THE DEPARTMENT OF VETERANS AFFAIRS

Affairs is a 330,000-plus employee, $175 billion organization. The VA’s largest unit, the Veterans’ Health Administration, runs a far-flung system of over 1,200 veterans’ health facilities serving millions of patients. VA healthcare is generally rated very highly. But three years ago, long waits for care and neglect were discovered at the VA’s Phoenix healthcare facility—and subsequently elsewhere—resulting in congressional hearings, tough media coverage and the departure of some from the agency. The VA has said these problems are being addressed. Still, tens of thousands of job vacancies hamper the agency’s functioning. Critics blame the vacancies—mostly in VHA healthcare jobs—on a nationwide shortage of qualified candidates, agency pay limitations, and bad press resulting from misconduct probes. The American Federation of Government Employees—whose members have held substantial protests at various sites in recent months—faults Congress and the VA over the vacancy issue—alleging leaders have facilitated the shunting of too many patients to private health providers. The VA, in turn, insists the vacancy problem is improving. In related news, this year, a controversial new law could assist in the removal of bad apples at the VA—and facilitate hiring. There is also a new whistleblower office. Nathan Abse explored these issues in an interview with Joe Chenelly, executive director of the 250,000-strong group AMVETS, also known as American Veterans.

Q & A WITH JOE CHENELLY

Some vets who use VA health facilities complain the tens of thousands of healthcare vacancies have led to overworked staff and gaps in care—with

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I DON’T KNOW HOW IT IS where you live, work, vote and go to PTA meetings, but here in the nation’s capital, things are pretty tense. This is city where Hillary Clinton got 96 votes for every one cast for Donald Trump. Doctors and shrinks are seeing more people with more problems.

Things are especially tense now within the chattering class made up of politicians, their aides, lobbyists, lawyers, do-gooders, non-profits and journalists; also, anyone who regularly describes him or herself as a liberal or a conservative. Left or right, progressive, etc., if you’ve got a self-imposed label you probably have an agenda.

Not that there’s anything wrong with that. But you can sometimes cut the tension with a knife.

I was talking with a friend the other day about then vs. now, he spent 20 years on Capitol Hill with the old Post Office Civil Service Committee. Yes, there were actually two committees the House and the Senate PO & CS Committees. Back then, they were devoted to the care and feeding of federal and postal workers, and retirees. Now they’ve morphed into several committees whose primary goal is to whack feds, and their benefits.

Anyhow, my friend and I agreed that in life, maybe, but in political Washington for sure, it is not what is said, it is who said it. For instance, a candidate could demand that his opponent be jailed for using her private-email for government business. Then, once in office, he could
AFGE putting vacancies at 49,000, the VA significantly less. Can you comment?

Chenelly: Certainly. The fact is that the agency lacks staff in many places. So, we are working with the VA’s central office and at the local level—along with employee unions—to get these jobs filled. There are many reasons for the vacancies. A big one is there are not enough mental and other health care providers. Then there are the VA’s recruiting—and retention—problems.

With legislation passed this year, the VA appears to have new, faster firing capabilities—and mildly improved hiring capabilities. Could these help lift the vacancy crisis—especially in places like Denver, with its 600 unfilled VA healthcare job vacancies?

Chenelly: Yes, we think so—some. Some of that could be helpful. But it will take a while to take effect. Another problem is the issue here is not just in the hiring process—which is slow, or in dismissing people. It’s that VA pay is still too uncompetitive. Another big issue is the perception the American public still has of the agency and its employees. So, we are working to let VA folks know we appreciate them and their dedication to veterans—and we are spreading the word.

As you noted, a countrywide shortage of medical practitioners is one cause of vacancies, right?

