network health care providers on a case-by-case basis.*
- ★ Less Paperwork—*usually there are no claim forms to file.*
- ★ Choice—*you have the choice of selecting your own health care provider.*
- ★ No Balance Billing—*network providers accept the negotiated rates and your cost share, after the appropriate deductible is met, as payment in full.*

OPTION 3

TRICARE Standard has been traditionally known as Standard CHAMPUS. This option offers our beneficiaries maximum choice in choosing their health care provider, but at the highest out-of-pocket cost to the beneficiary.

- ★ Flexibility—*you can use Standard or take advantage of cost-saving benefits under TRICARE Extra.*
- ★ Continuity of Care—*no need to change providers if you have established a relationship with a TRICARE Standard provider.*
- ★ No Enrollment—*with your military I.D. card, you can easily enjoy the benefits of TRICARE Standard or Extra.*

TRICARE Triple Option Costs

	TRICARE Prime	TRICARE Extra	TRICARE Standard
Annual Deductibles:			
• *Families of E-4 and Below*	*$0*	*$50/$100*	*$50/$100*
• *Other Active Duty Families*	*$0*	*$150/$300*	*$150/$300*
• *Retirees and Others*	*$0*	*$150/$300*	*$150/$300*
Annual Enrollment Fees:			
• *Families of E-4 and Below*	*$0*	*$0*	*$0*
• *Other Active Duty Families*	*$0*	*$0*	*$0*
• *Retirees and Others*	*$230/$460*	*$0*	*$0*
Civilian Provider Copays:			
• *Families of E-4 and Below*	*$6*	*15% of negotiated fees*	*20% of allowed charges*
• *Other Active Duty Families*	*$12*	*15% of negotiated fees*	*20% of allowed charges*
• *Retirees and Others*	*$12*	*20% of negotiated fees*	*25% of allowed charges*
Civilian Inpatient Cost Shares:			
• *Families of E-4 and Below*	*$11 per day*	*$9.50 per day*	*$9.50 per day*
• *Other Active Duty Families*	*$11 per day*	*$9.50 per day*	*$9.50 per day*
• *Retirees and Others*	*$11 per day*	*$250 per day plus 20% of negotiated prof fees*	*$323 per day plus 25% of allowed charges*

Note: This chart does not display all cost-sharing amounts.

MEDICARE DEMONSTRATION:
MILITARY MANAGED CARE DEMONSTRATION

The Department of Defense (DoD) has proposed to the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS), a demonstration where the Medicare program would treat the DoD and its Military Health Services System (MHSS) as a risk-type health maintenance organization (HMO) for dual-eligible Medicare/DoD beneficiaries. Under this arrangement, the DoD could continue to maintain its current level of effort in terms of financial commitment to caring for the dual eligible population. Medicare could pay for dual-eligibles receiving care from the DoD managed care program above DoD's current level of effort..

The Health Care Financing Administration (HCFA) and Department of Defense (DoD) are currently working through the agreement necessary for the Military Managed Care Demonstration. As one step in this process, the two agencies, working with the Office of Management and Budget, are drafting legislative language that would authorize such a demonstration. HCFA and DoD are jointly examining issues to establish the demonstration's feasibility. This involves analysis of DoD and HCFA data to assure that this demonstration does not increase the total federal cost of both programs. Both Departments are working with OMB to assure that the demonstration is of mutual benefit to both agencies, as well as the beneficiary populations served.

The Military Managed Care Demonstration is intended to respond to Medicare/DoD dual-eligible beneficiaries who have asked that they be more able to use the Military Health Services System as their Medicare provider. In order to overcome concerns with previous legislative and demonstration proposals, the current demonstration proposal differs in that DoD agrees to maintain its level of effort. Further, to address a concern over budget rules, the demonstration is considering expending DoD's dollars for dual-eligible beneficiaries' first and then turning to HCFA to cover additional DoD/Medicare beneficiaries wanting to enroll in DoD's TRICARE Prime.

The goal of this effort is to improve access to needed health services for this dual-eligible population while assuring that the demonstration does not increase the total federal cost of both programs. DoD has proposed the following framework.

- MHSS enrolls Medicare dual-eligible beneficiaries and maintains level of effort (subject to appropriate reductions due to reduced budget for the Defense Health Program) for dual-eligible beneficiaries.
- Medicare authorizes the MHSS to enroll, provide health services, and be reimbursed (after level of effort is achieved) for dual-eligible beneficiaries (who enroll in TRICARE Prime) similar to a Medicare private HMO.
- MHSS and Medicare appropriately share the financial burden for these dual-eligible beneficiaries. All DoD covered services not covered by Medicare are covered by DoD. Similarly, all Medicare covered services not covered by DoD are covered by Medicare.
- DHHS and DoD will develop an appropriate payment system and approaches to quality assurance that are mutually agreeable.
- The demonstration would be for a limited period of time (e.g. three years) covering selected geographic areas.
- The demonstration would be evaluated by a mutually acceptable evaluator.

The Retired Enlisted Association

RESOLUTION NO. 18
NATIONAL (1995-1996)

MEDICARE SUBVENTION

WHEREAS, the Military Health Services System (MHSS) has begun to disenfranchise the Medicare eligible military beneficiary and;

WHEREAS, the Department of Defense (DoD) does not allow the Medicare eligible military beneficiary to enroll in the Tricare Prime health care program;

WHEREAS, the Department of Defense (DoD) states it will be unable to treat approximately eighty (80) percent of Medicare eligible military beneficiaries without the Health Care Finance Administration (HCFA) reimbursing DoD Medicare dollars when treating Medicare eligible beneficiaries in the MHSS; NOW,

THEREFORE, BE IT RESOLVED, that The Retired Enlisted Association supports Medicare Reimbursement to DoD when any Medicare eligible DoD beneficiary receives health care in the Military Health Services System.

