

REPORT OF
NATIONAL VETERANS AFFAIRS AND REHABILITATION COMMISSION
TO THE
NATIONAL EXECUTIVE COMMITTEE

October 14-15, 2015

There were nine (9) resolutions from the Veterans Affairs and Rehabilitation Commission submitted to the Resolution Subcommittee of the National Executive Committee for consideration. Four (4) resolutions were referred for consideration by the 2015 National Convention. Three (3) resolutions were presented by the Veterans Affairs and Rehabilitation Commission. One (1) resolution was presented by the Department of Oregon.

Five (5) were forwarded to the National Executive Committee for adoption:

(Origin: Illinois 712015IL)
Veteran Caretaker Stipend

(Origin: VA&R)
Agreement with the National Veterans Legal Services Program (NVLSP)-2015-2016

(Origin: VA&R)
Honoring Those Who Have Earned the Medal of Honor

(Origin: VA&R)
Rescinding of Non-Legislative VA&R Resolutions

(Origin: VA&R)
Women Veterans

One (1) was received and recorded:

(Origin: Ohio 562015OH)
National Cemetery Eligibility for Burial

Two (2) were rejected:

(Origin: Wisconsin 432015WI)
Dependency and Indemnity Compensation for Surviving POW Spouses

(Origin: Oregon 27282015OR)
Ending VA's Elimination of Power of Attorney for Established Claims

One (1) was held for further study:

(Origin: North Carolina 912015NC)
Presidential Memorial Certificates

HEALTH ADMINISTRATION UPDATE

VETERANS BENEFITS CENTERS & SPECIAL PURPOSE VISITS

From October 2014 to July 2015, The American Legion's Veterans Benefits Center (VBC) Committee conducted VBCs in collaboration with site visits to healthcare systems experiencing: delays in appointment wait times, scrutiny by mainstream media, or issues reported by local legionnaires. The VBC Committee also conducted veteran town hall meetings in nearby American Legion posts in order to receive first-hand accounts pertaining to issues local veterans face with their care.

During the site visits, VBC Committee members conducted interviews with staff responsible for the appointments for primary, specialty, and mental health care, human resources (specifically the staff vacancies), facility demographics, the facility's strategic plan, enrollment, outreach, Non-VA Coordinated Care Program, Joint Commission/Commission on Accreditation of Rehabilitation Facilities (CARF), performance measures, patient safety, the facility's Voluntary Service program, and the newly implemented Choice Program.

Between the site visits performed during the VBCs and the special-purpose visits, The American Legion found the following challenges nationwide:

1. Wait times remain an issue with several of the VAMCs visited. With the new changes reflected in the Choice Act, and the implementation of the Choice Program, some facilities have found some relief from extended wait times.
2. Many VAMCs continue to struggle with filling critical lead provider positions in various departments. For example, at the Tomah VAMC, the medical center director, associate medical center director and chief of staff positions were vacant. Additionally, they had a major shortage of qualified mental health care specialists, primary care physicians, and psychiatrists. Staff shortages were also reported in Bay Pines, FL; Philadelphia, PA; and Memphis, TN. Throughout the Veterans Integrated Support Networks (VISNs), various options have been explored to gain the talent needed to better serve the veterans.
3. While the Choice Program was recently implemented to assist in giving veterans greater access to care, more education and clarification are needed to ensure veterans know available services. The greatest challenge (as told by the veterans in Philadelphia's catchment area) was with the lack of clarity on the new Choice Program.

4. Many VA facilities continue to close or downgrade their emergency departments (EDs), or provide obstacles to veterans in need of urgent care, without acceptable means of recourse. For example, veterans at the VA Mayaguez Outpatient Clinic (OPC) in Puerto Rico were being denied access to urgent care due to a national policy issued by VA Central Office (VACO). The VA Mayaguez OPC had a patient care area labeled as an urgent care clinic that was not being used. The four-bed urgent care clinic was complete with ambulance access and all necessary equipment. According to management at the clinic, based on a notice that they had received from VACO, the urgent care clinic was closed, staff were reassigned and the space was not being used. The American Legion notified VA's Office of the Deputy Under Secretary for Operations and Management, who consulted with the department's National Program Director for Emergency Medicine; the National Program Director for Emergency Medicine advised the office that an urgent care clinic was not permissible, per policy, at the VA Mayaguez OPC. VACO advised The American Legion that if the clinic were to change the name from an urgent care clinic to the Mayaguez Walk-In Clinic, it could reopen. Shortly afterwards, the Mayaguez OPC changed the name of the clinic and reopened the area.