Chenelly: That’s absolutely the case. One thing we are doing to fix this is to press for ways to help veterans that want to pursue medical professions. In fact, already a huge percentage of our doctors in this country educated to work and care for vets have gone through the VA at some point in their training. The VA needs to be able to capture more people motivated to do this, to help them with their medical education—and in recruiting and hiring them. The many-months-long process of hiring people into healthcare at the VA, that’s another cause for vacant VA healthcare positions, correct?

Chenelly: The slow process of hiring people is not just a big problem at the VA and in healthcare areas of the VA. It’s a problem for just about any agency in the federal government. Job applications get caught up in red tape. The process is notoriously very slow. There have been various proposals to streamline things. I understand the VA needs to be careful, to make sure they hire the right kind of people—and especially to prevent hiring people who might harm patients. But the hiring process, as things stand, takes so long that it’s ridiculous. It’s a major reason why so many medical people—doctors and nurses—don’t even try to get into the VA. In fact the entire H.R. side of the government is broken. We can all see it, especially these past eight months, throughout Washington. Because of slow hiring and the vacancy situation, those already in federal jobs are often overburdened.

So, we have noted a shortage of health professionals, long hiring times and the red tape behind it as issues hurting recruiting? Any others--maybe the VA scandal starting in Phoenix in 2014?

Chenelly: Yes, Phoenix. That was about real problems. There was a lack of trust between the local office and the national office, at the Veterans Health Administration—it was a huge part of what happened. Then there was the bad publicity that followed. You have to remember, the VA has the largest coordinated healthcare system in the country, and one of the largest in the world. Every time a local VA hospital problem got some media, it became a national news story. Unfortunately, as things developed, it didn’t take long for VA employees to be painted as villains—like people who didn’t care about veterans, and were sometimes killing veterans.

Given those problems, what are some solutions to the large number of vacancies?

Chenelly: We need Congress to look at compensation at the VA, to make the VA more competitive with the private sector—especially for nurses.

We need Congress to look at compensation at the VA, to make the VA more competitive with the private sector—especially for nurses.
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AS MANY FEDERAL EMPLOYEES ARE are currently receiving, or perhaps will receive in the future inherited IRA accounts from deceased relatives, they need to understand the rules associated with inherited IRAs. In the third of four columns discussing rules with inherited IRAs, this week’s column discusses the rules for non-spousal beneficiaries who inherit IRAs from deceased relatives.

There are significant differences in the rules for beneficiaries of IRAs who were not married to the deceased IRA owner. The Internal Revenue Code (IRC) in fact gives non-spousal beneficiaries less flexibility than it does to spousal beneficiaries with respect to what can and cannot be done with an inherited IRA, including: (1) Contributions cannot be made to an inherited IRA, even if the beneficiary has earned income; (2) the inherited IRA cannot be rolled over or transferred to the beneficiary’s own IRA; and (3) direct, “trustee-to-trustee”, transfers must be done in the name of the deceased IRA owner for the benefit of the inherited IRA beneficiary.

In the event the deceased IRA owner named more than one beneficiary of his or her IRA, then splitting the deceased owner’s IRA into more than one account has advantages. In particular, by splitting the IRA into multiple accounts (that is, each account in the name of the beneficiary) allows each beneficiary to use his or her own life expectancy for calculating the Required Minimum Distribution (RMD). Note that each beneficiary can elect to have his or her inherited IRA portion paid out based on the beneficiary’s life expectancy.

Each IRA beneficiary must establish his or her own inherited IRA account with a named beneficiary. These inherited IRA accounts cannot be commingled. Once these inherited accounts are established, each beneficiary can choose who he or she wants to make as a beneficiary.