The Retired Enlisted Association

RESOLUTION NO. 19
NATIONAL (1995-1996)

TRICARE PRIME FEE STRUCTURE

WHEREAS, the Department of Defense's (DoD) Tricare Prime program requires enrollment fees ($460 family - $230 single) from the military retired community ONLY, and;

WHEREAS, the copayments when enrollees receiving care using private sector Health Maintenance Organizations (HMOs) affiliated with Tricare Prime are higher than active duty members when receiving sixty (60) percent of HMO services, and;

WHEREAS, enrolled retirees remain on Space Available when requesting care at Military Treatment Facilities, and;

WHEREAS, the approximately 1.5 million regular military retirees, of which 1 million are retired enlisted, are the only class of DoD beneficiary required to pay enrollment fees, NOW;

THEREFORE, BE IT RESOLVED, that The Retired Enlisted Association is adamantly opposed to the current fee structure of Tricare Prime, and;

BE IT FURTHER RESOLVED, that The Retired Enlisted Association strongly opposes the retired enlisted community having to subsidize the Department of Defense's Tricare Prime program de facto.

VETERANS OF FOREIGN WARS OF THE UNITED STATES

OFFICE OF THE DIRECTOR

VFW ISSUES

Submitted to

THE WHITE HOUSE
INTERAGENCY VETERANS POLICY GROUP

October 4, 1995

OPPOSE INCREASING SERVICEMEN'S CONTRIBUTION TO MONTGOMERY G.I. BILL

The VFW is very concerned that a Senate proposal to increase the one-year individual contribution made by members of the Armed Forces who elect to participate in the Montgomery G.I. Bill from $1,200 to $1,600 will have a detrimental effect on the Department of Defense's ability to meet future recruiting quotas. To date more than 2 million service personnel have signed up for the G.I. Bill and a vast majority of those currently in uniform cite the G.I. Bill as the main reason they enlisted in the Armed Forces. The proposed increase represents a 33% increase over the current $100 deduction in pay. Since enactment of the Montgomery G.I. Bill 10 years ago, the cost of higher education has increased 75%. Yet the G.I. Bill benefits have increased only 33%. Also, during that same time period, the pay of E-1 and E-2 soldiers and sailors has increased only 48%, leaving some living at near poverty level and others in receipt of food stamps.

Increasing the individual contribution will be a disincentive to enlist and could force the Department of Defense to return to conscription.

U.S. INVOLVEMENT IN BOSNIA

The VFW is very concerned over the use of U.S. troops in Bosnia. We oppose the deployment of U.S. forces in any combat role, mission, or operation likely to engage hostile forces. The U.S. has no vital national interests at risk in this civil war and therefore should not put American lives

lives in jeopardy. The VFW remains concerned about the possible use of U.S. troops as "peacekeepers" and any Bosnian truce or peace treaty.

VETERANS EMPLOYMENT AND TRAINING CONCERNS

MAINTAINING A VIABLE TRANSITION ASSISTANCE SERVICE IN EACH SERVICE BRANCH

In recent weeks there has been much debate over whether there is a need to continue transition assistance services for active duty personnel in view of the fact that the five-year drawdown is nearing completion.

The VFW strongly disagrees with this wave of thinking. We wish to point out that even with a smaller force structure than before the drawdown, annual separations and retirements from all service branches combined may average 200,000 or more. We believe that the Department of Defense and the service branches have a special obligation to assist service members with job-search preparation, relocation, and other attendant services. It is our view that currently, and in the future, military transition assistance services should be viewed as an integral part of the service branches' operation.

LACK OF SUFFICIENT FUNDING FOR VETERANS EMPLOYMENT SPECIALISTS

Veterans Employment Specialists who develop jobs and training opportunities for veterans through State Employment Service Offices are seriously under funded. By law the veterans employment specialists who are also known as Local Veterans Employment Representatives (LVER) and the Disabled Veterans Outreach Program (DVOP) specialists are required to have minimum staff in each program of 1,600 to 1,999 respectively. Under the Administration's FY '96 Budget proposal, the LVER program would be under funded by approximately 146 positions and the DVOP program would be under funded by nearly 300 positions.

The VFW finds this especially troubling since funding for the LVER and DVOP programs currently depends solely on allocation of funds from the Federal Unemployment Tax Account (FUTA) trust fund. One of the requirements of this trust account is that proceeds may be used only in the furtherance of employment security programs, which is exactly what the LVER and

DVOP programs do. The FUTA trust account regularly accumulates surpluses of over $2 billion annually while the LVER and DVOP programs are continuously under funded.

The VFW opposes this practice and we urge the Administration to ensure the adequate funding of veterans employment specialists programs and the proper implementation of the FUTA trust fund.

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A Not-For-Profit Veterans Service Organization Chartered by the United States Congress

"VVA, At Work in Your Community"

STATEMENT OF

VIETNAM VETERANS OF AMERICA

Presented by
William F. Crandell,
Deputy Director
Government Relations

Before the
White House Interagency
Veterans Policy Group

October 12, 1995

INTRODUCTION

Vietnam Veterans of America (VVA) welcomes the opportunity to participate in a meeting of the White House Interagency Veterans Policy Group once again. The primary topics we would like to discuss are homelessness, veterans preference, and veterans health care.

HOMELESSNESS

Over a third of the nation's homeless are veterans. A recent state-by-state survey estimates that the number of homeless veterans is over 270,000 nationally. We had hoped to have information, prior to preparing this paper, on steps the Administration has taken since we met last May, when Mr. Ben-Ami expressed a serious interest in addressing the lack of sensitivity of the Department of Housing and Urban Development (HUD) with regard to veterans.

There is a causal connection between military service – especially combat stress – and homelessness in veterans. There is also a causal connection between recognizing that link and really helping homeless veterans. When homeless veterans are approached as "generic" homeless, some of the best efforts simply fail to reach them and make little difference in their lives. Approaching homeless veterans as veterans, recognizing their ability to trust other veterans and putting them in touch with services that are designed for veterans, is a powerful force that can turn them around. VVA's experience demonstrates that small, tough, inexpensive veteran-specific programs for homeless veterans can produce working citizens.

