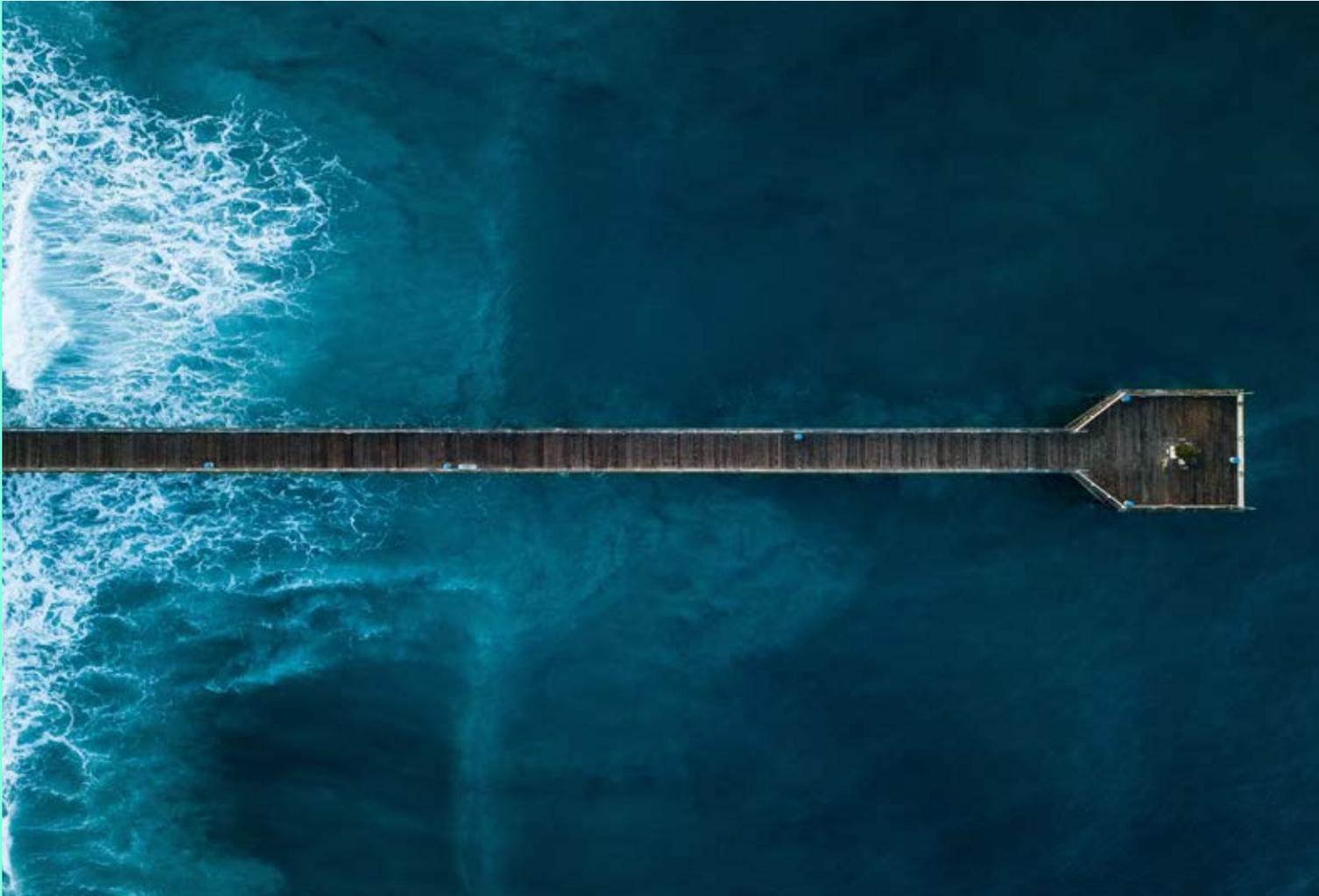


OPTIMUM VA

The Official Newsletter of the National Association of VA Optometrists



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OPTIMUM VA

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May 2022

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May 2022

Executive Officers' Column

by Molly McGinty-Tauren, OD, FAAO and
Jarett Mazzarella, OD, FAAO



Dear colleagues:

