



**Department of Veterans Affairs  
Office of Inspector General**

---

**Administrative Investigation  
Improper Relocation  
Allowance and Market Pay  
Veterans Health Administration  
Washington, DC**



**DEPARTMENT OF VETERANS AFFAIRS**  
**Office of Inspector General**  
**Washington, DC 20420**

**TO:** Deputy Under Secretary for Health for Operations and Management

**SUBJECT:** Administrative Investigation – Improper Relocation Allowance and Market Pay, Veterans Health Administration, Washington, DC (2016-02552-IQ-0315)

### **Summary**

The VA Office of Inspector General (OIG) Administrative Investigations Division received an allegation that Dr. Gavin West, former (reassigned) Senior Medical Advisor to Dr. Thomas Lynch, Assistant Deputy Under Secretary for Health (ADUSH) for Clinical Operations, and a former (resigned) VA employee misused VA travel funds for personal rather than official business. We did not substantiate the allegation of a misuse of VA travel funds, and we will not discuss it further in this report.

In reviewing Dr. West’s personnel records related to the original allegation, we found that Dr. West was improperly paid \$19,800 for Temporary Quarters Subsistence Expenses (TQSE) in connection with a Permanent Change of Station (PCS) move that he did not execute. The TQSE was paid to Dr. West to relocate from his then duty station in Salt Lake City, UT to Washington, DC, after accepting a position as the Special Assistant to the ADUSH for Clinical Operations on September 22, 2013. Dr. West did not relocate, nor did he repay VA for the TQSE. We also found that his annual salary was increased from \$188,049 to \$206,527 to make his “salary competitive with the market rate in the Washington DC Metro geographical region.” Because he did not relocate, this resulted in overpayments to Dr. West of over \$55,000.

### **Introduction**

To assess the allegations, we interviewed Dr. West, Dr. Lynch, and other current and former VA employees. We reviewed email, personnel, and travel records. We also reviewed relevant Federal laws and regulations and VA policies.

## Background

Dr. West began his VA career on July 7, 2003, as a physician at the VA Salt Lake City Health Care System. He was assigned as a Special Consultant and Clinical Liaison to the ADUSH for Clinical Operations from 2011 to 2013. Following this assignment, he accepted a position as the Special Assistant to the ADUSH for Clinical Operations on September 22, 2013. His acceptance of the Special Assistant position resulted in his salary being increased based upon the Washington, DC, market, as the position was to be located in Washington, DC. In 2015, Dr. West transitioned to the position of Senior Medical Advisor to the ADUSH for Clinical Operations until returning to the VA Salt Lake City Health Care System as a staff physician on October 16, 2016.

## Results

### **Issue 1: Dr. West was Improperly Paid TQSE for a PCS Move He Did Not Execute**

VA policy states that Temporary Quarters (TQ) refers to lodging obtained for the purpose of temporary occupancy from a private or commercial source. TQSE is a discretionary allowance intended to reimburse employees for some of the costs incurred for meals, lodging, and other necessities while occupying TQ. TQSE for the employee and his or her immediate family member is contingent upon establishing occupancy of the TQ. VA Financial Policy, Volume XIV, Chapter 8, Section 080502.03, Paragraph A.

VA policy further states that the employee may request TQSE Actual Expense (AE) or TQSE Lump Sum (LS). If the employee received TQSE LS, then the employee is required to certify that he or she and the number of immediate family members that will occupy TQ. TQSE LS will only be calculated based on the actual number of immediate family members that will occupy the TQ. Payment for LS will be issued to the employee in the form of a settlement, not an advance. *Id.*, at Paragraphs C2 and D2. VA may at any time request proof that [the employee] actually occupied TQ. If no TQSE are incurred, the transferee must return all monies advanced for the lump sum TQSE payment to the agency. 41 CFR § 302-6.305.

