1. Top Stories

1.1 - ABC News (AP): Mortgage lender PHH agrees to pay $74 million settlement (8 August, 24.1M online visitors/mo; New York, NY)
Federal prosecutors in Minnesota say PHH Corp. and two subsidiaries have agreed to pay over $74 million to settle allegations they violated standards for underwriting government-backed mortgages. Acting U.S. Attorney for Minnesota Gregory Brooker said in a statement Tuesday that Mount Laurel, New Jersey-based PHH submitted defective loans for government insurance, and that homeowners and taxpayers paid the price.

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1.2 - PBS: How the massive, pioneering and embattled VA health system was born (8 August, Dr. Howard Markel, 23M online visitors/mo; Arlington, VA)
On this day in 1921, President Warren G. Harding cut short his summer vacation at Mount Prospect, New Hampshire, and returned to Washington to sign Public Law 67-47, an act that marked the most ambitious domestic program of his presidency. The flourish of his fountain pen created a Veterans Bureau meant to take care of and treat disabled war veterans.

Hyperlink to Above

1.3 - WAVY (NBC-10, Video): 12 Virginia veterans still waiting for explanation from VA on data breach (8 August, Chris Horne, 1.5M online visitors/mo; Portsmouth, VA)
Veterans who were victims of a data breach by the Veterans Administration say they have not heard from the agency, after it pledged more than a month ago to provide them with credit monitoring. Documents containing social security numbers, financial payments, home addresses and the names of dependent children were mistakenly sent by the VA to the wrong person in late June. They came to James Graves, a U.S. Army veteran in Williamsburg.

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1.4 - WFED (AM-1500): Solving VA’s problems, one innovative idea at a time (8 August, Meredith Somers, 831k online visitors/mo; Washington, DC)
More than 4,000 miles separate Alaska and Louisiana, but the two states are working hand in hand to engage and retain Department of Veterans Affairs employees. Amy Thames of the Alexandria VA Health Care System in Louisiana, and Roxanne Nilsson of the Alaska VA Health System, are leading JumpStart onboarding efforts in their respective medical centers, and they came to Washington, D.C. to talk about their progress during the VA Innovation Demo Day.

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2. Veteran and Employee Experience

2.1 - Star Tribune: Passage of 'Forever GI' Bill is touted as a way to get things done in D.C. in polarizing times, Expanded college program zips through Congress, but a healthcare battle awaits. (8 August, Maya Rao, 10.8M online visitors/mo; Minneapolis, MN)
Minnesota Democratic U.S. Rep. Tim Walz played a key role in pushing the largest expansion to veterans’ education benefits in a decade — a measure that President Trump is expected to sign after lawmakers recently pulled together in a rare bit of unity. Walz is hoping the passage of
the "Forever GI" bill is a lesson that getting something done in Congress requires building a coalition of broad, bipartisan support.

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2.2 - Washington Examiner (Video): Fire alarm ends VA secretary's speech on innovation
(8 August, Pete Kasperowicz, 4.8M online visitors/mo; Washington, DC)
Department of Veterans Affairs Secretary David Shulkin on Tuesday was forced to end his speech about VA innovations early because of a fire alarm. Shulkin was speaking at Georgetown University about innovative steps the VA is taking to improve healthcare access for veterans, when a fire alarm suddenly blared out. "Now, the question is, what do we do?" he said as the audience laughed. "Let's see if somebody comes and tells us ..."

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2.3 - WUOM (NPR-91.7, Audio): The VA, America's largest integrated health system, turns 96 years old
(8 August, 387k online visitors/mo; Ann Arbor, MI)
The Department of Veterans Affairs is the country's largest integrated health system. Nearly nine million of America's veterans get medical care from the VA. Ninety-six years ago today, the precursor to what we now know as the VA began with a stroke of President Warren G. Harding's pen.

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2.4 - New Hampshire Union Leader: Officials ousted in NH, but still with VA
(8 August, Mark Hayward, 319k online visitors/mo; Manchester, NH)
The top three officials who were removed from their jobs at the Manchester Veterans Affairs Medical Center over the past three weeks continue to pocket a VA paycheck, and two have been reassigned to jobs in the system, the VA acknowledged this week. The third, Director of Nursing Services Carol Williams, is on paid leave from her $176,900-a-year job and will retire after the brief leave, the VA said Tuesday in response to a series of questions.