We strongly support the Administration's effort to make continuum of care the national standard for all programs for the homeless. VVA has always believed that a continuum of care which is an integrated combination of programs that range from immediate aid – such as food and shelter, job training and transitional housing to preparation for permanent jobs and permanent housing – is the best way to break the cycle of homelessness.

The Department of Housing and Urban Development (HUD) currently operates – depending on the outcome of the budget process – programs in which 15 percent of funding is targeted for special needs programs. This is a means of making certain that a program fits the people it is meant to help. Veterans are not identified in these HUD-run programs. Homeless veterans remain a large special needs population that generally goes unrecognized and unidentified. HUD is only incidentally helping veterans, with minimal effort. Some community agencies still turn away veterans because there is a misconception that the VA will take care of their needs. VA does not have that kind of resources, and there are a number of barriers that would keep VA from serving many homeless veterans if money were no object.

Last year Congress showed great wisdom in adopting a "sense of Congress" resolution in PL 103-446 requiring that a proportionate share of federal grant money given to community organizations that assist the homeless go to providers who "provide assistance primarily to veterans." HUD is the major agency for dealing with homelessness, but it does not employ the "Fair Share" concept in allocating its funds for programs and grants, nor do most state and municipal governments.

In March HUD announced the 47 grants for its $25 million 1995 Innovative Homeless Project Funding, awarding not a dime to homeless veteran providers, though there were numerous applications. Last year's grants gave 2 percent of the funding to veteran-specific programs. If there were not a prejudice at HUD against veterans programs, mere chance would prevent such a clean sweep. Clearly HUD either believes that veterans are taken care of elsewhere, or is unwilling to care for veterans unless they drift into HUD-sponsored programs.

The first requirement is to recognize formally that homeless veterans are a distinct special needs population. VVA would like to work with HUD, the Committees on Veterans' Affairs and Appropriations, the Senate Committee on Labor and Human Resources and the House Committee on Economic and Educational Opportunities to explore funding to support VA and DOL projects for homeless veterans. If we are to reduce the growing numbers of homeless veterans, we must encourage and support such programs and organizations. Money that now goes to HUD must reach providers whose service to homeless veterans is not incidental.

VETERANS PREFERENCE

VVA strongly supports enforcement of veterans preference laws. Since its creation at the end of the Civil War, veterans preference has stood as a tangible sign of the thanks of a grateful nation to those who have risked their lives and perhaps lost their limbs on its behalf. It was designed to help veterans catch up with the employment opportunities they lost by serving their country. This means helping veterans gain good jobs for which they are qualified. Veterans preference is part of the merit system through competitive hiring.

Veterans preference has been eroding since this nation's commitment of troops to Vietnam began. From 50 percent of the federal workforce in 1976, veterans' share has plummeted to 20 percent. The Office of Personnel Management (OPM) considers it a success to match the portion of veterans in the workforce, as though veterans were being hired under a diversity formula rather than on a preferential basis aimed at compensating and rewarding those who have served and sacrificed.

Vietnam-era veterans are currently faced with their greatest economic challenge since the three major recessions of 1970-1982. Any change in veterans preference in hiring, firing and reduction in force (RIF) procedures in the federal sector will affect all veterans entitled

to these preferences. The federal workforce gained 56,055 positions since 1985. During the same period veterans lost 137,559 positions while non-veterans gained 193,614 positions. Positions allocated only to veterans by somebody with a grim sense of humor – such as elevator operator and gravedigger – are disappearing, while fewer and fewer competitive titles are being filled through the methods prescribed by federal law.

OPM's Current Report to Congress for fiscal year 1992 indicates that the total number of employees in the federal workforce as 2,138,673. Since 1989 the federal workforce rose by 20,120 positions. Non-veterans in the federal workforce gained 61,819 positions. Vietnam-era veterans lost 9,940 positions and other veterans in the federal workforce lost 31,759 positions. This was a net loss was 41,699 veteran positions in just 3 years. VVA believes these figures illustrate a systematic disregard in federal agencies for the veterans preference system and for veterans of the Vietnam War.

Veterans' rights under veterans preference are very clear in law, but enforcement is lacking. OPM uses its best efforts to avoid RIFs, considering them unpleasant and chaotic situations. RIF rules, however, spell out veterans preference rights very clearly, while the alternative procedures – "downsizing," "rightsizing," "reinventing" and other soft-sounding terms – allow federal agencies to restructure outside the federal laws that were passed by Congress to protect veterans. The result is to pit veterans against women and minorities, as if women and minorities did not comprise a great portion of the veterans population. Enforcing the law on veterans preference does not endanger the goal of diversity in the workplace.

This administration has stood behind veterans preference as an integral part of the merit system – despite some very strong opposition in the United States Postal Service, other federal agencies, and the National Performance Review – and we thank the President for this commitment. The temptation to find shortcuts for fulfilling other goals will always be strong, and will need aggressive opposition. While we appreciate the commitment of the Administration to veterans preference, we warn you that it is nonetheless being undercut on your watch. We would like to work with you to make your commitment effective.

VA Health Care

VVA has been and continues to be supportive of ongoing management changes within the Veterans Health Administration. VVA has long advocated many of the progressive and prudent changes described in "Vision for Change" put forth by Under Secretary for Health Kenneth Kizer. We are especially heartened to see the strategy for accountability, standardization of quality of care, and emphasis on maximum utilization of resources and services available to veterans. Because community-based delivery systems and decentralization of both responsibility and budget functions have proven to be effective and efficient in the private sector, these changes will better prepare VA to be a contender in today's highly competitive health care environment.

Additionally, VVA and the other organizations participating in the Partnership for Veterans Health Care Reform have endorsed basic eligibility reform as passed by the House Veterans' Affairs Committee last week. Such basic, incremental steps toward broader access will eliminate many of the inpatient/outpatient criteria hoops-and-hurdles which prevent veterans from receiving comprehensive care. Providing health services to veterans in the most medically appropriate, cost-effective manner will certainly improve quality and timeliness of VA health care, as well as customer service and satisfaction. Even a partial "eligibility reform" proposal – which does not allow new veterans access to the system but eliminates barriers to outpatient care in a budget-neutral fashion – is critical to the ongoing evolution of the VA health care system into a modern, progressive provider of care. We are hopeful that the Senate Veterans' Affairs Committee will also see the wisdom of this proposal.