The deadline for establishing multiple accounts is December 31st of the year following the year of death. The following example illustrates:

**SINGLE LIFE EXPECTANCY TABLE (TABLE 1 APPENDIX B IN IRS PUB. 590-B)**

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<thead>
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<th>AGE</th>
<th>LIFE EXPECTANCY</th>
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<td>28.7</td>
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<td>57</td>
<td>27.9</td>
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</tbody>
</table>

If separate inherited IRA accounts are not established by December 31st of the year following the year of death, then a RMD will generally be based on the life expectancy of the oldest beneficiary. The shortest life expectancy rule applies when there is more than one beneficiary as of September 30th of the year following the owner’s death. The single life expectancy table is used to compute the RMD and is found in Table 1 of Appendix B in IRS Publication 590-B. A portion of Table 1 is reproduced here:

To illustrate, suppose Peter’s inherited IRA was worth $360,000 on Dec. 31, 2016. Peter’s children elected not to establish multiple inherited IRA accounts. That means each child’s inherited IRA amount is $360,000/5, or $72,000 as of Dec. 31, 2016. Based on the oldest child’s (age 55) life expectancy of 29.6 years, each of the five children has a RMD for 2017 of:

$72,000/29.6 equals $2,432.43

The same procedure will be used to compute the RMD for subsequent years, except there will be a new account balance as of December 31st preceding the year in question and using the next year’s (smaller) life expectancy factor.

**NON-SPOUSAL RULES FOR INHERITING A ROTH IRA**

Identical rules to inherited traditional IRA assets, non-spousal inherited Roth IRA assets must be withdrawn in accordance with the five-year rule or through the same RMD rules that apply to traditional IRAs.

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more of them, that could help staffing everywhere. We have seen the VA start to do this. But, for now, those problems remain—and what I see as a concerted effort to smear the VA's reputation—actually, for some years. It's been very detrimental.

So, legitimate criticisms of the VA have morphed into a smear campaign—one that encourages privatizing VA care, right? That begs the question—can we use the private sector much at all, for veterans, without destroying the VA?

Chenelly: Let me say this: About 30 percent of all veterans who are receiving care through the VA system are already receiving [some] care from outside of it. That's about one-third of veterans. I think that's a fairly high share. I worry that if it goes much higher, private care could erode—or further erode, I should say—the VA healthcare system, which really needs investment. Having said that, in any situation where a veteran cannot get the care they need in a timely way, then they need to use a defined network outside of the VA system, definitely. But, remember, one-third of vets already do that, and I am for that. And we at AMVETS have worked on helping with the funding for that. I am simply trying to emphasize that if we are going to invest in veterans' healthcare, we need to invest in the VA system itself. We need to do this to end the continuing big problem with access—which we have struggled with for several years. If instead we don't invest in VA to fix the problem with access, while we continue to allow approved physicians outside of the system to be open for vets, then we will continue to push veterans out of the VA system, [ruining it.] There's no doubt here. And I don't think there is any veterans' organization that wants veterans’ healthcare to be privatized.

The scandal following Phoenix in 2014 has not helped reduce vacancies—just a huge effects on recruiting and morale, right?

Chenelly: Yes, it has. It has had additional effects—two big ones I see. The first one was on patients, not employees. The crisis got local media attention trained on problems at local VA facilities and stories into national news—and those unfortunately discouraged patients. Literally, some said, “You know what? I'm not going to go to the VA for care anymore. I don't trust the VA, because this news channel or that newspaper in effect is telling me the VA is trying to hurt or kill me.” Some of that message was intentional—at least the effect of peeling some patients away from the VA and toward private solutions was. A second issue emerged, this one on [recruiting and morale.] VA healthcare employees have had to work very long hours, while not making as much money as their private sector counterparts. Bad publicity about work and pay—along with the media sometimes effectively painting the VA employee as a villain—it’s been bad for morale. The question we face now is: How does the VA get away from all this?

You raise a good question here: How does the VA get past the ill effects of scandal—and the continuing problem of vacancies and bad publicity?

Chenelly: First, the VA needs to let people know the good things the agency and its people are doing. And, second, the VA needs to win back the trust of the public and the veterans—by actually making more progress on filling those vacancies—and getting rid of its access problem. Meanwhile, the VA must continue to provide the high level of care that agency does generally provide.