The new NAVA Board's first objective was to review its constitution and make recommendations that address how the association can improve communication, streamline membership registration, and enhance professional development opportunities for VA Optometrists. During this process, we came upon sections within article IV of the bylaws that advised the establishment of committees dedicated to professional relations and VA Residency programs. There was a call for volunteers to develop and join these committees and the response of talented and enthusiastic members was overwhelming.

The publishing of this newsletter was to familiarize our members with the proposed constitution changes as required in advance of formal voting at the annual business meeting in San Diego (10.22) as well as to introduce our new committees' chairpersons and members. However, the procedural intent of this newsletter edition has been eclipsed by news of the VA Nurse and Physician Assistant Retention and Income Security Enhancement (RAISE) Act. News that is rewriting the strategic objectives of the Board.

The NAVA Board wants to congratulate the Department of Veteran Affairs and Congress for addressing employee burnout and comparatively low pay through the passage of the RAISE Act. Part of the omnibus federal funding bill, the RAISE Act most notably increased the maximum basic pay for Nurses, Physician Assistants (PA), and Advanced Practice Registered Nurses (APN), to help address difficulties VA faces with patient access to care. This legislation allows for PAs and APNs to earn up to level one of the Executive Schedule and

Registered Nurses to earn up to level two. This is a strong move toward making "...possible retention and recruitment of best-qualified workforce capable of providing high-quality care for Veterans (1)." Our healthcare colleagues are most deserving as are the Veterans who will benefit from the recruitment and retention of quality healthcare providers.



As members of NAVA, our mission is to promote the best possible eye care for our Veterans, while advocating for education, training, growth, and welfare of Optometry within the VA. Historically, we shared many of the obstacles that Nurses, PAs, and Podiatrists (before 2019) faced prior to their recent legislative victories. Our healthcare colleagues' success should motivate VA

Optometrists to more passionately advocate against the recruitment, retention, and diversity crisis that we are witnessing and that threatens to reduce access to and quality of care for Veterans. Parity of pay with VA providers is a good place to start.



Current trends in Optometry show the Annual Mean Wage (AMW) for outpatient care centers is \$174,980 (2). The average VA Optometrist salary in 2021 within the VA was \$134,602 (3).

This number is further skewed as over 60% of the VA Optometry workforce subsist in the General Schedules' (GS) Grades 14 and 15. Ten percent of who have compensation arrested at the cap and another 20% who are within 10% of it. Early and a proportion of mid-career VA Optometrists fall within Grades 12 or 13. The base General Pay Scale in 2022 for Grade 12 ranged from \$68,299 to \$88,792 (4). Grade 13 had a salary range of \$81,216 to \$105,579, significantly less than the national average for Optometrists working in outpatient care centers (4).

In FY21, 1.272 million unique Veterans were cared for by VA Optometry, with an added 160,469 unique Veterans seen in Eye Telehealth screenings and 19,913 unique Veterans receiving Low Vision Care by VA Optometrists (3). In addition to patient care, VA Optometry buttresses a vast education program supporting Optometry schools' clinical education throughout the country, continually investing in the growth and welfare of Optometry and the VA. This equates to over 1400 VA Optometry externships and 223 VA-funded Optometry Residencies and Fellowships for 2021 (3).

The AOA estimated in 2018, that these Optometry trainees had an average school indebtedness of approximately \$180,000 (5), with current day estimates now approaching over \$200,000. The annual stipend for VA Optometry Residencies is ~\$35,000. Supplying a means to attract top Resident candidates into the VA for training represents a mounting obstacle as a greater number of private sector Optometry Residencies exist now. On Optometry's Resident match day, 2022, 32% of VA Optometry Residency positions were unfilled.