VVA views our own role in these processes as one of oversight. We plan to get out of the way, if you will, but closely monitor the progress of both internal and legislative reforms. While the goals have been clearly established and are mutually agreeable to virtually all stakeholders, there may be locale-specific implementation problems. We have already learned of incidences where local VHA administrators plan to close beds and/or programs without making alternatives available to the local veteran population. VVA is not opposed to closing VA beds or even facilities, <u>if</u> VHA can provide the needed services to the veteran population in a more appropriate, cost-effective, and convenient manner – so long as the <u>services</u> are accounted for.

We encourage our members to work with the Administration to attempt to resolve such problems at the local level, through advisory committees or other consumer input modalities. Dialogue on the local level between facility administrators, professional staff, and members of the veterans community is a very effective means of identifying local problems and organizing the resources to solve them. When these groups are formalized into an advisory committee or task force, veterans and VA personnel develop energetic partnerships which engender a real spirit of shared purpose.

<u>Specialized Services</u>

Of particular concern to many veterans advocates is the continuation and viability of the "specialized services" VHA provides to veteran patients with unique needs – programs such as Post Traumatic Stress Disorder (PTSD) treatment and counseling, Agent Orange and Gulf War Illness screening, spinal cord injury medicine, blind rehabilitation, advanced rehabilitation, prosthetics, amputee programs, extended mental health, and long-term care programs. Veterans organizations would be hard pressed to advocate for the VA health care system if it evolved exactly like the typical private-sector health-care provider networks. VA was designed to meet some very atypical needs of the veteran population. The programs which specifically carry out this mission must be maintained and enhanced. These are truly an American asset which would be lost if not for the VA health care system.

Among these "specialized programs" that VVA feels is critical to the VA's mission, and is truly a success among federal government agencies is the Vet Center program, managed by the VA Readjustment Counseling Service. Dr. Kizer's reorganization plan incorporates the Readjustment Counseling Service (Vet Centers program), and maintains RCS's separate authority structure and budget. Our members, at the national convention in 1995, adopted a strong resolution calling for the continuation of the Readjustment Counseling Service in its present configuration as a community-based service provider with locations separate from and outside of the budgetary and managerial control of the VA Medical Centers.

The unique community-based nature of Vet Centers is a distinct asset to the future planning of VA health care. Expanding access points is one of the primary objectives of VHA reorganization and reform. This is critical to VA's ability to provide more cost-effective care and to reach out to those veterans who do not currently access VA services. The Vet Centers can serve as a model for this growth. The geographic distance separating many veterans from the nearest VAMC makes the community-based Vet Centers an important point of contact for veterans in their first attempts to access VA services. The benefit of coordination already being done between Vet Centers and VAMCs around the nation, conducting preliminary health screening and referrals, will be critical to VA's expansion of outpatient and primary care access points.

These community-based walk-in assistance and referral centers have proven to provide efficient and cost-effective treatment for veterans seeking help for PTSD and its secondary symptoms of substance abuse and homelessness, as well as more basic VA benefits information and employment and training referrals. One of the Vet Centers' greatest strengths has always been that of veterans helping veterans. VVA remains a strong proponent of the Vet Center program. This issue is critical to our membership.

CONCLUSION

Nearly 27,000,000 American veterans rely upon the nation they served – rely, in effect, on everybody involved in this meeting. Vietnam Veterans of America thanks you for this opportunity to work with the Administration on issues of concern to us all.

The American Legion

For God and Country

★ WASHINGTON OFFICE ★ 1608 "K" STREET, N.W. ★ WASHINGTON, D.C. 20006-2847 ★
(202) 861-2700 ★

October 5, 1995

MEMORANDUM TO: **BOB JONES**
Special Assistant to the Secretary
Department of Veterans Affairs

FROM: **MIKE SCHLEE, Director**
National Security/Foreign
Relations Division

SUBJECT: **Future Discussion Issues for the Interagency Veterans Policy Working Group**

In follow-up to our telephone discussion of October 5th, the following are deserving topics and issues which clearly require attention and possible discussion:

- Chronic and Persistent Backlog of Veterans Claims and Appeals
- Healthcare Reform
- Centralization of VA Claims Processing Centers
- Persian Gulf Veterans
- Protection of U.S. Peacekeeping Personnel

Please find attached a brief discussion on each topic.

CHRONIC AND PERSISTENT BACKLOG OF VETERANS CLAIMS AND APPEALS

Although VA has made significant progress in reducing the enormous number of cases pending before the Board of Veterans Appeals (BVA) and the regional offices throughout the nation, The American Legion is still concerned with the large number of cases currently pending adjudication and awaiting final appellate action. At the present, there are 389,000 claims pending adjudication nationwide, down from an all-time high of 590,000 in 1994. The Board of Veterans Appeals (the Board) has reduced its caseload from 40,000 cases in 1994 to approximately 16,000. However, the Board has almost 56,000 cases on advance docketing pending in the regional offices waiting to be called-up for appellate review. Timeliness in adjudicating claims has improved. The regional offices are now processing original claims in approximately 158 days. Processing time of 106 days is acceptable to The American Legion. We are also concerned with the high remand rate at the Board and appeals returned to VA regional offices because of improper development.

HEALTHCARE REFORM

The American Legion will be introducing in the near future its proposal for making VA healthcare available to veterans and dependents entitled "The American Legion Veterans' Healthcare Security Plan." This plan will make VA medical facilities more inclusive as opposed to being exclusive. Many veterans seeking care are turned away from VA medical centers either because they do not have service-connected disabilities and/or because of excessive income.

Our proposal would remove these restrictions and convoluted regulations which prevent veterans from gaining access to VA medical care. It would also bring in additional revenue by allowing VA to retain the dollars generated for according healthcare to nonservice-connected veterans with Medicare and private insurance coverage. As is the current policy, monies that are generated are returned to the National Treasury.