Federal travel regulations state that an employee is required to sign a service agreement when transferring within or outside the continental United States. A service agreement is a written agreement between the employee and the agency, signed by the employee and an agency representative, stating that the employee will remain in the service of the Government for a period of time as specified in [41 CFR] § 302-2.13, after relocating. The minimum periods of service are not less than 12 months following the effective date of the transfer. 41 CFR §§ 302-2.14. They state that if the employee violates a service agreement, other than for reasons beyond their control and which must be accepted by the agency, they will have incurred a debt due to the Government and must reimburse all costs that the agency paid towards relocation expenses, including withholding tax

allowance and relocation income tax allowance. *Id.*, at §§ 302-2.15. The employee must complete all aspects of the relocation within 2 years from the effective date of transfer or appointment. *Id.*, at §§ 302-2.9 and 302-2.12.

On April 16, 2013, Dr. Lynch approved VA Human Resources and Staffing Service Recruitment Request Form for the position of Special Assistant to the ADUSH for Clinical Operations with a duty station of Washington, DC, and the position was not authorized as a virtual or telework position. The Form authorized PCS, relocation expenses, and relocation incentives. On April 26, 2013, the Special Assistant position was posted to USAJobs.gov, reflecting the position was located in Washington, DC, and relocation expenses were authorized.

On July 11, 2013, Dr. Lynch signed a memorandum addressed to the Deputy Assistant Secretary (DAS) for Corporate Senior Executive Management Office (CSEMO) to nominate Dr. West for the position of Special Assistant to the ADUSH for Clinical Operations. It stated that Dr. Lynch reviewed all applicant resumes and supporting documents from the May 13, 2013, certificate of eligibles, and he determined Dr. West was the best qualified for the position. He requested that Dr. West also receive a PCS incentive to assist with his move to Washington, DC. On July 15, 2013, Dr. Robert Jesse, former (reassigned) Principal Deputy Under Secretary for Health, signed the memorandum concurring with Dr. Lynch's memorandum. On July 18, 2013, Dr. Robert Petzel, former (resigned) Under Secretary for Health, approved the incentive. Although Dr. West was never actually paid the PCS incentive, the memorandum documented management's intent to relocate Dr. West to Washington, DC.

On September 22, 2013, Dr. West began working as the Special Assistant to the ADUSH for Clinical Operations, reporting directly to Dr. Lynch. VA's Office of Finance, Financial Services Center (FSC), which is responsible for VA relocation payments, provided us with records reflecting that on September 25, 2013, VA paid Dr. West a lump sum, pre-tax total of \$19,800, for TQSE LS to PCS from Salt Lake City, UT, to Washington, DC. FSC records reflected that the following amounts were deducted from the original \$19,800: \$4,950 for Federal taxes; \$287.10 for Medicare taxes; and \$990 for State taxes. After taxes, Dr. West received a net total of \$13,572.90 for TQSE.

Dr. West told us that he was not aware of a relocation allowance, and initially, he said he did not believe he received any money to relocate. Subsequently, in a July 1, 2016 email, Dr. West told us that he found a bank statement reflecting a \$13,542.90 deposit to his account. He said his spouse "thought [the deposit] was travel reimbursement and my MD bonus for the year," so he did not associate it with a relocation allowance.

Dr. West said he did not think he signed a service agreement for relocation allowances, but records reflected that he signed a service agreement on September 4, 2013. By signing the service agreement, Dr. West acknowledged:

If I do not fulfill that portion of this agreement set forth in paragraph 1a above, or for any reason not acceptable to the VA do not complete the transfer thereby violating the terms of this agreement, any moneys expended by the United States on my account or on account of my family for travel and transportation, and expenses of transportation and/or storage of my household goods to my new duty station, including other applicable allowances, will be considered as a debt due by me or my estate or personal representative to the United States, which I hereby agree to pay in full as directed by the VA.

Records reflected that Dr. West never relocated to Washington, DC. Dr. West confirmed that he did not relocate to Washington, DC, and he performed much of his duties from Salt Lake City, UT. Since the initiation of this case, Dr. West has since transitioned back to being a staff physician at the Salt Lake City VAMC.