In response to the Spokane VAMC downgrading its ED, The American Legion provided Spokane leadership with recommendations that were not implemented by the facility. Subsequently, the hospital director resigned, and the emergency room remains downgraded to an urgent care clinic.

5. With several VAMCs under major construction, \$1.675 billion is requested in new budget authority for 2016 for all construction programs, consisting of over \$1.143 billion for major construction projects; \$406.2 million for minor construction projects; \$80 million for grants for state extended-care facilities; and \$45 million for grants for construction of veterans cemeteries. Medical centers such as the ones in Aurora, Colo., and New Orleans have increased veterans' frustrations and concerns with VA's construction processes; The American Legion has urged Congress to provide legislation to improve VA construction programs and urges VA to consider all available options to ensure that these veterans get their hospitals on time and within budget.

6. Other shared concerns voiced by veterans at multiple VAMCs were the processing times for Compensation and Pension (C&P) examinations. In Memphis, the reported averages were 38 days to process a single examination, while the national goal is 25 days.

7. Beyond the processing times for C&P examinations, the VA's Health Eligibility Center (HEC) in Atlanta, Ga., had nearly 900,000 enrollment applications in a pending status. The American Legion recently visited the HEC to discuss the OIG findings/ recommendations, and the HEC plans for addressing their recommendations.

HEC leadership informed us that during the week of September 14, 2015, Deputy Secretary Sloan Gibson visited the HEC and invited Veteran Service Organizations to attend.

During our visit, HEC leadership outlined the steps veterans can use to enroll for VA health care, which includes:

- Contacting the HRC at 877-222-8387;
- Apply in person at a VA health care facility;
- Complete VA Form 10-10EZ online; or by
- Complete a VA Form 10-10EZ, Application for Health Care and submit the form to a VA medical center for processing.

HEC leadership further explained that an application is deemed incomplete when a veteran fails to provide information that would establish their eligibility for enrollment, or copay responsibilities, if applicable. Veterans can choose not to provide financial income information, but if a copay is required, a veteran must indicate on VA Form 10-10EZ that they agree to pay the applicable VA copays for treatment or services of their Non-Service Connected conditions as required by law.

HEC leadership was asked if they could they tell us if any veteran was harmed as a result of the pending application issue. HEC leadership informed us that the pending application issue did not prevent any veteran from obtaining VA health care, if they chose to do so. Further, VA's OIG could not prove any veteran was harmed due to their pending application status.

8. Although most VAMCs have either redesigned or built a clinic for women veterans, a common challenge throughout all VISNs is the lack of enrollment of women veterans within the VA health-care system. Facilities also reported a lack of space for women veterans' programs; specifically, the Bay Pines VAMC Women Veterans Manager identified lack of space as a major challenge.

9. In the past 12 months, it has been noted that when the VA, the Department of Housing and Urban Development, public housing authorities, and other stakeholders communicated effectively, delivery of services were successfully provided to homeless and at-risk veterans. A key component to the delivery of service is access to public transportation; municipalities, such as Memphis, that do not have provisions for transportation continue to struggle to eliminate veteran homelessness.

10. Significant improvements pertaining to homeless veterans near the West Los Angeles Campus continue and substantial improvements will be needed to service these veterans. American Legion representatives, VA, volunteers, and representatives from US Vets met at Cloud Break Communities in Inglewood,

Calif., to provide services to one of the largest homeless veterans' populations in the country. Staff and volunteers visited an area in Los Angeles, commonly known as "Skid Row" to assist homeless veterans gain access to their earned VA benefits. Through conducting the necessary outreach, The American Legion witnessed the issues faced by homeless veterans, to include issues stemming from natures of military discharge, service during peacetime, and failures to meet with caseworkers due to their transient status.

11. VAMC parking availability continues to concern many veterans, and VA has been unable to identify a solution to rectify the issue. Specifically at the Memphis and San Juan VAMCs, parking garages are currently being built with an anticipated completion date of 2017. The American Legion recommended to Memphis VAMC's leadership to discover a short-term solution until the completion of the garage construction. It is essential to for The Department of Tennessee to continually monitor and work with Memphis VAMC leadership to identify a solution.