CENTRALIZATION OF VA CLAIMS PROCESSING CENTERS

The American Legion opposes the centralization and regionalization of VA claims processing, i.e., Montgomery G.I. Bill, Persian Gulf, certain home loan guaranty cases, and POW disabilities. Because of Federal budgetary restrictions and a large backlog of pending benefit claims, VA has designated certain regional offices with proportionally lower workloads to handle certain categories of claims.

This procedure deprives the claimant reasonable and immediate access to their VA records, including information as to the status of the case or its disposition. It also inhibits the ability of the organization to effectively advise and assist, i.e., "represent" such claimants based on the Power of Attorney.

PERSIAN GULF VETERANS

The American Legion is extremely concerned with VA's low rate of allowances for service connection in claims filed by Persian Gulf veterans for undiagnosed illnesses and Chronic Fatigue Syndrome.

It is apparent that VA must better educate its network of physicians, adjudicators and rating specialists in examination procedures, criteria and the appropriate regulations as promulgated by PL 103-446.

VA's low percentage of allowances has caused America's newest generation of combat veterans and their families to suffer from untold economic hardships.

The American Legion is so concerned with the plight of these veterans and their families that it has created a core group known as "The Persian Gulf War Era Veterans Task Force."

The Task Force will perform outreach, develop initiatives through legislative change, pursue regulatory changes and legal action, provide financial assistance, and review VA and DoD protocol studies to ascertain the economic impact resulting from service in the Persian Gulf. Special advocacy assistance will be offered to PG veterans having difficulty obtaining acceptable and satisfactory resolution of their claims for disability compensation.

PROTECTION OF U.S. PEACEKEEPING PERSONNEL

Currently, U.S. servicemembers are not adequately protected by the Geneva Conventions should they be captured when conducting peacekeeping and humanitarian operations.

The U.S. has signed a U.N. convention to provide legal protection to those U.S. forces involved in U.N. sanctioned missions. This convention must be ratified by the Senate. Only two of the 26 signatories have ratified it, Denmark and Japan. Twenty-two ratifications are required. The Department of Justice, the Department of Defense and the Department of State are continuing on a priority basis to complete the ratification package for the Senate.

This convention, when ratified, will provide adequate POW status for U.S. troops in most cases as discussed in Presidential Decision Directive 25 (The Clinton Administration's Policy on Reforming Multilateral Peace Operations - May 1994). This however will not adequately address the necessary POW/MIA status protections in the cases of non-U.N. sanctioned unilateral or multilateral operations undertaken by the U.S. in the realities of the post-Cold War period.

Priorities for some discussion:

VEI Pres / Subsidiarization, DoD HC Changes (Tricare)

OPM Rpt

I think.

(Also, there's a 3:30 mtg that they need to rearrange for.)

MEDICARE DEMONSTRATION:
MILITARY MANAGED CARE DEMONSTRATION

The Department of Defense (DoD) has proposed to the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS), a demonstration where the Medicare program would treat the DoD and its Military Health Services System (MHSS) as a risk-type health maintenance organization (HMO) for dual-eligible Medicare/DoD beneficiaries. Under this arrangement, the DoD could continue to maintain its current level of effort in terms of financial commitment to caring for the dual eligible population. Medicare could pay for dual-eligibles receiving care from the DoD managed care program above DoD's current level of effort..

The Health Care Financing Administration (HCFA) and Department of Defense (DoD) are currently working through the agreement necessary for the Military Managed Care Demonstration. As one step in this process, the two agencies, working with the Office of Management and Budget, are drafting legislative language that would authorize such a demonstration. HCFA and DoD are jointly examining issues to establish the demonstration's feasibility. This involves analysis of DoD and HCFA data to assure that this demonstration does not increase the total federal cost of both programs. Both Departments are working with OMB to assure that the demonstration is of mutual benefit to both agencies, as well as the beneficiary populations served.

The Military Managed Care Demonstration is intended to respond to Medicare/DoD dual-eligible beneficiaries who have asked that they be more able to use the Military Health Services System as their Medicare provider. In order to overcome concerns with previous legislative and demonstration proposals, the current demonstration proposal differs in that DoD agrees to maintain its level of effort. Further, to address a concern over budget rules, the demonstration is considering expending DoD's dollars for dual-eligible beneficiaries' first and then turning to HCFA to cover additional DoD/Medicare beneficiaries wanting to enroll in DoD's TRICARE Prime.

The goal of this effort is to improve access to needed health services for this dual-eligible population while assuring that the demonstration does not increase the total federal cost of both programs. DoD has proposed the following framework.

- MHSS enrolls Medicare dual-eligible beneficiaries and maintains level of effort (subject to appropriate reductions due to reduced budget for the Defense Health Program) for dual-eligible beneficiaries.
- Medicare authorizes the MHSS to enroll, provide health services, and be reimbursed (after level of effort is achieved) for dual-eligible beneficiaries (who enroll in TRICARE Prime) similar to a Medicare private HMO.
- MHSS and Medicare appropriately share the financial burden for these dual-eligible beneficiaries. All DoD covered services not covered by Medicare are covered by DoD. Similarly, all Medicare covered services not covered by DoD are covered by Medicare.
- DHHS and DoD will develop an appropriate payment system and approaches to quality assurance that are mutually agreeable.
- The demonstration would be for a limited period of time (e.g. three years) covering selected geographic areas.
- The demonstration would be evaluated by a mutually acceptable evaluator.

DoD/HCFA 10/11/95

Who knows? If
They (DOT & HCFA)
try to reach
synergy we might
have something
reasonable as
opposed to the
weird animal
those 2 would
produce in a
traditional win/lose
pattern!