Dr. Lynch acknowledged that Dr. West never established a residency in Washington, DC, and he commuted from Salt Lake City, UT, to Washington, DC. Ms. Meaghan Park, Executive Assistant to the ADUSH for Clinical Operations, told us that employees are required to relocate if they receive such an incentive, and in a March 6, 2017, email, Mr. Gary McWilson, FSC Chief of Charge Card Operations Section, told us, “In review of Dr. West’s file, the advance payment for temporary quarters [TQ] should be refunded to VA since Dr. West never relocated.”

## **Issue 2: Dr. West Received a Higher Salary Based on Washington, DC, Market Pay**

Federal regulations state that an agency determines an employee’s locality rate by determining the employee’s official worksite and that the official worksite is the location of an employee’s position of record where the employee regularly performs his duties. 5 CFR §§ 531.604 and 531.605. Additionally, the General Services Board of Contract Appeals (predecessor of the Civilian Board of Contract Appeals), has held, “the papers processed by an agency and an agency’s statements [are] not conclusive proof of the location of an employee’s duty station.” In the Matter of Kenneth E. Billings, 00-2 BCA P 30961GSBCA No. 15264-TRAV (May 30, 2000); citing, John P. DeLeo, GSBCA 14042-TRAV, 97-2 BCA (July 29, 1997). The location of an employee’s permanent duty station “is a question of fact and is determined by where an employee expects and is expected to spend the greater part of his time.” *Id.*

VA policy states that for permanent, long-term telework arrangements (virtual employees), the official worksite will be reassigned to the telework location. The employee whose official worksite is reassigned will receive locality pay for the telework worksite, not the original worksite. Travel Administration, Volume XIV, Chapter 1, Section 0102, Paragraph C, 3(a), (May 2013).

Technically, Dr. West's location-based pay is not "locality pay," as the Government's authority to pay such locality pay is contained at 5 CFR § 531.603, *et seq.* The authority to base VA physicians' pay upon local factors is contained within VA-specific regulations in Title 38 of the CFR concerning "market pay" for healthcare providers. Regardless, Dr. West's official worksite of record was where he regularly performed his work, Salt Lake City, UT. VA policy states that the health care labor market for the specialty or assignment of the physician must be considered when determining the amount of market pay for a particular physician. It also states that market pay, a component of basic pay, is intended to reflect the recruitment and retention needs for the specialty or assignment of a particular physician or dentist at a VA facility. VA Handbook 5007/32, Part IX, Sections 9a and 9e (February 2008). In this case, the physician was located in Salt Lake City, UT.

*Special Assistant to the ADUSH for Clinical Operations Initial Pay Determination*

On June 10, 2013, Dr. Lynch and Dr. Jesse signed a memorandum, Subject: Initial Pay Determination for Dr. Gavin West, stating their approval that "consideration must be given for adjustment in relocating to the Washington DC Metro area...we are requesting an increase of 10% to make [Dr. West's] salary competitive with the market rate in the Washington DC Metro geographical region." However, Dr. West's personnel records reflected that Salt Lake City continued to be his duty station, and he never relocated to Washington, DC. Further, the job announcement for the position did not authorize this as virtual position, nor did the memorandum state that Dr. West would fill a virtual position.

On September 19, 2013, Dr. Lynch signed VA Form 10016, Justification and Authorization of Recruitment and Relocation Incentives, which authorized a relocation incentive of up to \$20,652 for Dr. West. The Form stated that recent recruitment efforts demonstrated the difficulty of attracting highly qualified applicants due to the high cost of living in Washington, DC. It cited the hiring website Indeed.com; reflected the competitive annual salaries in the area varied up to \$235,000; and Dr. West was required to relocate to Washington, DC, to accept the position. A relocation incentive was to be paid in a lump sum at the beginning of the service period on September 22, 2013.