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2.5 - KARK (NBC-4, Video): Reforms to G.I. Bill in Hopes to Improve Lives of Veterans
(8 August, Bernie Lange, 310k online visitors/mo; Little Rock, AR)
Reforms to the G.I. Bill recently approved by congress are being calling a big step in improving the lives of veterans. The reforms boost assistance to National Guard and reserve veterans. They also give money to vets so they can receive non traditional education like computer coding, boot camps and independent study. Lawmakers say it's all about giving vets as many options as possible.

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2.6 - WKBN (CBS-27, Video): Proposed changes to GI Bill gives veterans more education options, President Donald Trump is promising to sign the legislation
(8 August, Drew Petrimoulx, 209k online visitors/mo; Youngstown, OH)
The GI Bill helps veterans pay for school after they leave the Armed Forces. Now, Congress has approved some major changes to give veterans more options. "This is primarily about giving more flexibility and choice to our veterans so they can use the benefits they so richly deserve and they earned," said Arkansas Sen. Tom Cotton.
2.7 - The Daily News: **VA secretary responds to whistleblowers on NH hospital** (8 August, Jack Shea, 189k online visitors/mo; Newburyport, MA)
In response to a major push led by a doctor from Newburyport, Secretary of Veterans Affairs David Shulkin announced on Friday he would invest $30 million in the Veterans Administration Hospital in Manchester, New Hampshire, to improve patient care and called for a national search to replace three hospital administrators.

2.8 - KJZZ (NPR-91.5, Audio): **Phoenix VA Whistleblower Now At Federal Accountability Office** (8 August, Lauren Gilger, 168k online visitors/mo; Tempe, AZ)
Brandon Coleman — it’s a name that might ring a bell here in the Valley. He’s the VA employee who blew the whistle in 2015 that suicidal veterans were leaving the ER without being checked. His decision to talk led to retaliation. Coleman was suspended and placed on administrative leave. The VA accused him of assaulting someone in the parking lot, which was later debunked by the VA’s own internal report.

2.9 - WOAI (NBC-4): **Vacant buildings at the VA costing taxpayers millions** (8 August, Jaie Avila, 162k online visitors/mo; San Antonio, TX)
The U.S. Department of Veterans Affairs has been trying to regain the trust of veterans after scandals involving long wait times and poor hospital conditions. Now a government report reveals another problem: vacant buildings costing millions to maintain. News 4 Trouble Shooter Jaie Avila toured some of them not so far from San Antonio.

3. Access to Healthcare

3.1 - CBS News (Video): **Promise tracker: Is Trump keeping his word on opioids?** (8 August, Laura Strickler, 26.1M online visitors/mo; New York, NY)
I would also restore accountability to our Veterans Administration. Too many of our brave veterans have been prescribed these dangerous and addictive drugs by a VA that should have been paying them better attention. In late June, 2017 President Trump signed the bipartisan bill Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017 that was supported by the Veterans of Foreign Wars.

3.2 - WISC (CBS-3, Video): **Crisis of VA funding has been averted, at least temporarily** (8 August, Neil Heinen, 2M online visitors/mo; Madison, WI)
The credit is likely more appropriately placed with the 81 state Representatives and Senators from both parties who demanded the funding be restored. And credit too to the veterans organizations, especially the Wisconsin American Legion and the State Department of Veterans Affairs who pointed out the extreme difficulty the homeless vets would have finding housing in Madison and elsewhere.
3.3 - Lancaster Online: **Lancaster VA appointments relocated to Lebanon facility after water leak damage temporarily closes clinic** (8 August, Lindsey Blest, 1.5M online visitors/mo; Lancaster, PA)

Water leak damage has temporarily shut down services at the Lancaster VA Community Clinic. Veterans with appointments at the 1861 Charter Lane clinic in Greenfield Corporate Center are asked to reschedule with providers in the Lebanon VA Medical Center System.