REITERATION OF THE SYSTEM WORTH SAVING PROGRAM

At the 2015 National Convention, The American Legion adopted Resolution No. 105: *Reiteration of the System Worth Saving Program*. Through this resolution, The American Legion reiterated the primary purposes of the System Worth Saving Program stating "it is the responsibility of the Veterans Affairs & Rehabilitation Commission and its assorted sub-committees to provide expertise at hospital visits and wherever else they can legally participate, and that the System Worth Saving endeavor is a permanent program of the Veterans Affairs & Rehabilitation Commission." This resolution also holds that "national staff will arrange regular site visits and give proper notification to those invited from the Veterans Affairs & Rehabilitation Commission, and that the findings will be reported annually to the National Executive Committee, Congress, and the President of the United States."

Our commission has reviewed and approved the upcoming list of visits, and our staff has developed a System Worth Saving resource manual and guide that will help organize future Regional Office and VA Hospital visits, that can also assist departments who are interested in expanding their existing programs at the Department level as well. A copy of the guide can be found on the VA&R portion of the Legion's website.

LEGION VOLUNTEERING

The American Legion's Department of Veterans Affairs Voluntary Service (VAVS) program has again been proven beneficial. By the end of the 3rd quarter, there are over 7,316 regularly scheduled volunteers who serve veterans in VAMCs, clinics, Vet Centers, Fisher Houses and State Veterans Homes across the nation.

The regularly scheduled volunteers contributed 576,290 hours and occasional volunteers contributed 40,134 hours. Their combined service contributes in excess of 616,424 hours

resulting in savings over \$14.220 million. While the number of volunteers has increased by 3% from the previous year as The American Legion had 7, 052 volunteers, we have decreased our number of hours by 1.4% since we had 625,275 hours by the end of the 3rd quarter in FY 2014.

The VA Voluntary Service National Executive Committee meeting is scheduled to meet in Washington, DC from November 3 – 4, 2015. A report from the meeting will be provided at the Spring 2016 National Executive Committee Meeting.

CHOICE PROGRAM UPDATE

Since the implementation of the Veterans Access, Choice, and Accountability Act of 2014, the VA has begun referring all veterans to the Choice program rather than VA's traditional fee basis program. On July 31, 2015, the President signed into law, PL 114-41, the "Surface Transportation and Veterans Health Care Choice Improvement Act of 2015." Among other things, this law directs the VA to develop a plan to consolidate all non-VA provider programs into a new, single Veterans Choice Program to furnish hospital care and medical services at non-VA facilities for veterans in the patient enrollment system, and to submit the plan to Congress by November 2015. The VA&R Commission is working to understand the full impact of the law on the health care system for veterans and on VA, Veterans Health Administration. It is our intent to make this a priority agenda item at the Washington Conference, 2016."

VA&R Commission Chairman was informed by staff at the Denver VAMC that they are no longer to refer veterans out for care under VA's fee-basis authorization, and everything is being provided through the Choice Program. VA&R National staff contacted VA Central office and was advised if a veteran is choice eligible and the service qualifies under the Choice program, then medical center directors have been directed to use choice first. Since not all services qualifies under the Choice program, i.e. nursing home care, etc., medical center have been instructed to continue follow current policies for referring veterans outside for services that don't qualify under the choice program.

Due to a recent Department of Justice ruling relating to VA's Fee Basis practice of issuing individual authorizations for fee basis care; VHA has been advised that this process is in violation of the Federal Acquisition Regulation (FAR). The FAR requires that a formal contract be established for all purchases over \$10,000. The VA&R Commission is working to understand how this ruling will impact veterans.

CLAIMS UPDATE

The American Legion continues to press the Veterans Benefits Administration (VBA) on improving their administrative processes while improving upon the quality and accuracy of claims decisions. Since 2012, The American Legion has encouraged veterans to file for VBA benefits via the fully developed claim (FDC) process. Due to the efforts of National Headquarters staff and American Legion accredited representatives, over 40

percent of claims submitted to VBA holding American Legion as power of attorney are submitted via FDC. These efforts have resulted in thousands of veterans receiving their benefits in a timelier manner.

The American Legion continues to work with the Veterans Benefits Management System (VBMS) development team to ensure that all scanned documents are completely labeled properly. Veterans Service Organizations (VSOs) and VA employees continue to open empty documents, upside down documents, or documents labeled incorrectly. The carelessness by VA personnel scanning documents ultimately wastes valuable time in the process as claimants wait for their decision.