VA Optometry is at a crossroads. Twenty percent-25% of VA Optometrists are at or near retirement eligibility. There is also concern of greater attrition of VA Optometrists after loan forgiveness through Public Service Loan Forgiveness (PSLF), an exodus aptly referred to as "brain drain." This is occurring at a time when demand for access to care is higher than ever before within the VA system. The expectation has always been that VA Residents would fill VA Optometry vacancies, but with greater private sector competition this expectation is becoming increasingly unrealistic.

There are forty-six unfilled VA Optometry positions as of this writing, many of which are serial re-posts. Our Residents are understandably dismissive of VA Optometry job postings that

read, "starting at \$66,649". Residency trained Optometrists entering VA careers in their first two years immediately post-Residency will be boarded at a Full Grade 10, regardless of their professional accomplishments during and beyond Residency.

The majority of unfilled VA Optometry positions are in rural areas where applicants are harder to attract. Rural VA Optometry clinics have stark career disadvantages when considering government locality pay is incongruous with market pay and resources to support professional advancements are lacking. Even Education Debt Reduction Program (EDRP)

guarantees are not enough to recruit in hard to fill VA locations. Some VA Optometry Residency faculty reluctantly admit to having Residents, set on VA careers, consider more lucrative fee basis VA work instead of low salary FTE positions. Worse yet, more and more Residency mentors are helping their Residents negotiate contracts with the lure of generous private sector pay that averages between \$120,000-\$130,000 and benefit packages that may even include their own loan forgiveness.

Optometry as a profession has room to improve diversity and gender pay equality within its workforce, and VA is no exception. Hispanic Americans and African Americans account for less than 6% of the workforce (6). Caucasians account

for three quarters. It is well known that minorities leave school with greater debt on average compared to their Caucasian counterparts. Studies have shown that racial and ethnic diversity in medicine improves health outcomes of our patients. The Institute of Medicine reported in the study, "In the Nation's Compelling Interest:

Ensuring Diversity in the Health Care Workforce," a reduction in diversity, (which VA Optometry faces) will lead to reduced access to care, reduced patient choice satisfaction, and reduced educational experience. These factors could lead to reduced Veteran Satisfaction in VA eye care and The Veteran experience. Women now comprise 74.1% of practicing Optometrists. Within the VA, 59% of the over one

The annual stipend for VA Optometry Residencies is ~\$35,000...On Optometry's Resident match day, 2022, 32% of VA Optometry Residency positions were unfilled

Optometry as a profession has room to improve diversity and gender pay equality within its workforce, and VA is no exception

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thousand positions are held by women. However, in 2021 women earned 86% of what men earned in the field. Therefore, this gender and minority inequality in the general workforce is amplified within VA Optometry due to non-competitive wages. VA Optometry needs to build on further expanding diversification of its workforce to enhance patient care. This diversification can begin with inclusion of Optometry into the physician pay scale which will make the VA a more attractive career option leading to improved gender and ethnic equality in the VA Optometry.

All things considered, these mounting barriers lead to a growing and impossible dilemma for VA Optometry. Can we hold out for appropriately trained Optometrists to fill vacancies? Do clinics succumb to the pressures of addressing access over quality medical Optometry care? And can we, in good conscience, encourage our residents to make a career in the VA given the caps on our current compensation?

VA Optometry is a pillar for training tomorrow's doctors, practicing full scope of Optometric care, Optometric research, leading in tele eye/ tele health innovation, and setting a high bar for Optometry as a profession in all modes of Optometric practice. It is essential that we be our own champions for advocating for the growth and diversification of our profession within the VA and the inclusion of VA Optometry into the physician pay scale to ensure that eye care for our Veterans remains a top VA priority now and into the future.

Q: What can I do to support Optometry's move to the physician's pay scale?

