

Washington

Military Coalition's goal: Hold ground on benefits

Group hopes to protect as much as possible from looming budget cuts

By Rick Maze
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Military and veterans groups have produced a 40-page list of pay and benefits initiatives they'll be pushing in 2012 — but their main goal is maintaining what they've already achieved.

"We have a wish list, as we always do, of benefits that need to be improved. But we expect most of our efforts are going to be in protecting what we already have," said retired Air Force Col. Steve Strobridge, government relations director for the Military Officers Association of America and co-chairman of the Military Coalition, a group of 30-plus organizations sharing a common legislative agenda.

"Realistically, we face threats across the board to current benefits," Strobridge said, noting that the Obama administration is plan-



ROB CURTIS/STAFF

Steve Strobridge of the Military Coalition said it's unlikely that expensive initiatives will find their way onto the 2012 legislative agenda.

ning to reduce defense spending by \$450 billion over 10 years and that

total cuts could exceed \$1 trillion over that period.

"When you have that much being cut, prospects for adding things are not very good," he said. "We are not going up. We are hoping not to go down very much."

The most serious threat is an overhaul of military health care benefits for active-duty family members and retirees that could add \$1,000 to \$2,000 to a family's annual out-of-pocket costs, Strobridge said.

"There is no end to the number of proposals from various sources — including the Defense Department and Congress — for reducing the military health care benefit, for working-age retirees, for Medicare-eligible retirees and even for dependents of active-duty service members. We will fight all of these," he said.

Other concerns include an expected attack on military retirement benefits that could significantly reduce or delay payments, deep personnel cuts that will force the people who stay in to work

even harder, and possible caps on future increases in basic pay, housing and food allowances, Strobridge said.

"The thing is, we have had these fights before, but some lessons seem hard to learn. We cut retired pay once, for example, but restored benefits because the cuts were so bad. Everything being talked about now is worse than the Redux cuts that had to be undone," he said, referring to the reduction in retired pay made in 1986 that was undone in 1999, when it began to hurt career retention.

Caps on basic pay in the 1970s and 1980s resulted in a gap between average military and private-sector wages that grew in the 1990s to peak at an estimated 13.5 percent in 1999. The gap was believed to contribute to problems filling the ranks.

Congress responded with 11 consecutive years of military raises that exceeded average private-sector pay raises, an effort that stopped only when the Defense Department declared that military and civilian pay had achieved rough parity.

Capping cost-of-living adjustments in military retired pay and veterans' benefits is another threat Strobridge said military advocacy groups are prepared to fight because it would affect current

retirees and erode their benefits.

The Military Coalition's 2012 legislation plan includes some expensive initiatives, such as renewing a \$6.6 billion request to allow military and veterans benefits to be paid without offset to survivors of people who die of service-connected causes, and a \$1.2 billion proposal to improve retirement benefits for National Guard and reserve members.

Strobridge acknowledged that those things will be hard to push forward in the 2012 budget.

"That doesn't mean we don't keep pushing for them. We make a case for them now so that when the government is in a little better financial position, we might have a chance of getting them funded," he said.

In the meantime, the group has a list of low-cost benefits improvements, including:

- Allowing Post-9/11 GI Bill benefits earned by service members who suffer catastrophic disabilities to be transferred to their full-time caregivers.

- Lifting the \$1 monthly fee for service members to be eligible for the traumatic injury insurance program known as TSGLI.

- Expanding combat-zone tax exclusion benefits to Public Health Service officers being sent to Iraq and Afghanistan by the State Department. □

Whistle-blowers sue VA, claim reprisal

By Patricia Kime
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After Wilmington, Del., VA Medical Center therapist Michelle Washington decided to testify before Congress last November about treatment delays at her facility, she said she received her first-ever negative performance review and was demoted.

Six civil lawsuits filed by a D.C.-based law firm against the Veterans Affairs Department show that Washington isn't alone. The Employment Law Group has filed claims on behalf of VA whistle-blowers who allege they were fired or harassed for speaking out about problems affecting patient care.

The suits allege that from Northport, N.Y., to Houston, employees were pressured to cover up mistakes, rush patients through care or practice in dangerous working conditions.

In Northport, a doctor was fired for filing a complaint that the VA Medical Center was running an

unauthorized nuclear medical facility. In late November, the U.S. Office of Special Counsel substantiated the allegations, but Dr. Colin Clarke still isn't back on the job.

"The special counsel herself went out of her way to praise [Clarke's] courage in a press release," Employment Law Group attorney David Scher said.

The grievances filed through Scher's firm date to 2008:

- In Martinsburg, W.Va., pathologist Dr. Ning Shen said she received negative performance reports and was fired because of a personal dispute with her supervisor — a work environment in which the supervisor refused to read Shen's malignant biopsy reports, forcing them to be sent elsewhere for further review.

- In Houston, nuclear medicine specialist Dr. Shanker Raja alleged he received poor performance evaluations after refusing to provide case summations and imagery for a supervisor's

private website. He also raised concerns that patients received incorrect doses of radiation for imagery tests conducted by that supervisor.

- At VA Medical Center North Texas, emergency room physician Dr. Carolyn Gaston was suspended after she began practicing triage in an understaffed emergency room, seeing critical patients first and making those with nonthreatening illnesses wait. Gaston's suspension has been overturned.

Scher said such management problems are rampant throughout VA. "Supervisors either don't know the rules, they don't follow the rules or they don't care," he said.

While none of the cases has been proved harmful to patient care, signed affidavits point to questionable practices that delayed treatment or negatively affected patients.

In Shen's case, delays with lab results slowed cancer treatment.

TROUBLE IN NEW YORK

A medical technologist employed as a supervisor for 25 years at VA Medical Center Northport, N.Y., was exposed to high doses of radiation after she was ordered to use equipment she was not trained on — one of several problems uncovered during a federal investigation into the facility's nuclear medicine program.

The U.S. Office of Special Counsel announced in November that Northport ran an unauthorized nuclear med-

ical program for three years, training physicians and technologists after it relinquished its accreditation in 2007.

The problems came to light only after whistle-blower Dr. Colin Clarke filed a complaint with the office.

The Office of Special Counsel said 4,000 patients received care in Northport's unauthorized department but there was "no indication any patient was harmed."

The investigation is one of several into VA nuclear medi-

cine programs, which are subject to regulation and inspection by the Nuclear Regulatory Commission.

During a November hearing of the House Veterans' Affairs Committee, Rep. Bill Johnson, R-Ohio, quizzed former Miami VA Healthcare System Director Mary Berrocal about an incident at her facility involving unsecured nuclear material.

"How is it that a radioisotope could be left out in the open?" Johnson asked.

In Houston, a patient was notified of accidentally receiving a two-day dose of radiation even though only a one-day test was necessary.

"Does it affect patient care? Absolutely," said Washington, who is not involved in any of the current lawsuits. "If you are under stress, you might be distracted and you might miss something."

VA spokesman Josh Taylor said the department could not com-

ment on ongoing litigation.

During a November hearing on management problems at the Miami VA, House Veterans' Affairs Committee chairman Jeff Miller, R-Fla., urged VA to monitor its facilities and enforce its regulations

"More than once, VA has come to us and said problems at its facilities are fixed and all is well," Miller said. "More than once, that has been shown not to be the case." □