While The American Legion applauds the efforts of VBA to create a paperless claims process, VBMS continues to struggle in fully meeting the needs of VA and American Legion accredited representatives. Over the past 12 months, accredited representatives have noted that they are unable to assist VA employees filing disability claims. VA has not granted access to accredited representatives working in the facility where the VA employee is employed. Advocacy efforts are frustrated as accredited representatives must contact other American Legion representatives located at different facilities.

Beyond an inability to assist VA employees, numerous complaints regarding the speed of VBMS have been made by VA employees and American Legion personnel. VA has acknowledged that VBMS lags during periods of heavy use; a Department Service Officer (DSO) reported that with each passing hour in the morning, the system slows; this is believed to be the result of users logging into the system in western time zones.

A common complaint among DSOs is the lack of correspondence that is received by VA. VA will mail correspondence to veterans and indicate the veteran's DSO received a courtesy copy of the letter. DSOs are reporting they neither receive a courtesy copy nor an electronic alert within VBMS to inform them of the correspondence.

Our accredited representatives continue to work tirelessly to honor those that have served. Currently the American Legion has over 3,000 accredited representatives. With this number of professional representatives, The American Legion represents over 735,000 claimants in receipt of VA monetary benefits. Due to their efforts, claimants holding The American Legion as power of attorney receive over \$758 million in VA disability benefits annually. The awarding of the benefits permits access to other benefits, such as access to free VA healthcare, increased federal hiring preference, and elimination of funding fees for VA mortgages.

During the 2014 Spring NEC Meetings, Past National Commander Dan Dellinger and senior leaders within The American Legion called for the resignations of former VA Secretary Eric Shinseki, former Under Secretary for Health Robert Petzel, and Under Secretary for Benefits (USB) Allison Hickey. The call for their ousting was not accomplished lightly, and it was not solely due to the crisis surrounding VA health care; it was the result of systemic failures within VA leadership that has allowed VA to operate in a continual crisis mode in recent years.

Shortly following The American Legion's call for the leaders' resignations, Shinseki and Petzel departed federal service. Currently, USB Hickey remains at the helm of VBA. On September 28, 2015, VA's Office of Inspector General (VAOIG) released a scathing report pertaining to senior leaders abusing their powers, collecting exorbitant relocation packages, and orchestrating personnel moves to accept positions while maintaining their previous salaries despite having a reduction in scope and authority. None of these acts adhere to VA's core values, and VAOIG has recommended criminal prosecution occur for two of the named employees. The employees were USB Hickey's top lieutenants, and the VAOIG report suggests that she was at minimum, knowledgeable of some of her employee's actions.

Recognizing that some senior leaders within VBA are more interested in advancing their personal careers at the cost to taxpayers as opposed to the mission they were charged to complete, National Commander Dale Barnett once again renewed The American Legion's call for the USB's resignation. The American Legion will continually to vigorously advocate for veterans and ensure that those charged with ensuring the delivery of disability benefits are held to the highest standard.

CEMETERY UPDATE

The American Legion was recently asked to analyze legislation that would amend Title 38, United States Code, to provide for the eligibility of certain persons for burial in Arlington National Cemetery. The draft bill is named after "Gray Area" Reserve Captain Gregory Denkler who died earlier this year before drawing a reserve pension at age 60. His widow and father, a retired Navy Captain has been pressing the Department of the Army for an exception.

The National Cemetery Committee and staff are currently reviewing the draft legislation that would essentially change existing guidance for eligibility for Arlington, because it greatly expands eligibility for member of reserve components to reservists under 60 who would have been eligible for retired pay under chapter 1223 of title 10. If, at the time of death, a retired member of the Armed Forces is not entitled to receive retired pay stemming from his service in the Armed Forces until some future date, the retired member will not be eligible for burial at Arlington National Cemetery.

At our 2014, National Convention, The American Legion passed Resolution No. 164: Codify Eligibility for Arlington National Cemetery. With this resolution, The American Legion urges Congress to codify eligibility criteria for burial at Arlington National Cemetery and that such burial be restricted to servicemembers who die on active-duty; to our most decorated veterans to include recipients of the Purple Heart; former members of the armed forces separated from the military with a physical disability of 30 percent or more before October 1, 1949; and to veterans who spent full careers in uniform, and to their spouses and eligible children; to former prisoners of war; and for the President or former Presidents as Commanders in Chief of the Armed Forces. Also, The American Legion believes there should be no waivers for unqualified persons except under unique

and compelling circumstances that comport with codified non-partisan waiver procedures as established by Congress. The American Legion also believes that eligibility for interment of cremated remains of honorably discharged veterans in the Columbarium at Arlington should also be codified.