3.4 - WPMT (FOX-43): **Lancaster VA Community Clinic services temporarily relocated due to water leak damage** (8 August, 450k online visitors/mo; York, PA)

Veterans with appointments currently scheduled at the Lancaster VA Community Clinic are being contacted to reschedule with their providers at alternate locations in the Lebanon VA Medical Center system due to water leak damage at the facility located in the Greenfield Corporate Center, 1861 Charter Lane, Suite 120, Lancaster.

3.5 - New Hampshire Union Leader: **Grant Bosse: VA health care for everyone?** (7 August, Grant Bosse, 319k online visitors/mo; Manchester, NH)

We’ve been hearing about medical mistreatment of our nation’s veterans for over a decade. The Washington Post reported on the deplorable conditions facing wounded soldiers at Walter Reed Medical Center in 2007. We found out that the Department of Veterans Affairs was letting thousands of veterans languish on waiting lists three years ago.

3.6 - KPBS (PBS-15, Audio): **VA Study Shows Yoga Can Lower Dependence On Pain Meds** (7 August, Steve Walsh, 278k online visitors/mo; San Diego, CA)

The Veterans Health Administration is searching for ways to wean veterans off pain medication. A new study from the San Diego VA shows that the right kind of yoga can be a long term solution. “It’s an ongoing battle. A struggle. Sometimes I’ve had to call in sick because I can’t get out of bed,” said Matthew Castro, who works at the VA in San Diego. Lower back pain has haunted him since his time in the Navy.

3.7 - Lebanon Daily News (Video): **Water leak at Lancaster clinic forces shuffling of appointments to Lebanon VA** (8 August, Chris Feaver, 75k online visitors/mo; Lebanon, PA)

The Lebanon VA Medical Center is handling appointments scheduled for the Lancaster VA Community Clinic this week, due to a water leak that shut down the Lancaster facility. The issue originated with a clean domestic water leak that started over the weekend in the central portion of the leased clinic space at the Greenfield Corporate Center, 1861 Charter Lane in Lancaster.
3.8 - Texas Public Radio (Audio): **Polytrauma Rehab Helps Service Members And Veterans Heal in San Antonio** (8 August, Wendy Rigby, 74k online visitors/mo; San Antonio, TX)
Treating American service members hurt in the Iraq and Afghanistan conflicts created a new military emphasis on polytrauma -- a medical term meaning more than one serious injury. The complex wounds of war also created a need for a new model of care that today is helping veterans and active duty military heal. Air force veteran William Geralds knows the meaning of the phrase hard work.

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3.9 - New Castle News: **New veterans Health Care Center opens next month** (8 August, 66k online visitors/mo; New Castle, PA)
The new VA Butler Health Care Center will open to veterans Sept. 5. “This is a milestone I could not be more excited about as it renews our commitment to providing high quality, accessible health care to our nation’s veterans here in Butler, Pennsylvania,” said David Cord, VA Butler Healthcare’s director. “This new facility not only will improve, but also enhance and help us expand the outpatient health care environment for our Veterans and their families.”

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3.10 - Armenian Weekly: **A Purposeful Visit to Great Lakes National Cemetery** (8 August, Betty Apigian-Kessel, 52k online visitors/mo; Watertown, PA)
Who better deserves top-notch medical attention than these men and women who served our country, putting life and limb on line to preserve freedom? Didn't we always feel safe here in this country, even though we heard during World War II that the enemy had come dangerously close to our shores?

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3.11 - Outer Banks Sentinel: **VETERANS POST VA Caregiver program** (9 August, Freddy Groves, 23k online visitors/mo; Nags Head, NC)
The Department of Veterans Affairs caregiver program is back. That should be great news to people who were left in limbo after the VA pulled the plug on thousands of caregivers earlier this year while it considered how to revamp the program. The Program of Comprehensive Assistance for Family Caregivers gives aid to eligible veterans who were severely injured on or after Sept. 11, 2001…

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3.12 - Vermont Public Radio (Audio): **'Your Son Took His Own Life': A Veteran's Suicide Set His Mother On A Mission To Help Others** (8 August, Annie Russell and Henry Epp, 21k online visitors/mo; Colchester, VT)
In Vermont, of all the deaths by gunshot wounds in the last six years, more than a quarter were suicides by current or former members of the armed forces. Even though Veterans Affairs knows that soldiers are at greater risk of taking their own lives, it’s difficult to intervene successfully. Now, one Vermont mom who lost her son has made it her mission to end veteran suicide.