Until the Phoenix crisis, the VA had been perceived as improving, by most accounts, for some years. How can you make sure the VA's image—and the care itself—don't start to slide again?

Chenelly: The key to preventing any real slide in care is to build up the improvements we discussed here. You cannot fire your way to success, that's for sure. The presidential campaign cycle last year was not helpful to us on this. During his campaign, the current president spoke brashly, suggesting everyone in the VA system basically needed to get axed. That was not right. On the other hand, the new president did pick a secretary who understood this well—someone who had been the undersecretary running the healthcare side of the VA for the previous 18 months. So, as I've said, now the best way is to stay the course. There are a lot of things going in the right direction right now. These will help maintain stability in the organization. There is a sort of unified, one-party government right now, effectively—and so far, in a way, this at least means there has been progress on legislation in the first part of this year—legislation that had been slowed by partisan politics. So, that's good. The recent improvements Congress passed were stuck on the table for a long time. We're finally at a good place on legislation—not perfect, but getting somewhere. Now, we will have to see about implementing.

What are the two or three most important
Chenelly: First of all, I want the VA to keep working on rebuilding trust with veterans. For example, the VA now has on its website exact wait times at VA facilities all over the country. The VA is also the only federal agency listing, on a weekly basis, disciplinary actions. They’re no longer brushing so much stuff under the rug. There is collaboration with veterans at the VA. They are listening to vets—to us. Just yesterday we had a breakfast with the undersecretary of the VA. Two days ago we had a three-hour meeting with the undersecretary for veterans’ health. Next week, we will meet with the undersecretary for veterans benefits. So, there is a collaborative approach and transparency. That’s two aspects of the course we need to stay on.

What is AMVETS doing to advance those priorities?

Chenelly: Our organization has millions of paid members—and they hire us, so to speak, to be their voice. We are constantly out there with our veterans, holding town halls and seeing what they are seeing out there, and bringing back to Washington, to the VA, the news of what they need.

What is your take on dealing with the current White House, and how are things going?

Chenelly: Although the White House and the VA shouldn’t be so separate, to my mind, in fact they are, for sure. In any case, the folks who run the VA are not new to this. As I said, VA Secretary David Shulkin was already running the VA’s health division and knows very well the issues. As soon as President Trump was elected, [we and others were asked] what kind of person the VA needed as secretary. We replied that you have a pretty good secretary already—Bob McDonald, President Obama’s last VA Secretary and former head of Proctor & Gamble. But, they needed a new secretary, and from our point of view, the next best thing was the undersecretary [David Shulkin]. We continued to push that we needed face time with the president and his staff. And we have met [with them] five times now, as I recall. There are all the nuances of things he said on the campaign trail. Though he was passionate—and let us know he cared about veterans—some of those things weren’t right. So, we have since let him know the facts. I think the president is pleased that the things he was talking...
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about, many of them, were already in the works. Now we need his continued support on those. Dr. Poonam Alaigh, the VHA [acting] undersecretary for health, also needs help in keeping on in the right direction and getting the right resources.

If you could, tell us about the VA and its budget situation, for employees and the veterans?

Chenelly: OK. Well, first, there was a bit of a learning curve with a new administration—it came the hard way, in the first budget they proposed months ago. I am hoping next year’s budget proposal from the administration is better—more collaborative, where this year’s was not at first. There were cuts proposed that we and our members could not tolerate. So, we had to show our grass roots strength, flex our muscles a little bit. Now, to me, of course more money overall is need. But my first concern right now is that the money the VA gets already goes into the right accounts, where needed. Care should not be getting pushed toward the private sector. We absolutely need to be investing in VA infrastructure, so that capacity and care standards remain high. We need to continue to maintain and improve a strong VA health care system.

Regarding the vacancies, and other issues upsetting to staff and veterans, can AFGE-led protests be helpful?