RESURRECTING LIVES FOUNDATION

Recently, The American Legion has been made aware of the Resurrecting Lives Foundation (RLF) and their executive director and founder, Dr. Chrisanne Gordon. RLF has established a program at Ft. Bragg, North Carolina to provide employment for military personnel, provide mental health services, and increase membership in The American Legion. This is a concerted effort involving RLF, Fort Bragg military officers, and Cardinal Health. RLF is interested in working closely with The American Legion through the VA&R Commission and local Legionnaires. The relationship can be an emerging model of how a civilian non-profit organization, Department of Defense, a fortune 500 company, and a VSO can collaborate to help veterans and their families. It may be a possible opportunity for The American Legion to market itself in local communities, make a positive impact on the lives of veterans, and increase membership and involvement in local American Legion posts.

The pilot program involved a job fair in August 2015 by Cardinal Health at Fort Bragg where soon-to-be discharged troops were hired and then scheduled for relocation to cities throughout the country. Once these veterans are relocated, local American Legion posts may become involved by welcoming the veterans in their posts as new members, with dues for the first year paid by RLF. The pilot program has the potential to be replicated in other military installations.

VETERANS AFFAIRS AND REHABILITATION CITATION FOR MERITORIOUS SERVICE

The VA&R chairman issued a VA&R Citation for Meritorious Service to legionnaire Robb Smith, of Post 2000, Loveland, Colorado, at the Colorado District 4 Fall Conference, October 4, 2015. Smith was cited for his ability to establish a strong, lasting, life-saving relationship with a veteran whom he recruited for membership into The American Legion. Recently Smith recruited and befriended a young U.S. Marine Afghanistan War combat veteran, who was sitting alone at a post-sponsored veteran function. Previously, the veteran had a negative experience with another VSO, and stated that he was not interested in joining the Legion. Smith left him with a business card and assured the veteran that he would make contact again, and was available for him as necessary, then a week later, left a voice mail while trying to keep the contact. Another week passed and the veteran called Smith at 3:00 a.m. on a Sunday while he was on an observation platform above a dam in a canyon. He called Smith to thank him for caring then told Smith where he was so the authorities could find his body. He was about to end his life. Smith was able to contact 911 and deputies arrived in time to prevent another veteran suicide from occurring. Smith also was able to reach the parents of the veteran, making a commitment to them that he and The American Legion were available to help

the young veteran get his life on track. Robb Smith epitomizes the Legion values of helping and serving veterans.

VA MEDICAL CENTER PROPOSED SITE VISITS FOR 2016

The American Legion through its System Worth Saving program plans to visit 10 VA hospitals beginning January 2016 through December 2016 to review the quality of health care, access, outpatient wait time, and other key health care outcomes. Based upon our review, we have selected the following locations to visit in 2016:

1. **Grand Junction Veterans Health Care System**, Grand Junction, CO (Last visited in 2010)
The VA&R Chairman recommended Grand Junction due to the recent lack of quality care being provided in recent media. An article in *The Denver Post* reported inadequate and incompetent care that left a veteran incapacitated. Veteran Roger Holmes nearly died from treatment for hepatitis C because the hospital did not have a liver specialist on staff and would not send the 64-year-old to an outside specialist.

http://www.denverpost.com/news/ci_26924810/vietnam-veteran-alleges-bad-care-at-grand-junction
2. **George H. O'Brien, Jr, VA Medical Center**, Big Springs, TX (No recent System Worth Saving visits)
The Big Springs VAMC has a vacancy rate exceeding 30%, which can cause veterans to wait weeks or more for care.
3. **Central Alabama Veterans Health Care System**, Montgomery, AL (Last visited in 2003)
Along with several other VA Medical Centers, Montgomery's VAMC has a vacancy rate exceeding 30%, which can cause veterans to wait weeks or more for care.
4. **VA Sierra Nevada Health Care System**, Reno, NV (Last visited in 2006)
Along with several other VA Medical Centers, Reno's VAMC has a vacancy rate exceeding 30%, which can cause veterans to wait weeks or more for care.
5. **VA Maine Healthcare System**, Augusta, ME (Last visited in 2012)
Along with several other VA Medical Centers Augusta's VAMC has a vacancy rate exceeding 30%, which can cause veterans to wait weeks or more for care.
6. **Jonathan M. Wainwright Memorial VA Medical Center**, Walla Walla, WA (Last visited in 2006)
Along with several other VA Medical Centers Walla Walla's VAMC has a vacancy rate exceeding 30%, which can cause veterans to wait weeks or more for care.