A1: Contact your local state representatives.

A2: If you are an AOA/AFOS member, contact AOA/AFOS and ask for their support.

Q: How to contact your state legislature?

A: A phone call or write a letter are excellent options.

Q: How do I know who my local representatives are?

A: Congress.gov is a great starting point. Enter your home address and a list of representatives in your area is populated.

Q: Does each call or letter help?

A: Every contact is reported to your representative by staffers. Each Contact matters and makes a difference.

Q: What would be the goal of contact with my legislature?

A: Take Action to support VA and Our Veterans Eyecare with Optometry's move to the physician pay scale.

Disclaimer: The opinions expressed in this publication are of the authors. They do not purport to reflect the opinions or views of the VA or federal government.

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Photo credit: Joshua Harris



From the Editor

by Andrew J. Mangum, OD, FAAO

What was initially planned to be a “special edition” newsletter, quickly morphed into a full-blown edition. If you did not read through Drs. McGinty-Tauren and Mazzarella’s column in its entirety, I would encourage you to do so. And not only read through it, but take action to bring this important topic onto your local representative’s radar. With the recent passage of the RAISE act, there is no better time than now to make this happen for VA optometry.

The NAVAEO Executive Board would also like to introduce our newly formed Residency and Professional Relations Committee. When the Board was reviewing our Constitution and By-Laws, it was apparent that these important areas were not being represented and volunteer talent not being utilized. The Residency Committee is mainly charged with promoting VA residency programs, and reading through the Executive Officers’ column, it’s apparent there are many challenges to be faced. This newly formed committee has hit the ground running, and we’re excited to see what co-chairs Drs. Mejia and Tong will bring to our organization. The Professional Relations Committee is tasked with monitoring matters pertinent to the AOA (including the Council on Optometric Education, Council on Clinical Optometric Care, Armed Forces Optometric Society, AAO, the Association of Schools and Colleges of Optometry (ASCO), the National Optometric Association (NOA) and other professional groups. Led by chair, Dr. Robert Binkley, this committee also faces many challenges, but working together towards mutual organizational goals will only make us stronger as a profession.

Finally, two other important topics are included in this issue regarding the VA Recommendations to the Asset and Infrastructure (AIR) Commission Update as well as a request for action by retired NAVAEO member Dr. Gary Mancil. Dr. Mancil’s article on the Windfall Elimination Provision (WEP) and Government Pension Offset (GPO) brings to light a concern that could potentially and/or does affect many of our current and former VA colleagues.

I would like to thank the newsletter committee for helping with this issue of Optimum VA, and as always, if you have any specific article topic ideas, suggestions for the newsletter, or thoughts about VA optometry in general, please feel free to reach out to me.