Our investigation revealed that no relocation incentive was actually paid. However, as noted above, records reflected that Dr. West's Special Assistant position was envisioned, justified, and advertised as being located in Washington, DC, and that Dr. West received \$19,800 for TQSE LS for a PCS move which never occurred.

Further, Dr. West's market pay increased from \$73,727 to \$92,205 on September 22, 2013, based upon the assumption that the Special Assistant would be located in Washington, DC. From September 2013 to October 2016, Dr. West received a total of about \$55,434 in extra market pay, as his market pay was justified by his supervisors on the Washington, DC, labor market. During this timeframe, Dr. West resided and reported

for duty in Salt Lake City, UT. He continued his official VA clinic hours on Monday and Tuesday at VA Salt Lake City Health Care System, except when he was on travel for his Special Assistant position.

*Senior Medical Advisor to the ADUSH for Clinical Operations Initial Pay Determination*

Subsequent to his appointment to the Special Advisor position, Dr. West also applied for and accepted a position as the Senior Medical Advisor to the ADUSH-CO. Although this was technically a different position and promotion, his duties did not change. An April 11, 2014, memorandum, Subject: Initial Pay Determination for Dr. Gavin West, requested an initial pay determination for Dr. West's appointment to the position of Senior Medical Advisor. It requested a salary increase of 6 percent to make Dr. West's, "salary competitive with market rate in the Washington, DC Metro geographical region." It was signed by Dr. Lynch and approved by Dr. Jesse on April 11, 2014.

An October 16, 2014, memorandum, Subject: Pay Determination for Dr. Gavin West, reassigned Dr. West from, "being based in Washington, DC, to a virtual position." The memorandum stated that Dr. West resided in Salt Lake City, UT, but it requested that his salary market pay continue to be for the Washington, DC, labor market. Dr. Lynch signed the memorandum, and Dr. James Tuchschiidt, Acting Principal Deputy Under Secretary for Health, approved it. Records reflected that Dr. West continued to reside and report for duty in Salt Lake City, UT, while he received market pay based on the Washington, DC, labor market.

A June, 18, 2015, memorandum Subject: Pay Determination for Gavin S. West, MD; stated that Dr. West was being promoted to the position of Senior Medical Advisor to the ADUSH for Clinical Operations. It stated that Dr. West was to perform his duties from Salt Lake City, UT, and requested an increase in market pay from \$92,205 to \$104,538 to reflect the promotion. Although management requested the additional pay, it was not granted. Therefore, Dr. West's market pay did not increase as a result of the promotion. However, his pay continued to be based on the Washington, DC, labor market despite the fact that he resided and reported for duty in Salt Lake City, UT. The memorandum was approved by Dr. Lynch and Dr. Tuchschiidt.

Subsequent to our interview of Dr. Lynch in August 2016, one Notification of Personnel Action (SF-50) was issued to reflect Salt Lake City, UT, as Dr. West's official duty station effective September 22, 2013. However, numerous subsequent SF-50s issued in 2014, 2015, and 2016 reflected his official duty station as Washington, DC, which were not corrected. The record also reflected that, although there may have been some effort made to correct Dr. West's duty station to Salt Lake City, UT, his market pay remained fixed to the Washington, DC, labor market pay, until he returned to work full time as a staff physician in Salt Lake City, UT, in October 2016.

Mr. Matthew Carpenter, Assistant Director for Operations, Workforce Management & Consulting Office, told us, “In the instance of a virtual employee, they would be coded with a duty location of that which they work from on a regular and recurring basis.” Ms. Farine Cohen, Program Analyst, Workforce Management & Consulting Office, told us that employees should be paid based on the labor market where they physically report. All evidence reflected that Dr. West resided and physically reported for duty in Salt Lake City, UT, from September 2013 to October 2016, so his pay should have reflected the Salt Lake City, UT, labor market.

Given the evidence reflecting that Dr. West’s permanent duty station (PDS) was, at all times, in Salt Lake City, the OIG makes no findings concerning Dr. West’s travel to Washington, DC. However, as explained below, should the Department find that Dr. West’s PDS from September 2013 to October 2016, was, in fact, Washington, DC, it will need to address the \$63,000 that Dr. West received for travel between his home and his PDS during this period.