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3.13 - The American Interest: Teledermicine’s Constituents: Vets and ’Rents (8 August, Rachel Hostyk, 6.6k online visitors/mo; Washington, DC)
The VA continued its tradition of innovation in telemedicine this past week, as it rolled out its newest tool, an app that will allows appointment-making by smart phone, with an assist from Trump. VA Secretary David Shulkin also announced the launch of a video service that will connect patients from wherever they are—whether at home or at a clinic—to wherever in the United States their doctors happen to be.

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4. Women Veterans

4.1 - Military.com: 1st Woman to Head DAV Will Focus on Female Vet, Caregiver Issues (8 August, Amy Bushatz, 9M online visitors/mo; San Francisco, CA)
The first female commander of a top veteran advocacy organization, Disabled American Veterans (DAV), credits a lifelong love of asking questions and a willingness to try new things with leading her to the new job. Retired Army reservist Delphine Metcalf-Foster was elected to the role Aug. 1 at the DAV’s annual meeting in New Orleans.

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5. Appeals Modernization – No Coverage

6. Strategic Partnerships

6.1 - WKYC (NBC-3, Video): Veterans Experience Action Center coming to Tri-C West August 10-12 (8 August, 663k online visitors/mo; Cleveland, OH)
Federal, state, and county organizations are teaming up with local community and veteran partners for the Veterans Action Experience Center, a two-and-a-half day event at Cuyahoga Community College's West Campus in Parma August 10-12. The VEAC is being hosted by the Tri-C Veterans Initiative in partnership with the Veterans Administration (VA). The Cleveland event will be just the third done nationwide.

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7. Supply Chain Modernization

7.1 - Federal Computer Week: VA's legacy systems aren't ready for the Data Act (8 August, Chase Gunter, 190k online visitors/mo; Vienna, VA)
A just-released oversight report reveals that legacy systems at the Department of Veterans Affairs aren't ready to support many Data Act requirements. According to the report, dated November 2016 but released on Aug. 8, there are serious limitations posed by the department's legacy systems that challenge financial reporting requirements mandated by the Digital Accountability and Transparency Act.

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8. Other

8.1 - The Hill: Devaluing human life is no way to thank wounded veterans for their service
(8 August, Sherman Gillums Jr., 11.8M online visitors/mo; Washington, DC)
For a veteran facing a lifetime of paralysis after suffering a spinal cord injury, hope is often the
last thing to die. Yet, the recently introduced House bill, H.R. 3197, threatens to crush what little
hope to which I, and the approximately 60,000 veterans living with spinal cord injury, cling. The
act proposes to reduce investment in medical research, and the reason is as simple as it is
controversial: animal research.

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8.2 - NJ.com: N.J. mortgage lender to pay $74M to settle violation claims
(8 August, Bill Gallo Jr., 9.4M online visitors/mo; Iselin, NJ)
Authorities say New Jersey-based PHH Corp. and two of its subsidiaries have agreed to pay
$74 million to settle claims that they violated standards for underwriting government-backed
mortgages. "This settlement requires PHH to pay back to the taxpayers of the United States
millions of dollars in loans that never should have been made," Acting U.S. Attorney William E.
Fitzpatrick for the District of New Jersey said.

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8.3 - Washington Examiner: Bill banning VA's dog testing program draws an opponent:
Disabled veterans
(9 August, Pete Kasperowicz, 4.8M online visitors/mo; Washington, DC)
Groups representing disabled veterans and medical researchers warned this week that
legislation banning most medical experimentation on dogs at the Department of Veterans Affairs
would deprive veterans of needed medical breakthroughs, and thus represents a dangerous
policy change for America's war heroes.