DRAFT

Interagency Veterans Policy Group Meeting
Truman Room, White House Conference Center
October 12, 1995, 1:00-3:00 pm

Agenda

1:00 Welcome
- Alexis Herman, Assistant to the President for Public Liaison
- Kitty Higgins, Secretary to the Cabinet
- Carol Rasco, Assistant to the President for Domestic Policy

1:15 Overview of IVPG History and Updates

- Budget and Reconciliation
- Homelessness

1:30 Discussion: Meeting the health care needs of the defense/veterans community

- Agency Presentations
- Comments from Groups/New Issues

2:20 Discussion: Economic issues affecting the defense/veterans community

- Agency Presentations
- Comments from Groups/New Issues

3:00 Adjourn

THE WHITE HOUSE

WASHINGTON

October 4, 1995

MEMORANDUM FOR PARTICIPANTS IN OCTOBER 12 IVPG MEETING WITH VSO'S AND MILITARY COALITION GROUPS

FROM: Molly Brostrom
Domestic Policy Council

RE: Agenda for Next Week's Meeting

Attached is a detailed agenda for the October 12 IVPG meeting with VSOs and Military Coalition groups, as discussed at the September 29 meeting. If you have questions about the agenda or your participation, please call to discuss. Otherwise, we will expect you to be prepared to give a brief presentation in the area(s) identified. For issues that involve multiple agencies, we will assume coordination on the presentation prior to the meeting, but the first agency listed on the agenda will be expected to present, with the other agencies available for questions or comments.

Your presentation should be brief (no more than 5 minutes), and should reference the fact that these are issues that the groups have identified for the IVPG,...here is progress made and the status.

Following are the attendees that I understand are attending/participating. If I have missed anyone or there are any substitutions, please let me know. Since the meeting is being held at the White House Conference Center, it is not vital for clearance reasons, but would be helpful for organizational purposes.

DoD: Jeanne Fites, Gary Christopherson, Norma St. Claire
DOL: Preston Taylor
HCFA: Joel Slackman, Dan Ermann
HHS: Peter Beach
HUD: Jacquie Lawing
OMB: Nancy-Ann Min, Toni Hustead, Phoebe Vickers/David Morrison, Jim Fish
OPM: Janice LaChance, Lynn Klein
SBA: Bill Truitt
VA: Dennis Duffy, Marsha Martin

Following are handouts that agencies have said will be made available at the meeting. Unless notified otherwise, I will assume you will bring copies for the groups (14 expected).

- Statement of Administration Policy on VA/HUD Appropriations (OMB)
- VA Appropriations tracking (OMB)
- Status Report on Development of VA Subvention Pilot (OMB)
- Status Report on Development of DoD Subvention Pilot (DoD/HCFA)

- One-pager on Tricare (DoD)
- VP Letter to Agencies (DoD)
- OPM Report on Civil Service hirings (OPM)

For those unfamiliar with the White House Conference Center, the address is 726 Jackson Place (across from Lafayette Park; between the Blair and Decatur Houses).

Thank you very much for your help in preparing and for your participation next week. Please call if you have any questions (456-5561).

cc: Jeremy Ben-Ami
LeeAnn Inadomi
Bob Jones
Lee Satterfield

Fall Interagency Veterans Policy Group Meeting
Truman Room, White House Conference Center
October 12, 1995, 1:00-3:00 pm

Detailed Agenda
(For Internal Use)

1:00 Welcome (DPC, Cabinet Affairs, OPL)

1:10 Review of General IVPG Accomplishments (DPC, Cabinet Affairs)

To include:
- Budget and Reconciliation (OMB)
- Homelessness (HUD, VA)

1:30 Discussion: Meeting the health care needs of the defense/veterans community

Agency Presentations (5 minutes each):
- VA Eligibility Reform, Other REGO II initiatives, VA health care reorganization, VA Client Services Report (VA)
- VA Subvention Pilots (OMB, VA, HCFA)
- DoD Subvention Pilots (DoD, HCFA, OMB)
- DoD Health Care Changes--VA/DoD collaboration, Tricare, Medicare managed care and base closures (DoD, HCFA, VA)

Comments from groups/New Issues

2:20 Discussion: Economic issues affecting the defense/veterans community

Agency Presentations (5 minutes each):
- VocRehab, Empl&Training Consolidation, Progress on Advisory Committee Recommendations (DOL)
- GI Bill, Responses to Downsizing (DoD)
- Civil Service hiring (OPM)

Comments from Groups/New Issues

3:00 Adjourn

UNIVERSITY - we are proposing to close, but open for FY96.

VA Backlog

- Learn to get
  1. How will VA answer Post
  2. Ongoing tracking
  3. SSA/VA discussions

THE FEDERAL PAG

Veterans Program Does Not Compute

Millions Spent on Automation but There's Little to Show, GAO Says

By Bill McAllister
Washington Post Staff Writer

Three and one-half years and about $100 million after it embarked on a project to computerize its benefit programs, the Department of Veterans Affairs still lacks an overall plan for integrating the new computers into its operations, the General Accounting Office told Congress last week.

GAO officials told a House Veterans Affairs subcommittee that the VA cannot estimate how much money the department has spent on the computers and said the VA "needs to have a breather in terms of spending more money" on the program.

The subcommittee estimated the spending at about $100 million.

Frank W. Reilly, a GAO information specialist, urged the panel to demand the VA develop a business-like strategy to lower the time it takes to process claims.

He called the computer program a case of "putting the cart before the horse."

Rep. Terry Everett (R-Ala.), chairman of the subcommittee on veterans compensation, pension, insurance and memorial affairs, expressed concern that the computer program ultimately would cost $1.5 billion without offering faster or better service.

"That's part of what scares me to death," he said.

"If there is one thing that representatives from the VA should take back to their offices today, it is that this committee is dead serious in its oversight duties regarding this computer system," Everett said. He promised to hold more hearings.

VA officials said they are developing a plan for using the computers with an improved benefits program, but they doubted it would be completed by the end of the fiscal year.

Raymond H. Avent, deputy undersecretary for veterans benefits, said the department agreed with most of the criticisms from the GAO and other agencies.

The computer program is one of the biggest in the government, designed to automate the handling of $19 billion a year in claims from 26 million veterans and dependents.