#### *Dr. West’s Travel to Washington, DC*

Federal travel regulations define an employee’s official duty station as an area that includes the location where the employee regularly performs his/her duties. It states that official travel is travel under an official travel authorization from an employee’s official station or other authorized point of departure. 41 CFR § 300-3.1.

VA policy states that an employee may receive travel entitlements to the official station if their worksite has been permanently changed to their virtual worksite location. In the event that the official worksite is reassigned to the virtual location, trips to the main worksite are considered “official business” and the employee is entitled to travel reimbursement as appropriate for the time and distance. Travel Administration Volume XIV, Chapter 1, Section 0102, Paragraph C, 3(b), (May 2013).

In DeLeo, GSBCA specifically held that a Government employee is not eligible for reimbursement for travel between his home and his PDS.

Records reflected that Dr. West’s official duty station was changed from Salt Lake City, UT, to Washington, DC, when he began working as the Special Assistant to the ADUSH on September 22, 2013. Records reflected that Dr. West was expected to relocate to Washington, DC, when he accepted the position and received the TQSE LS payment to PCS. He continued to reside and report for duty in Salt Lake City from September 2013 to October 2016, while his duty station was listed as Washington, DC. Dr. West told us that he teleworked from Salt Lake City, and thought Salt Lake City was his duty station.

VA transitioned to Concur Government Edition (CGE) for arranging all official travel in 2014, so our review of Dr. West’s travel records were from September 22, 2014, the first record for him in CGE, to May 30, 2016, when our review of Dr. West’ travel concluded.

CGE records reflected that he commuted from his residence in Salt Lake City to his listed duty station in Washington, DC, 29 times between September 2014 and May 2016. During that time, he expended about \$63,000 in VA travel funds commuting to and from his duty station and his residence. Ms. Tammy Czarnecki, Deputy ADUSH for Clinical Operations, told us that Dr. West's travel was suspended after the Clinical Operations Division learned that Dr. West's duty station was listed incorrectly. She said that he did not resume traveling until his duty station was corrected, which was on August 25, 2016.

## **Conclusion**

The evidence reflected that the Special Assistant to the ADUSH for Clinical Operations position, which Dr. West accepted in 2013, was to be physically located in Washington, DC. The Recruitment Request Form and the announcement for the position reflected it was to be located in Washington, DC. Pay determination memoranda mentioned the difficulty of attracting eligible candidates to Washington, DC, and established Washington, DC, as the position's labor market. Dr. West was recruited into a position based in Washington, DC, but he was allowed to continue living and working as a virtual employee in Salt Lake City, UT. Therefore, the justification for Dr. West's increase in market pay and his receipt of TQSE LS funds was factually inconsistent with the reality of his remaining in Salt Lake City, UT, throughout the relevant time frame.

Dr. West was paid nearly \$20,000 for TQSE LS to PCS to Washington, DC, from Salt Lake City, UT, in September 2013. Dr. West never relocated, and he did not repay the TQSE LS. Dr. Lynch acknowledged that Dr. West never relocated to Washington, DC. Additionally, Dr. West's market pay was based on the Washington, DC, labor market, while he resided and reported to duty in Salt Lake City, UT. According to VA policy, market pay should be based, in relevant part, on the labor market where the employee physically reports for duty. Thus, he was improperly paid about \$55,000 in market pay.

The OIG notes that should the Department find that Dr. West's PDS from September 2013 and May 2016 was Washington, DC, it will need to address the expenditure of \$63,000 for Dr. West's travel between his home in Salt Lake City, UT, and his PDS in Washington, DC.

**Recommendation 1.** We recommend that the Deputy Under Secretary for Health for Operations and Management confer with the Offices of Human Resources and General Counsel to determine the appropriate administrative action to take, if any, against Dr. West.