7. **VA Long Beach Healthcare System**, Long Beach, CA (Last visited in 2012)
Along with several other VA Medical Centers Long Beach's VAMC has a vacancy rate exceeding 30%, which can cause veterans to wait weeks for care.

8. **George E. Wahlen VA Medical Center**, Salt Lake City, UT (Last visited in 2011)

The article below cites multiple quality of care issues with the Salt Lake City VAMC, as well as chronic challenges with the Choice Program.

<http://www.stgeorgeutah.com/news/archive/2015/08/23/nmb-veterans-choice/#.VgAiWP5RGmx>

9. **Canandaigua VA Medical Center**, Canandaigua, NY (Last visited in 2010)

According to the article below, staffing shortages at the Canandaigua center are among the highest of any VA facility in the state. It's one of the main factors behind long wait times for patient appointments, which are worse than at similar VA facilities in Buffalo and Syracuse and higher than the national average.

According to VA records, the Canandaigua VA had 128 appointments on their schedule as of Aug. 1 where a patient had to wait more than 90 days to be seen by a health care provider.

<http://www.democratandchronicle.com/story/news/2015/08/20/staff-shortages-drive-wait-times-canandaigua-va/32114787/>

10. **Overton Brooks VA Medical Center**, Shreveport, LA (Last visited in 2006)

In mid-July, 16 percent of Overton Brooks VA Medical Center's medical positions were unfilled, according to data provide by the Veterans Health Administration through a Freedom of Information Act request. Of those positions — 205 in all — 33 positions for physicians were vacant and 70 nursing positions were unfilled.

<http://www.shreveporttimes.com/story/news/local/2015/08/21/overton-brooks-percent-medical-positions-unfilled/32134097/>

VA REGIONAL OFFICE PROPOSED SITE VISITS FOR 2016

VA has divided the nation into five regions; each VARO is assigned to one of the following regions:

- o North Atlantic
- o Midwest
- o Continental
- o Pacific
- o Southeast

Due to the impact of the increased inventory of appeals, National Headquarters staff has been carefully been monitoring the level of appeals by VARO. Based upon our review, we have selected the following locations to visit in 2016; the number of appeals

according to the September 28, 2015 Monday Morning Workload Report are in parenthesis:

North Atlantic Area

- o Roanoke (14,554)
- o Winston-Salem (9,447)

Midwest Area

- o Cleveland (14,005)
- o Indianapolis (8,239)
- o Continental Area
- o Houston (19,797)
- o Denver (5,906)

Pacific Area

- o Oakland (8,919)
- o Phoenix (7,078)

Southeast Area

- o St. Petersburg (28,283)
- o Atlanta (16,788)

MEB/PEB and DoD Site Visit Agenda:

1. Joint Base Lewis McChord, WA: Suzanne Fagan, Assistant Director IDES (18 & 19 JAN 2016)
2. Salt Lake City, UT: Hans Michalke, Assistant Director BDD (21&22 MAR 2016)
3. Winston-Salem, NC, LaKeisha Bracey, Assistant Director BDD (16&17 MAY 2016)
4. Philadelphia, PA, Gil LaVerda, Assistant Director, Insurance & John Katz, Assistant Director, PMC (27 &28 JUN 2016)
5. St. Paul, MN, Julie Larsen, Assistant Manager, Debt Management Center and Bev Moes, Assistant Director, PMC (28 &29 SEP 2016)

Purpose of the Visits:

The visits will serve several purposes. First, it will allow the management team at DC National Headquarters to observe the working environment of the employee and identify any issues, resources or improvement that need to be made. Second, it will allow an opportunity to discuss face to face with the host site (RO) manager the partnership with The American Legion and if any changes need to be made. Third, it will allow time for counseling and cross training to educate DC National Headquarters on the importance of the role The American Legion plays in that location. And last, it will serve as a team-building event because it will show the employee that the leadership at DC National Headquarters values their work.