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8.4 - Housing Wire: PHH reaches $75 million settlement with DOJ over False Claims Act
violations, Whistleblower awarded $9 million
(8 August, Brena Swanson, 440k online
visitors/mo; Irving, TX)
PHH Corp. announced it finally settled with the U.S. Department of Justice on behalf of the
Department of Housing and Urban Development and separately with the DOJ on behalf of the
U.S. Department of Veterans Affairs and the Federal Housing Finance Agency in order to
resolve certain previously disclosed matters regarding legacy mortgage origination and
underwriting activities.

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1. Top Stories

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Federal prosecutors in Minnesota say PHH Corp. and two subsidiaries have agreed to pay over $74 million to settle allegations they violated standards for underwriting government-backed mortgages.

Acting U.S. Attorney for Minnesota Gregory Brooker said in a statement Tuesday that Mount Laurel, New Jersey-based PHH submitted defective loans for government insurance, and that homeowners and taxpayers paid the price.

The settlement includes $65 million for alleged violations involving loans insured by the Federal Housing Administration, and nearly $9.5 million for loans guaranteed by the Department of Veterans Affairs. The government says it incurred “substantial losses” in paying insurance claims on the FHA loans. About $9 million will go to a whistleblower who formerly worked for PHH.

PHH says it settled without admitting liability to avoid the distraction and expense of litigation.

Back to Top

1.2 - PBS: How the massive, pioneering and embattled VA health system was born (8 August, Dr. Howard Markel, 23M online visitors/mo; Arlington, VA)

On this day in 1921, President Warren G. Harding cut short his summer vacation at Mount Prospect, New Hampshire, and returned to Washington to sign Public Law 67-47, an act that marked the most ambitious domestic program of his presidency.

The flourish of his fountain pen created a Veterans Bureau meant to take care of and treat disabled war veterans. Formally established on Aug. 9, 1921, all dedicated health and human services for U.S. armed services veterans were sequestered from the general population. We know this agency today as the massive U.S. Veterans Administration, which since 1989 has been a full-fledged federal department with its head serving as a member of the president’s Cabinet.

In the early 1920s, the U.S. was still reeling from the devastating effects of World War I and a terrible influenza pandemic. Even though the American involvement in World War I was minimal when compared to its European allies and enemies, the numbers were not insignificant. More than 4.7 million American men served in the “regular” U.S. armed forces, national guard units and draft units. These soldiers originated from every state, walk of life, race, creed and color.

Yet the return to civilian life was far from easy and, for many, traumatic. African-American airmen and soldiers whose chests were adorned with medals of valor were forced, once again, to endure the dehumanizing effects of segregation. Other soldiers returned home to find that the “slackers” who never went to war were doing just fine, while they scrambled to find new jobs or claim the old ones they had worked before enlisting. And, of course, American life returned to
normal and few family members or neighbors cared much about the sacrifices made in Flanders fields.

Anger and disappointment proliferated among those who served. The health care and other benefits these ex-servicemen had been promised by law in 1917 were difficult to find. Where was a soldier to go with lingering complaints of ringing in his ears from being bombarded by exploding shells? What was one to do to keep a flare-up of tuberculosis or mustard gas exposure at bay? Dentistry, still in its relative infancy when compared to the present, was hard to find for any American but especially for impoverished vets plagued by rotting teeth and dangerous abscesses. For those who lost limbs, there were few experts in prosthetics or physical medicine and rehabilitation. And then there were problems such as alcoholism, drug addiction and bouts of the agonizing fear, rage, night sweats and trembling we now know as post-traumatic stress disorder, which went untreated and ignored, to name but a few of the war-centric disabilities these men endured.

The medical profession was utterly unequipped to handle this tall order of problems. General practitioners were used to treating civilian disorders. Psychiatry was often reserved for the very rich and not yet terribly effective. The state-run mental hospitals and asylums dotting the land were largely holding pens for the poor deemed to be insane and a danger to others. Local hospitals focused on maternity care, pediatric health, acute medical problems and relatively simple surgical procedures. There simply did not exist the specialty health care professionals, hospitals and clinic services that disabled veterans so desperately needed.