Chenelly: The VA has a lot of vacancies—and its recruiting and retention process is a problem. Our members are aware of it, and we work to inform those that aren’t aware—and to tell them where to direct their voice on this matter. The bottom line is that the veterans are a very involved community, and they are very likely to reach out to their lawmakers. They have a sense of civic duty and they will reach out to tell lawmakers about their concerns.

Where do you, at AMVETS, see room for improvement in the budget for the VA?

Chenelly: Every year, we in the veterans’ organizations put together a comprehensive budget document—our ideas on the budget. We give it to the committees in both sides of Congress, the White House and to the VA. And I can tell you, one item that is underfunded every year is the infrastructure side—investment in the facilities, as well as some R&D and some IT. Middle management is overfunded. And a huge part of what’s underfunded is actual healthcare employees in the VA’s hospitals and facilities. As you have said in the news in this article—it’s the vacancies, that we don’t have enough people who actually spend time with veterans.

For clarification, why shouldn’t our leaders try more privatized healthcare for vets?

Chenelly: Because we know that the VA healthcare system is the right system. It’s a public trust, it’s a public institution, and we need to continue to maintain it and improve that. The majority of veterans do like the care that they receive with the VA. By and large that care is more comprehensive than the care they receive in the private sector. I myself am a veteran, and I myself receive healthcare from the VA and from outside the VA. And I can say personally that the VA’s care is more comprehensive.

Is there any era’s veterans who might have greater unmet needs in the VA system?

Chenelly: The whole VA system needs more investment. It needs more doctors...
MILITARY PERSONNEL CAN BE FOUND in every corner of the American workforce, including the federal government. Many active and reserve servicemen and women serve federal agencies with the same pride they have serving our country at home and abroad as members of the military.

There can be a cost to serving in the military, though. When some servicemen and women return from a tour of duty, they may find that their position has been filled by someone else, or they may discover that a long sought-after promotion to a higher pay grade has been put on hold because they were absent from their agencies.

Fortunately for military personnel, they have legal recourse when they feel they have been discriminated against at work due to military service – the Uniformed Services Employment and Reemployment Rights Act (USERRA). Passed in 1994, USERRA protects employees who leave their jobs to serve in one of the branches of the military. The law ensures that:

• Agencies must re-employ someone returning from active duty, as long as they receive advance written or verbal notice of an employee’s service and the employee has been serving for five years or less in the military while employed by the agency, returns to work in a timely manner after concluding a tour of duty and was not separated from service with a disqualifying discharge
• Agencies cannot retaliate against anyone assisting in enforcing USERRA rights, even if the person is not a member of the military
• Additionally, employees who leave for active military duty may still receive their agency’s health insurance plan for themselves and their dependents for up to 24 months after the absence begins or for the period of service plus time to be re-employed, whichever is shorter. If they don’t elect to continue health insurance coverage while they are on active duty, they must be reinstated to their agency’s health insurance plan upon their return without any waiting periods or exclusions. However, the health insurer may impose an exclusion or waiting period on employees who have service-connected disabilities, as determined by the Department of Veterans’ Affairs (VA).

If an employee feels that his or her USERRA rights have been violated, they may consult an Employer Support of the Guard and Reserve (ESGR) Ombudsman or the United States Department of Labor’s Veterans Employment and Training Service (VETS). After the administrative process with VETS is concluded, the employee has the right to file an appeal with the Merit Systems Protection Board (MSPB). Alternatively, the employer can skip filing with VETS entirely and file directly with the MSPB. An employee who disagrees with a final decision from the MSPB can appeal to the Court of Appeals for the Federal Circuit.

Though the number of new USERRA cases in the public and private employment sectors has declined nearly every year since 2011, this does not mean that job discrimination against military personnel is going away. Therefore, it is still important for military personnel to be aware of their USERRA rights and to protect their livelihoods when they return from deployment.