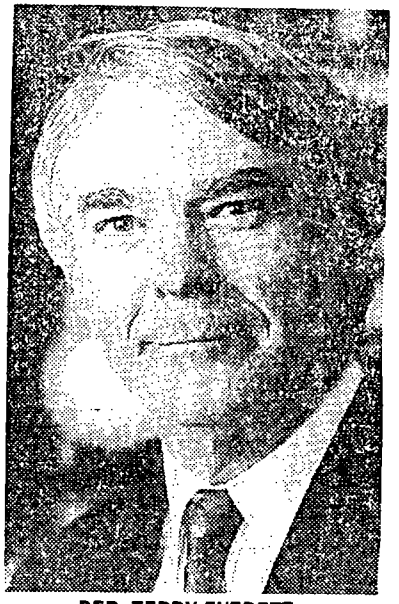
It has been controversial since it began in the 1980s.

For three years, the department and GAO have been at odds over the program, but Reilly said the VA's attitude changed recently. He hailed the department's new approach, but said it must improve its claims processing.

While the VA recently recorded a decrease in processing times, Reilly noted the department is unable to say why it occurred.

That means the department may not be able to duplicate the reduction, he said.

By September, the VA will have 400,000 claims that will take an average of five months to process, Reilly said. The VA's current goal is to cut claims processing to 106 calendar days, down from a current 166 days. But the GAO official suggested it should be much faster, "less than 68 days."



REP. TERRY EVERETT
. . . "dead serious" about issue

He cautioned, however, that the GAO believes it will take the VA 18 months to three years to implement a program that would allow it to handle all claims in a paper-less environment.

If a bank can process a loan application within a day, the VA should be able to act faster on claims, said Rep. Gerald "Jerry" Weller (R-Ill.). "It just takes too long to proces[illegible] veterans claims," he said.

IN BRIEF

THE WHITE HOUSE

WASHINGTON

June 26, 1995

MEMORANDUM FOR INTERAGENCY VETERANS POLICY GROUP

FROM: LeeAnn Inadomi
Special Assistant to the President
for Cabinet Affairs

Jeremy Ben-Ami
Deputy Assistant to the President
for Domestic Policy

SUBJECT: Agenda for June 28 Meeting

The next meeting of the Interagency Veterans Policy Group (IVPG) is Wednesday, June 28, 2:00-3:30 p.m. in the Roosevelt Room at the White House.

Attached is the updated working agenda of the IVPG. As you recall, this working agenda is developed based on issues raised in White House meetings with veterans service organizations (VSOs) and military coalition groups. The Chairs of the IVPG -- the Offices of Cabinet Affairs, Domestic Policy, and Public Liaison -- met with representatives of VSOs and military coalition groups on May 24 and 25, and presented a status report of issues addressed by the IVPG and heard new concerns. In general, there was praise for the progress achieved by the IVPG.

The attached agenda includes any outstanding issues as well as new concerns. **Please review the document and come to the meeting prepared to report on the issues in which your agency is involved.**

If you have any questions about any of the issues identified, please call Molly Brostrom at the Domestic Policy Council (456-5561).

INTERAGENCY VETERANS POLICY GROUP
WORKING AGENDA
June 28, 1995

Short term Issues

1. Budget

The budget continues to be of primary interest to the veterans service organizations (VSOs) and military coalition groups. The groups reiterated their support for the President's 1996 budget and opposition to Republican proposals. The Reserve Officers Association cited a specific concern that "earned benefits" for military retirees are under attack in budget balancing proposals.

There was also concern about provisions in the Republican Rescission package, including a $50 million cut in VA medical care and a $5 million cut/elimination of DOL's Homeless Veterans Reintegration Program.

OMB will report on status of Rescission package and these specific provisions.

2. White House Conference on Aging

Representatives of veterans service organizations had high praise overall for the 1995 White House Conference on Aging, held on May 2-5. The Conference included 20 delegates appointed by Secretary Brown and 40 appointed by veterans' organizations.

VSOs and the military coalition groups expressed concern, however, about the resolutions voting process and outcome. WHCoA staff, working with Veterans Affairs, are in the process of scheduling a meeting with representatives from VSOs and military coalition groups for early to mid-July to discuss these concerns.

3. Uniformed Services Medical School

Several of the military coalition groups are concerned about an Administration proposal to close the Uniformed Services Medical School. The proposal has been a part of the Vice President's National Performance Review, the President's budget, and the Pentagon's Bottom Up Review. The groups have concerns about the data used in making the decision to close the school, and claim that the proposal has no chance in Congress given past opposition. GAO is in the process of conducting a review of this issue.

NPR, OMB, and DOD will give background and any update on the issue.

4. Constitutional Amendment to Ban Flag Burning

At a hearing before the Senate Judiciary Subcommittee on the Constitution, Walter Dellinger of DOJ presented the Administration position that, while the President has a long and vocal record in support of protecting the Flag from desecration and worked to craft legislation to outlaw such desecration, he does not support this Constitutional amendment to ban Flag burning. A Rep. Solomon (R-NY) sponsored House joint resolution to amend the Constitution to ban flag burning is expected to come to a vote in the House on Wednesday, June 28.

OPL will report on White House discussions with the American Legion on this issue.

5. Department of Labor Advisory Committee on Veterans Employment and Training

The Department of Labor's Advisory Committee on Veterans Employment and Training is expected to present a report of its findings to the Secretary by July 1.

DOL will present any preliminary findings, highlighting any areas where the IVPG may be helpful in addressing recommendations.

Longer Term Issues

1. Health Services/Eligibility Reform

Health and eligibility reform continues to be of primary importance to the VSOs and military coalition groups. The second phase of the Department of Veterans Affairs' National Performance Review (REGO II) -- which VSOs and military coalition groups were briefed on prior to the May 25th Vice Presidential announcement -- takes important steps toward addressing these concerns. The initiatives included under this effort are designed to improve services to veterans, revamp VA's complex medical care eligibility rules, determine pilots to test the use of Medicare benefits at VA hospitals, and save money by streamlining, privatizing, or consolidating unnecessary or duplicative activities.

OMB and VA will report on any reactions to and on the status of the REGO II proposals, in particular the Medicare subvention pilot.