**Recommendation 2.** We recommend that the Deputy Under Secretary for Health for Operations and Management confer with the Offices of Human Resources and General Counsel to determine the appropriate administrative action to take, if any, against Dr. Lynch.

**Recommendation 3.** We recommend that the Deputy Under Secretary for Health for Operations and Management confer with the Offices of General Counsel and Human Resources and issue Dr. West a bill of collection in the amount of \$19,800 to reimburse VA for the lump sum TQSE payment he received but did not incur.

**Recommendation 4.** We recommend that the Deputy Under Secretary for Health for Operations and Management confer with the Offices of General Counsel and Human Resources and issue Dr. West a bill of collection in the amount of \$55,434 to reimburse VA for the increase salary he received based on Washington, DC, market pay, from September 2013 to October 2016, when he was actually located in Salt Lake City, UT.

### **Comments**

OIG's review and recommendations were based solely on the facts developed during the course of our investigation. Notably, our investigation developed that in the June 10, 2013, Initial Pay Determination for Dr. West, the Assistant Deputy Under Secretary for Health for Clinical Operations argued that Dr. West's pay at that time was commensurate with the market pay in Salt Lake City, "However consideration must be given for adjustment in relocating to the Washington DC Metro area," and a 10 percent increase was necessary to make Dr. West's salary, "competitive with the market rate in the Washington DC Metro geographical region." Our investigation also confirmed Dr. West never relocated away from Salt Lake City. Given that a principal basis for the requested 10 percent increase in Dr. West's salary was a relocation that did not occur, it was incumbent on the OIG to refer the matter to the Department for a pay assessment based on the actual facts of the case. OIG does not hold an opinion on the propriety of the pay determination based on the factors identified in the Deputy Under Secretary for Health for Operations and Management's November 20, 2017 response.

The Deputy Under Secretary for Health for Operations and Management was responsive, and his comments are in Appendix A. We will follow up to ensure the recommendations are fully implemented.



**JEFFREY G. HUGHES**  
**Assistant Inspector General for**  
**Investigations**

## Deputy Under Secretary

**Department of  
Veterans Affairs**

**Memorandum**

**Date:** November 20, 2017

**From:** Deputy Under Secretary for Health for Operations and Management (10N)

**Subject:** **Administrative Investigation - Improper Relocation Allowance and Market Pay, VHA, Washington, DC**

**To:** Assistant Inspector General for Investigations (51)

I have reviewed the findings within the report of the Administrative Investigation – Improper Relocation Allowance and Market Pay, VHA, Washington, DC.

The plan of action has been established for recommendations 1 – 3.

  
Steve Young

## **Deputy Under Secretary's Comments to Office of Inspector General's Report**

The following Deputy Under Secretary's comments are submitted in response to the recommendation(s) in the Office of Inspector General's Report:

### **OIG Recommendations**

**Recommendation 1.** We recommend that the Deputy Under Secretary for Health for Operations and Management confer with the Offices of Human Resources and General Counsel to determine the appropriate administrative action to take, if any, against Dr. West.

**Comments:** The Deputy Under Secretary for Health for Operations and Management will confer with the Office of Human Resources and General Counsel to determine the appropriate administrative action, if any, for Dr. West.

**Target date for completion:** January 2018

**Recommendation 2.** We recommend that the Deputy Under Secretary for Health for Operations and Management confer with the Offices of Human Resources and General Counsel to determine the appropriate administrative action to take, if any, against Dr. Lynch.

**Comments:** The Deputy Under Secretary for Health for Operations and Management will confer with the Office of Human Resources and General Counsel to determine the appropriate administrative action, if any, for Dr. Lynch.

**Target date for completion:** January 2018

**Recommendation 3.** We recommend that the Deputy Under Secretary for Health for Operations and Management confer with the Offices of General Counsel and Human Resources and issue Dr. West a bill of collection in the amount of \$19,800 to reimburse VA for the lump sum TQSE payment he received but did not incur.