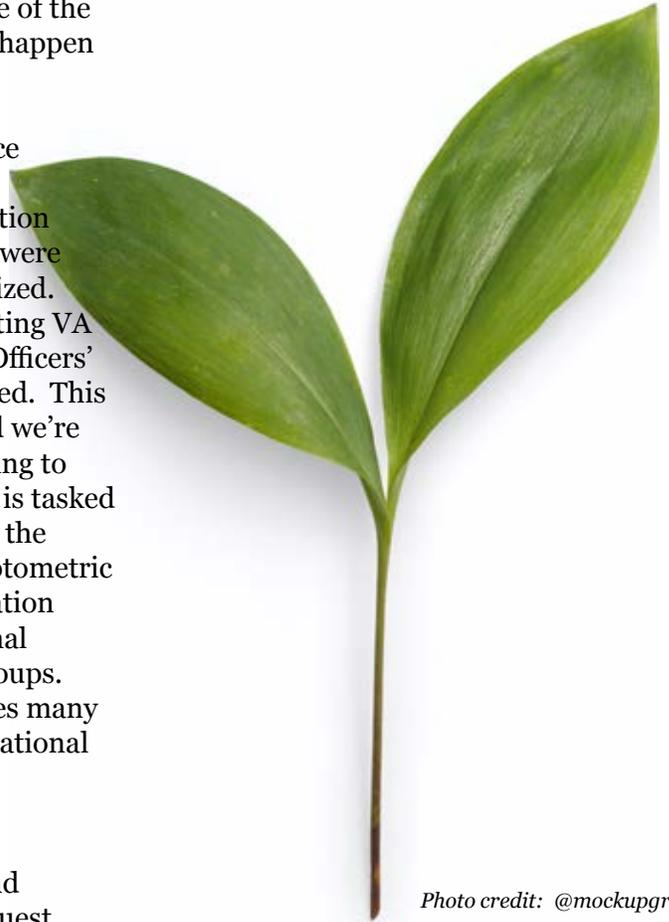


Photo credit: @mockupgraphics



Amendments to the NAVAO Constitution and By-Laws

The NAVAO Executive Committee recommends the following amendments to the NAVAO Constitution and By-Laws. Only the proposed changes are listed here. The Constitution and By-Laws are available in its entirety online at the NAVAO website. Voting on the changes will take place at the annual Business Meeting at the AAO 2022 in San Diego.

National Association of VA Optometrists Constitution

Developed: December 1997, Amended: November 2009

Article III

Section II:

The Board will consist of the following members:

Technology Director

Members at Large (up to three) **he or she may serve a maximum of three consecutive terms on a specific committee**

Article IV

Duties of Officers

Section III:

Secretary. The Secretary shall transcribe the minutes and record the roll of the annual meeting and will carry out the correspondence of the Association as determined by the President. The Secretary shall also transcribe the minutes of the monthly VA Optometry Service conference calls and distribute them to the Members. **He or she may serve an indefinite number of terms. The Secretary may serve a maximum of two consecutive terms of this office.**

Section IV:

Treasurer. The Treasurer shall receive all monies paid to the Association and keep an accurate account of all funds received and disbursed for official activities. The Treasurer shall make a verbal and written report of all financial matters to the membership at the annual meeting. The Treasurer is the chair of the Finance Committee. **He or she may serve an indefinite number of terms. The Treasurer may serve a maximum of two consecutive terms of this office.**

Section XI:

Technology Director is responsible for communicating with the membership via online technology. The Technology Director oversees the maintenance of the NAVAO website, makes suggestions for its improvement or enhancement, and provides technical support as directed by the Executive Committee. This Director also has the authority to develop a sub-committee responsible for online continuing education. He or she may serve a maximum of three consecutive terms.



Section V:

Membership Director. The Membership Director will serve as the liaison with the Office of the Director, VA Optometry Service. In this capacity he or she will receive notification and contact information for those individuals newly hired for positions as optometrists within VA. The Membership Director welcomes the new Members to VA Optometry and NAVAO and provides them with information regarding VA Optometry and NAVAO. The Membership Director is the chair of the Membership Committee. **The Membership Director may serve a maximum of three terms in this position.**

Section VI:

Newsletter Editor. For the purpose of maintaining a formal communications link with the membership, the Newsletter Editor is responsible for publishing an informative newsletter at least two times a year and more frequently if directed by the President. Co-editors may be appointed to fulfill this task. **The Newsletter Editor may serve a maximum of three terms in this position.**



National Association of VA Optometrists By-Laws

Developed: December 1990, Amended: December 1992, December 2006, November 2009, November 2010, November 2016, October 2019, November 2021

Article I

Section I:

Membership. To establish and maintain membership in good standing and to be entitled to all the benefits, rights (including voting rights), privileges, and duties of the Association, annual dues are to be submitted to the Treasurer or his/her designee by ~~January~~ **March 31** of each year for general and retired members and by August 31 of each year for optometric research fellows and optometric resident members. There will be a \$5 late fee for dues received after this date for general members. Dues will not be accepted for the current calendar year **after that year's specified business meeting registration deadline** ~~August 31~~; dues received **after that deadline** ~~August 31~~ will be applied to the following calendar year. Dues will not be accepted at the annual business meeting or banquet. Refunds for Recurrent Memberships will be available for 30 days after the membership renews; refunds must be requested in writing provided member-discounted resources (ie. Continuing education) have not been utilized since the renewal. Membership may be terminated by quorum majority vote of the Board for failure to pay dues or by a two-thirds vote of a quorum of Members for just cause. The Treasurer or his/her designee will ensure that a financial statement is sent to each Member. All newly hired VA optometrists will be provided free membership in the Association for the calendar year in which their employment at the VA commenced. ~~Those hired in the last quarter (October, November, and December) of the calendar year, will also receive free membership for the following calendar year.~~ All Members will receive a Membership Certificate when they initially join the Association. There will be a \$10 fee for replacement Membership Certificates. The membership year of the Association will be January 1 through December 31. The membership year for optometric research/clinical fellows and optometric residents will be July 1 through June 30.

Article II

Dues: The annual dues for **recurring** membership shall be \$60.00 for all Members except for optometric research/clinical fellows, retired VA optometrists and optometric residents who shall owe \$25.00. There will be no initiation fee. Dues payments received after ~~January~~ **March 31** and ~~prior to September 1~~ of each year **the business meeting registration deadline or as one-time membership** shall be assessed a \$5 late fee. The fiscal year of the Association ~~will be January 1 through December 31.~~ **shall commence after the annual business meeting and conclude before the subsequent year's meeting.**

Article IV

Section VI

Technnology Committee is charged with **the maintenance of the NVAO website, makes suggestions for its improvement or enhancement, and provides technical support as directed by the Executive Committee.**

Photo credit: Charlotte Coneybeer



VA Recommendations to the Asset and Infrastructure (AIR) Commission Update

by Kristi Lew, OD



On March 14, 2022, the Department of Veteran Affairs (VA) released its Asset and Infrastructure Review (AIR) report to advance the department as the world-class provider and coordinator of Veterans health for current and future generations. This report consists of recommendations by VA Secretary McDonough.

The VA AIR consists of a three-step process. First, VA conducted a multi-year large-scale assessment of VA's health care system in every VA market to understand what the Veterans needs are. Second, VA used this data to develop recommendations for modernization and realignment of all VA medical facilities. The goal of these recommendations is to provide accessibility for Veterans in present and future locations, update infrastructure of buildings with 21st century design standards, and provide high-quality patient care. Last, the AIR report will be presented to the AIR Commission, which consists of a bipartisan, presidentially-appointed and congressionally-approved group, who will review all recommendations and establish a final plan to propose to the President.

The VA recommendations to the AIR Commission were developed by asking one question above all else: "What is best for the Veterans we serve?" Listed are the set of recommendations provided by VA to the AIR Commission as taken from the actual report:

1. Cement VA as the primary, world-class provider, and coordinator of Veterans' health care for generations to come.
2. Build a health care network with the right facilities, in the right places, to provide the right

care for all Veterans, including underserved and at-risk Veteran populations in every part of the country — making sure that our facilities and services are where the Veterans are.

3. Ensure that the infrastructure that makes up VA in the decades ahead reflects the needs of 21st century Veterans — not the needs and challenges of a health care system that was built, in many cases, 80 years ago.
4. Strengthen VA's roles as the leading health care researchers in America and — with VA's academic partnerships — the leading health care training institution in the America.

The AIR Commission will conduct public hearings in 2022 in preparation to submit the final report to the President by January 31, 2023. No later than February 15, 2023, the President must approve or disprove the AIR Commission's recommendation and submit the certification of approval to Congress by March 30, 2023; if not submitted to congress by this date, the AIR report and process of modernizing and realigning VA facilities terminates. Congress then has 45 days to introduce a resolution of disapproval, otherwise the recommendations as submitted by the President are considered final.