Military coalition groups are also concerned that: 1) under-65 military retirees are required to pay enrollment fees and copayments in the Tricare Prime health care program, unlike any other group in the DoD community; and 2) Uniformed Services Treatment Facilities (USTFs) will be integrated into the Tricare Prime HMO network resulting in a lack of access to these facilities for the over 65 military retiree who cannot enroll in Tricare Prime, and new requirements for enrollment fees and co-payments at formerly free USTFs.

DOD will discuss.

2. Employment Issues

Employment issues were high on the VSOs' agendas. Several organizations raised the concern that insufficient attention is being paid to the employment impact on veterans and the military of recent military downsizing and base closures. The Vietnam Veterans of America in particular are concerned, fearing that an employment crisis is beginning among Vietnam Veterans. They cited statistics stating that veterans are being hurt in disproportionate numbers because of recent downsizing and dislocation in the private sector as well as in the military and other parts of government.

Specifically, the groups cited the following issues:

a) Employment and Training Consolidation proposals

There are several proposals on the Hill that would consolidate and/or block grant employment and training programs, including the Veterans Employment Training System. In moves toward streamlining and state/local control, VSOs want assurance that veterans will continue to be recognized as a federal responsibility. If veterans programs are folded into consolidation proposals, VSOs want a structure for veterans representation and veterans-specific activity to be retained. There is support for language that has been included in House and Senate E&T consolidation legislation requiring veterans representation on local and state boards.

b) Vocational Rehabilitation

Concern was cited that VA vocational rehabilitation programs do not sufficiently assist veterans in returning to employment. It was suggested that there be further coordination between VA's vocational rehabilitation and DOL's veterans employment programs.

DOL and VA to present ideas on how improved coordination can be achieved.

3. Homelessness

VSOs continued to name homelessness among veterans as a top issue of concern. The concern is multiple: One, the size of the problem among veterans and the need to expand efforts to end it. Two, a perception that HUD is reluctant to reach out to veterans and to fund veteran-specific programs. Three, the need for greater interagency coordination in addressing homelessness among veterans.

To address the need for greater interagency coordination, we are creating an IVPG staff-level homelessness subgroup. **All agencies with programs affecting homeless veterans (in particular HUD, VA, HHS, DOL, and the Corporation for National Service) should bring the name of your designee to the subgroup to the June 28 meeting.**

In addition, a meeting has been scheduled between the Assistant Secretaries at HUD and DOL to discuss interagency cooperation.

HUD will present any further updates.

4. National Guard Military Technician Reductions

The National Guard is concerned that reductions in National Guard Military technicians are occurring at the same time that DOD is placing greater emphasis on the National Guard/Reserve, and that this reduction will threaten troop readiness.

DOD will discuss.

5. Disability Policy

VSOs continued to highlight the importance of disability policy to many members of the veterans community. The Administration's National Disability Policy Review (NDPR) and general commitment to disability policy was seen as even of greater importance in the current context of budgetary and philosophical attacks on programs.

6. Backlog at Board of Veterans Appeals

The Department of Veterans Affairs has been working to address the backlog of claims at the Veterans Benefits Administration (VBA) and the Board of Veterans Appeals (BVA) through internal administrative initiatives, legislation, and the creation of panels of experts to review and improve procedures. In addition, the President's FY 96 budget included almost $30 million for information technology improvements to assist in claims processing.

VA will continue to update the IVPG on progress being made.

7. Persian Gulf Veterans

On May 26, the President signed an Executive Order creating and naming the members and chair of the Presidential Persian Gulf Advisory Committee to review and make recommendations aimed at finding the causes of illness and improving the care available to Persian Gulf veterans.

Other Administration initiatives support the Presidential Advisory Committee. For example, veterans who have disabling illnesses that have defied diagnosis are, for the first time, eligible for veterans' compensation benefits. In addition, DOD will, for the first time, provide research grants to university faculty and other non-Federal scientists to study the causes, treatment, and possible transmission of Gulf War illnesses. The Administration will spend $8-13 million on new research -- epidemiological research, research on the interactions between anti-nerve gas pills and insecticides and other chemicals, and a wide

range of other research.

NSC will provide any update.

8. Veterans Preference

There is general support for the Administration's proposals for civil service reform, including praise for the degree of access OPM Director King has given the groups. The caution was raised, however, that despite budgetary constraints at OPM, OPM still must retain the ability to monitor agency compliance with federal personnel policies.

OPM will update on the status of civil service reform proposals and address the concern about OPM oversight.

9. SBA 8A Program

The Small Business Administration's 8A Program provides assistance in obtaining government contracts for economically and socially disadvantaged individuals. The IVPG continues to work with the SBA in exploring greater access for both veterans and for the disabled to 8A preferences in contracting.

The President's National Disability Policy Review team has agreed to consider this issue in their review of federal programs. They have nothing to report at this time.

The 8A program was asked to develop simplified instructions for individuals who wish to apply. SBA will report on the status of these instructions.

10. National Guard/Reserve Job Security

During Desert Storm, an unprecedented number of Ready Reserve of the Armed Forces were called to active duty, causing disruption in their lives in many ways, including economically. As a result, proposals have been raised to provide economic assistance or assurance for members of the Ready Reserve to alleviate the economic effects of activation for service in support of urgent operational missions or in times of national crisis.

The Department of Defense is developing a proposed insurance program to be offered to reservists to protect them against financial disaster if mobilized for a long period of time. The IVPG will continue to monitor the status of this proposal.

DOD and OMB will present any update.

11. World War II End Commemoration

Commemoration of the end of World War II continues through November 11, 1995. The President will travel to Honolulu in early September for VJ Day activities.

12. Korean War Veterans Memorial

On July 27, the new Korean War Veterans Memorial will be dedicated. President Clinton and South Korea President Kim will participate in the dedication, and it is estimated that close to 100,000 Korean War veterans will participate in commemoration ceremonies in Washington. An Interagency Coordinating Group under the National Security Council is working on the event.

June 28, 1995

INTERAGENCY VETERANS POLICY GROUP
MEMBERSHIP LIST

· CONVENERS

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