**Comments:** The Deputy Under Secretary for Health for Operations and Management will confer with the Office of General Counsel and will issue a bill to the employee for the reimbursement of the TQSE lump sum.

**Target date for completion:** January 2018

**Recommendation 4.** We recommend that the Deputy Under Secretary for Health for Operations and Management confer with the Offices of General Counsel and Human Resources and issue Dr. West a bill of collection in the amount of \$55,434 to reimburse VA for the increase salary he received based on Washington, DC, market pay, from September 2013 to October 2016, when he was actually located in Salt Lake City, UT.

**Comments:** Non Concur. The pay determination for Dr. West dated September 22, 2013 is based upon a memorandum signed by Dr. Jesse, Principal Deputy Under Secretary for Health dated June 20, 2013. While the memo references that consideration must be given to Dr. West's relocation to the Washington DC metropolitan area and an increase was needed to make his salary competitive for the region, in practicality when preparing the pay recommendation for executive level physician assignments in VHA Central Office, National-level salary survey data is reviewed. National-level salary surveys incorporate salaries from those organizations which participate in the National survey from across the country for a particular clinical specialty, at a particular level/role in the organization. Also, reviewed for pay alignment purposes are existing salaries of executives on the same pay table and at the same tier-level as the individual whose pay recommendation is being considered. Lastly, there are a number of other factors referenced in consideration of the approved amount of annual pay (see list of market pay criteria below.)

While the recommendation memo of June 20, 2013 submitted by the Program Office references consideration of the Washington DC local labor market, completion of a subsequent technical review utilizing the aforementioned approach validated the Program Office's recommendation for a pay determination. The technical review included a review of third party salary survey data from the Association of American Medical Colleges – 2013 – National-level Report, at the Associate Professor level, for the specialty of General Internal medicine (for which Dr. West is board certified.) Additionally, for pay alignment purposes, data was pulled regarding existing salaries of physician executives on the same pay table and at the same tier-level as Dr. West was being proposed for placement, pay table 6, tier 3.

Market Pay Factors:

1. The level of experience of the physician or dentist in the specialty or assignment
2. The need for the specialty or assignment of the physician or dentist at the facility/VACO
3. The appropriate healthcare labor market for the specialty or assignment of the physician or dentist
4. The board certification, if any, of the physician or dentist
5. The accomplishments of the physician or dentist in the specialty of assignment
6. The prior experience, if any, of the physician or dentist as an employee of the VHA
7. Consideration of unique circumstances, qualifications or credentials, if any, and the comparison of these circumstances to the equivalent compensation level of non-VA physician or dentists in the local health care labor market.

## OIG Contact and Staff Acknowledgments

---

OIG Contact	For more information about this report, please contact the Office of Inspector General at (202) 461-4720.
Acknowledgments	Linda Fournier, Director Michael Smith, Administrative Investigator Roy Fredrikson, Deputy Counselor to the Inspector General Sarah Lanks, Attorney Advisor Christopher Dong, Attorney Advisor

---

## **Report Distribution**

### **VA Distribution**

Office of the Secretary  
Veterans Health Administration  
Veterans Benefits Administration  
National Cemetery Administration  
Assistant Secretaries  
Office of General Counsel  
Deputy Under Secretary for Health for Operations and Management

### **Non-VA Distribution**

House Committee on Veterans' Affairs  
House Appropriations Subcommittee on Military Construction, Veterans Affairs, and  
Related Agencies  
House Committee on Oversight and Government Reform  
Senate Committee on Veterans' Affairs  
Senate Appropriations Subcommittee on Military Construction, Veterans Affairs, and  
Related Agencies  
Senate Committee on Homeland Security and Governmental Affairs  
National Veterans Service Organizations  
Government Accountability Office  
Office of Management and Budget

**To Report Suspected Wrongdoing in VA Programs and Operations:**

**Telephone: 1-800-488-8244**

**Hotline Information: [www.va.gov/oig/hotline](http://www.va.gov/oig/hotline)**