If VA's AIR recommendations are approved, the additional infrastructure and technology would expand the resources available to optometrists to not only further elevate the exceptional eye care provided to Veterans, but also continue the longstanding history of being a leading educational facility for professionals-in-training and ground-breaking research.

Time to Correct the Windfall Elimination Provision (WEP) and Government Pension Offset (GPO)

by Gary Mancil, OD, FAAO



The “Social Security Fairness Act” (HR 82) was introduced to the US House of Representatives to eliminate the Windfall Elimination Provision (WEP) and the Government Pension Offset (GPO), which negatively impact VA employees who retire on the Civil Service Retirement System (CSRS). Those of you who have attended VA retirement preparation training may have heard of the WEP and GPO but were told it only affects CSRS retirees. But while CSRS retirees make up less than 4% of federal retirees, the consequences of the WEP affect many other state and local government employees as well, amounting to an estimated 2.6 million retired federal, state, and local retirees in America. And VA staff married to one of these 2.6 million individuals will also face penalties due to the WEP and GPO.

Currently there are 273 co-sponsors of the HR 82 in the House of Representatives and just 290 are needed to have the bill go directly to the House floor for a vote without having to go through committee. The list of current co-sponsors may be found at <https://www.congress.gov/bill/117th-congress/house-bill/82/cosponsors?r=2&s=1&q=%7B%22cosponsor-state%22%3A%22Illinois%22%7D>.

Congress enacted the Windfall Elimination Provision (WEP) in 1983 and the Government Pension Offset (GPO) in 1973 due to a perceived windfall for retirees who did not contribute to the Social Security system. The problem with the WEP is that it penalizes individuals who have worked BOTH in a non-government position (where they did pay into the Social Security system) and in a government position (where they did not pay into the system). And the GPO ignores the fact that the

spousal death Social Security benefit is not based on the surviving spouse’s Social Security contributions while working, but rather on those of the deceased spouse. This impacts a variety of public servants who receive a government pension, but did not pay into Social Security while working for the government, such as VA CSRS retirees.

As a result of the WEP, CSRS retirees who paid into Social Security while employed outside of the government have the Social Security benefits they earned cut significantly (approximately a 40% reduction). And as a result of the GPO, a CSRS retiree (or other state and local retiree penalized by the WEP) who is married to another VA employee who retires on the Federal Employee Retirement System (FERS) does not benefit from Social Security spousal benefits (i.e., if the FERS retiree pre-deceases the CSRS retiree). The inequity in this is that a FERS employee’s Social Security benefits are based on that individual’s years of contributions to that system, yet his or her spouse cannot receive spousal Social Security income after his or her death.

Timely action on this major inequity is sorely needed.

If your Representative has not yet co-sponsored HR82 now is the time to contact them at <https://www.house.gov/representatives>. Please let them know that it’s not just federal retirees who are affected.

Disclaimer: The opinions expressed in this publication are of the author. They do not purport to reflect the opinions or views of the VA or federal government.

This impacts a variety of public servants who receive a government pension, but did not pay into Social Security while working for the government, such as VA CSRS retirees

Social Security: The Windfall Elimination Provision (WEP) and the Government Pension Offset (GPO), IN FOCUS (publication of the Congressional Research Service), February 22, 2022 <https://crsreports.congress.gov>

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National Association of Retired Federal Employees (NARFE) Issue Brief, on The Social Security Offsets: WEP and GPO https://www.narfe.org/wp-content/uploads/2021/12/Issue-Brief_117th-WEP-and-GPO-Combined-12-2-21.pdf

Salisbury firefighters struggle with Social Security benefits because of decades-old decision, Salisbury Post, Published 12:11 am Sunday, July 4, 2021 <https://www.salisburypost.com/2021/07/04/salisbury-firefighters-struggle-with-social-security-benefits-because-of-decades-old-decision/>