American veterans were eventually successful at getting their congressmen’s and senators’ attention to acknowledge the sacrifices they made. A coalition of elected representatives from both political parties worked to establish a single, unified government agency called the Veterans Bureau. The 1921 law that resulted worked on the false congressional assumption that conjoining several different cogs of government under one roof would be an easy cure-all for the veterans’ problems. But getting the U.S. Public Health Service, the Federal Board for Vocational Education, the Bureau of Pensions of the Interior Department, the National Home for Disabled Volunteer Soldiers and a now-forgotten branch of the Treasury Department called the Bureau of War Risk Insurance was no easy task.

The day after signing the veterans bill into law, President Harding appointed Col. Charles R. Forbes, the director of the Bureau of War Risk Insurance, to run the new Veterans Bureau. Easily confirmed by the U.S. Senate, Forbes and his staff struggled from the start to coordinate and decentralize services across the vast landscape of the United States.

While Veterans Bureau expenditures represented a fifth of federal expenditures, most of it flowed through the bureau as insurance and other monetary benefits. Forbes succeeded in both the basic reorganization of these disparate federal functions and established the VA’s national hospital system but at great cost to himself. (For what happened to Forbes, readers may wish to consult a new book on his work, entitled “A Time of Scandal: Charles R. Forbes, Warren G. Harding, and the Making of the Veterans Bureau” by Rosemary Stevens. Spoiler alert: In 1926, after being convicted of conspiracy to defraud the federal government by rigging government contracts, he was — wrongly, according to Stevens — sent to Leavenworth Penitentiary for 20 months).

Doctors and nurses working at U.S. Veterans Hospitals pioneered modern treatments for gunshot injuries, burns and trench foot.
Doctors and nurses working at U.S. Veterans Hospitals pioneered modern treatments for gunshot injuries, burns and trench foot — the all-too-common consequence of standing for days with poorly shod feet in muddy, wet trenches. They also advanced the treatment and prevention of infectious diseases such as typhoid and influenza and contributed to pulmonary medicine by treating the short- and long-term effects of exposure to mustard gas, a highly toxic weapon used in World War I. During and after World War II, as well as the Korean and Vietnam wars, there was an expansion of hospitals, health care facilities and clinical innovations in rehabilitation medicine — particularly in the operative and postoperative management of amputations. In the years since, advances have been made in the recognition and treatment of post-traumatic stress disorder and some of the most serious battle injuries experienced during the wars in Iraq and Afghanistan.

At present, the VA constitutes America’s largest integrated health care system with more than 1,700 care facilities serving more than 8.76 million veterans annually. Over the past 96 years, the Veterans Administration has experienced a roller-coaster ride of accomplishment, public opinion, resource allocation and criticism. After major battles and conflicts, the VA has often been lauded by veterans and their families for its services and expertise. In between those periods, however, there have been many who questioned the benefit of such large federal expenditures for veterans and concerns over retribution problems in how well (or badly) the VA runs its hospitals and clinics.

Perhaps the most significant questions the American people need to ask and answer about this beleaguered American institution on its 96th anniversary include: Are civilian medical concerns, hospitals and health care systems so variable that designated federal veterans’ facilities are necessary? Does the United States have a duty and moral obligation to provide the best possible medical and hospital care for military veterans when they need it? And most importantly, how do we as a nation honor the men and women who have defended us and kept us from harm’s way?

1.3 - WAVY (NBC-10, Video): 12 Virginia veterans still waiting for explanation from VA on data breach (8 August, Chris Horne, 1.5M online visitors/mo; Portsmouth, VA)

HAMPTON ROADS, Va. (WAVY) – Veterans who were victims of a data breach by the Veterans Administration say they have not heard from the agency, after it pledged more than a month ago to provide them with credit monitoring.

Documents containing social security numbers, financial payments, home addresses and the names of dependent children were mistakenly sent by the VA to the wrong person in late June. They came to James Graves, a U.S. Army veteran in Williamsburg.

Graves notified the VA, returned the documents, but first sent copies of the documents to each of the 12 veterans.

One of them was Gene Dettore, a U.S. Navy veteran in Virginia Beach.

“If it wasn’t for Mr. Graves’ sending it to me, and being the upstanding citizen that he is, I would have never known it.”
After the breakdown in the VA’s information security, a spokesman told 10 On Your Side that it would investigate, and change the way it handles sensitive information. It also pledged to contact the victims and offer them credit monitoring.