Mathew B. Tully, Esq. is the Founding Partner of Tully Rinckey PLLC, a full-service law firm with eight offices throughout the United States, including Washington, D.C. Mr. Tully focuses his practice on federal labor and employment law, appellate law and Congressional investigations. For more information on Tully Rinckey PLLC call 202-787-1900, or visit www.fedattorney.com
and nurses to fill those many vacancies, for all veterans. But, interestingly, the Vietnam-war era veterans probably have some of the most pressing, most emerging needs. Much of the last fifteen years has been directed toward the post-9/11 veterans. (And by the way, I am one of those—I was in Iraq and Afghanistan.) The Vietnam vets, on the other hand, all too often are being forgotten in our legislative process, when our legislators are working out resources. Overall, we have veterans from every era, and the VA needs more staff and more improvements for all of them.

Is there anything we might not have covered here—regarding the VA’s problems?

Chenelly: As a vet, I am glad you in the media are addressing this topic—the vacancies, and the access to care situation as a veterans’ issue—because most media are not covering this, though they should be. Again, the fact is that although the VA still provides great care, many VA facilities just do not have the doctors and nurses and other providers they were approved to get. It has to be said, there has been an effort at accountability—a lot of new accountability, which we support. Despite this progress, it comes back to the vacancies and compensation.

Defense and VA cut back on opioid use

FEDERAL AGENCIES THAT MANAGE current and former servicemembers’ pain as part of their medical care are working together to find better means—specifically, ones that do not involve opioid drugs.

The U.S. Department of Health and Human Services, the U.S. Department of Defense, and the U.S. Department of Veterans Affairs have announced a $81 million, six-year multi-component research project that will focus on nondrug approaches for pain management.

There are 12 research projects underway that focus on developing, implementing, and testing cost-effective, large-scale, real-world research on nondrug approaches for pain management.

“These projects will provide important information about the feasibility, acceptability, safety, and effectiveness of nondrug approaches in treating pain,” a National Institutes of Health news release states.

The studies are looking at treatments such as mindfulness/meditative interventions; structured exercise, such as tai chi and yoga; manual therapies.
Federal Benefits

Q&A

QUESTION: My agency is trying to force me out. I will be 61 in October and have 31 years in December. If I retire on January 1 how much can I expect to receive? Can I apply for disability retirement at the same time and would my benefit go up when I reach full retirement? Do I have to take a survivor annuity if I want my husband to be able to keep his insurance should I pass away?

ANSWER: If you are eligible to retire under the regular rules, then you cannot retire under a disability retirement. To find out how much you can expect to receive under a regular retirement, you should contact your retirement specialist in your human resources office.

“Being on high-dose opioids now ought to be on very unusual circumstances.”
-Dr. Nancy Nielsen

“NCCIH has made pain research a priority — especially in military and veteran populations. We first partnered with the National Institute on Drug Abuse and the VA in 2014 and are delighted to expand the partnership to include the DOD and additional HHS/NIH components,” Josephine Briggs, director of NCCIH, said in the release.

Studies show that nearly 45 percent of servicemembers and 50 percent of veterans experience pain on a regular basis, and there is significant overlap among chronic pain, post-traumatic stress disorder, and persistent post-concussive symptoms.

The initiative comes at a time when the federal government is aiming to reduce the amount of opioids prescribed to federal employees in an attempt to reduce the risk of substance abuse.

REDDUCING OPIOID USE REDUCES ABUSE

Outside of Department of Veterans Affairs and the military services, the effort to reduce opioid use—and to substitute that as often as possible with other medicines or means to reduce pain—are the trend. The goal is to begin to chip away at the present opioid epidemic, which continues to grow.

“Being on high-dose opioids now ought to be on very unusual circumstances,” Dr. Nancy Nielsen, Senior Associate Dean for Health Policy, Medicine, University at Buffalo, told FEND. “But there are still lots of legacy patients—and getting them off is really very difficult. That’s the first thing to know.”

“Second, all of us in the medical arena were sold a bill of goods by the pharmaceutical companies, but now all of that has changed. Rightly so,” she continued. “But there really ought to be many, many fewer people who go on high dose opioids—and certainly very few ought to be on long-term opioids.”

“We have to make patients understand that some discomfort is not unusual, and you do not have to be drugged to recover,” Nielsen said. “There was too much prescribing.”

NFFE celebrates 100th

THE NATIONAL FEDERATION OF FEDERAL Employees—known to most simply NFFE—is celebrating its one hundredth anniversary.

NFFE was the first federal civil service employee union founded, and came into being in September 1917. At that time, the federal workforce was not organized into its current formal system of employee classifications—and at that time for feds there was no overarching pay system, no pensions, no health insurance.

“For 100 years and counting, like its founding members, NFFE continues to fight for the rights of federal workers and to preserve a talented federal workforce designed to meet the needs of the American people,” stated Randy Erwin, NFFE National President. “In doing so, we vigorously defend the principles that ensure we will...
never return to the days of political patronage in the federal government.” “Members of this union are proud to be a part of America’s first civil service federal employee labor organization,” Erwin continued. “I believe the founding members of NFFE would view the achievements of the last 100 years with a swelling of pride, and they would be happy to know that we are firmly focused on the next 100 years of progress for America’s dedicated federal employees.”

A statement by the union to mark the occasion stated that “while significant progress” had been made, through the cooperative efforts of federal unions and federal officials, for feds and their families, “still achievements of the past are continually threatened by lawmakers and others who make light of historical hard lessons learned.”

SOURCE: http://www.nffe.org/ht/display/ReleaseDetails/i/147539

In Brief

EPA BEGINS ANTI-LEAKING TRAINING

As part of the Trump Administration’s order for anti-leaks training at all executive branch agencies, employees at the Environmental Protection Agency began their training this week, the Association Press reports.

According to the article, President Trump has expressed anger over repeated leaks of potentially embarrassing and classified information to media organizations in recent months.

The Associated Press obtained the training materials from the class, which included examples of past circumstances where classified information had been leaked either through espionage, computer hacks or leaks to reporters, and also informed workers of their whistleblower protections but the training primarily reinforced laws and rules against leaking classified or sensitive government information, the report notes.

OPM CONTINUES TO HELP FEDS AFFECTED BY HURRICANES SIMILAR TO LEAVE POLICY CHANGES for employees affected by Hurricane Harvey, federal employees can now donate leave to co-workers affected by Hurricane Irma.

In an official announcement released Sept. 20, the Office of Personnel Management established an Emergency Leave Transfer Program (ELTP) for federal employees adversely affected by Hurricane Irma.

“Our thoughts are with those affected and we wish them continued safety and a quick recovery.” -Katie McGettigan

An ELTP allows employees in the executive and judicial branches, or agency leave banks to donate unused annual leave for transfer to employees of the same or other agencies who are adversely affected by the emergency, and who need additional time off from work without having to use their own paid leave.

“OPM continues to support federal agencies in the regions devastated by Hurricane Irma, and the issuance of this recent ELTP is just one of the ways our agency is helping our colleagues in need,” Acting OPM Director Kathy McGettigan, said, adding, “Our thoughts are with those affected and we wish them continued safety and a quick recovery.”

VA OFFICIAL REHIRED, THEN FIRED AGAIN

The former Director of Washington, D.C.’s veterans hospital who was rehired after he appealed his dismissal through the Merit Systems Protection Board, has been fired again under new regulations enacted by the Trump administration.

Brian Hawkins was fired earlier this summer for “failing to provide effective leadership,” and mismanagement after an inspector general’s report found that the hospital had unsterile work conditions and frequently ran out necessary medical equipment, among other issues.

The MSPB issued a stay in the firing in August, forcing the agency to rehire Hawkins while the board reviewed the case.

Meanwhile, a new IG report found that Hawkins sent sensitive information to private email accounts belonging to him and his wife. The emails were found while the IG was investigating whether Hawkins had purposefully delayed an Administrative Investigative Board inquiry about thousands of dollars in employee bonuses given without justification.

New legislation, also signed into law this summer, created more repercussions and a faster firing process for VA employees, and it also lowered the standard for evidence that the agency needs before it takes disciplinary action.

That new legislation, coupled with the most recent finding by the IG, allowed the VA to fire Hawkins again.

VA Secretary David Shulkin said in a written statement announcing the second firing that the “…VA will use the authorities available to ensure our veterans get the highest quality service and care possible, which followed a federal board forcing the agency to take the director back last month. This is the right decision for veterans in D.C. and employees at the medical center.”
turn around and say no-harm-no-foul when it is discovered some members of his administration (or family) did the same thing. What was once a criminal offense turns out to be no big deal. And they nearly all do it.

Then I remembered the first time that I formulated my theory that who said it is more important than what they said. Although it seems like only yesterday, it actually happened in April or May of 1996. A coworker at the Washington Post handed me several sheets of paper. No headline, no byline, and about 12 to 14 pages of text. “Read it,” he said. I was busy (and wanted him to know it) so I skimmed the document. Mostly I liked what I read. I thought this is the kind of guy I could have a beer with. Maybe visit across the fence if he were a neighbor. Nice guy. Smart guy. No problem, right...

Except the piece had been written by the so-called Unabomber. At that time he had, over a period of years, sent bombs to 16 different people. Three were killed outright. Others maimed for life. He had written the FBI and told them that if his manifesto wasn’t printed by either The Washington Post or The New York Times, he would send more bombs and kill more people. The FBI urged us (the Post and Times) to print it. Both papers, as I recall, did. The author, Ted Kaczynski, was brilliant but mentally disturbed. Big time. He lived off the grid in a tiny cabin in Montana. When he built a bomb he would take a bus to a different city, mail it and return home to await the blast. (By the way his cabin, smaller than my small office, is in the Newseum here in Washington D.C. Fascinating.)

Uh, cancel what I said about having a beer with this guy. Couldn’t if I wanted to, which I don’t. He’s in a federal supermax prison today, doing life—locked down for 23 hours a day. He lost me when he started blowing up people, although, until I knew his deeds and politics, I thought he was a visionary.

Over the years, like you, I’ve heard and read lots of things I liked. Others I didn’t. But it often wasn’t so much what they said or wrote but the fact that they said it. I realized that in some cases, I liked what was read or said if I thought I knew who the person was and I agreed with or liked him or her. But if I later found out the ‘wrong’ person had said or written what I thought I admired, I changed my mind. Rejected it. Not on its merits, but based on who espoused it. George Orwell dealt with that in his classic book Animal Farm.

Maybe it’s the Potomac River water we drink. In Washington, we have politicians who say they voted for the war before they voted against it. Or that they had to pass a complex, expensive bill that is longer than the novel War and Peace “to find out what’s in it!” Seriously?

If you want to test it, pick up a quote from some great philosopher, or scientist. Mark Twain or William Shakespeare. Then let a conservative read it believing it was said or written by Sens. Ted Cruz or Rand Paul. Odds are he/she will love it. Do the same thing with a self-anointed liberal. But this time tell him it is Sen. Elizabeth Warren or TV talk show host Bill Maher. Odds are they will love it too. Ted Cruz or Rand Paul. Odds are he/she will love it.

Then tell them you made a mistake. (Makes it easier if it is your fault). Tell them you attributed to quote to the wrong person of the wrong political persuasion. Then watch them squirm and struggle to regain the high ground.

If they’ve been here long enough and learned their lessons well odds are they will have you believing that it was actually you who were wrong all along. That’s what we do.