Six weeks after the incident, nothing.

“I have not been notified by them,” Dettore said. “Mr. Graves is the only one that’s reached out. It’d be nice if they’d just acknowledge that a mistake was made.”

Late Tuesday, the Department of Veterans Affairs sent us the following statement:

Veterans Benefits Administration officials are in the process of contacting the veterans affected by this error and providing them credit monitoring and other services to protect against fraud arising from this mistake.” – Curt Cashour, Press Secretary, Department of Veterans Affairs

All of the victims were from Virginia. One is a former Navy SEAL.

“This is a violation of my privacy. It’s a direct reflection of the incompetence of the Veterans Administration, and shows they have no attention to detail.” He didn’t want to be identified for fear of repercussions from his employer. He works for the Veterans Administration.

Meanwhile, Dettore says he appreciates his GI Bill education and his VA mortgage, but he’s concerned if there’s another data breach, the victims might not be so lucky.

“They’ve got to find a way of not letting this happen again.”

10 On Your Side reached out to the Department of Veterans Affairs. They responded with a statement that said they are “in the process of contacting the veterans affected by this error — and providing them credit monitoring and other services to protect against fraud arising from this mistake.”

1.4 - WFED (AM-1500): Solving VA’s problems, one innovative idea at a time (8 August, Meredith Somers, 831k online visitors/mo; Washington, DC)

More than 4,000 miles separate Alaska and Louisiana, but the two states are working hand in hand to engage and retain Department of Veterans Affairs employees.

Amy Thames of the Alexandria VA Health Care System in Louisiana, and Roxanne Nilsson of the Alaska VA Health System, are leading JumpStart onboarding efforts in their respective medical centers, and they came to Washington, D.C. to talk about their progress during the VA Innovation Demo Day.

“Basically what this program is, is an onboarding program that has a two-pronged or three-pronged effect depending on the facility that you’re working with,” said Thames, a health systems specialist and executive assistant to the associate director for patient care services.
“For Alexandria it was the creation of a webpage for our new employees. So when they get their tentative offer, they actually can go onto this webpage and see what’s required, what to do the first day, where to park, different things. And then after when they actually come on board and start new employee orientation, they will actually have a mentor assigned to them for the first eight weeks. This mentor will do kind of whatever they need: tours of the facility, questions they may have, concerns, anything they might have that they may not necessarily be comfortable talking [about] with other coworkers or their supervisors.”

For Anchorage, JumpStart was more for recruitment and retention, said Nilsson, currently the education technician for the Alaska VA and soon to be administrative officer for facilities management.

Download our free ebook to find out how agency CIOs and CHCOs implementing the president’s reorganization executive order.

“We are an outpatient facility-only in Alaska, so we have a few different challenges,” Nilsson said. “One of our major ones is a sense of isolation being in Alaska. So the JumpStart mentor helps a lot in just them feeling more comfortable and more like they’re part of our team coming into a brand new state and facility.”

While the uses — not to mention the physical distance — range widely, JumpStart is a program helping to improve both the workforce environment at VA, and in turn the services it provides to veterans.

That’s at the heart of VA’s Innovation Demo Day, said VA Secretary Dr. David Shulkin, who spoke at the Aug. 8 event.

“This forum is essential to finding new ways to improve the lives of those who have served, and why it’s critical to tap into the remarkable wealth of creative and technological ideas of our VA employees,” Shulkin said.

The department piloted the VA Innovators Network with eight medical centers across the country in 2015.

The Innovators Network has three funding routes. They are:

- spark grants, which assist innovation teams to do more testing on their ideas and help them narrow down individual projects.
- seed grants, which give innovators a chance to test and finalize their ideas.
- spread grants, which help innovators share their ideas and make them VA medical centers’ best practices.

Shulkin spoke to the standing room only crowd gathered at Georgetown University about the VA’s top five priorities: greater choice, modernizing VA systems, improving timelines, investing in foundational services and eliminating veteran suicide.

VA is also looking at 13 areas where the department needs to improve and the legislative and administrative fixes it needs in order to see progress.
“This is really where we need you to innovate on,” Shulkin said. “This is going to be the way that we solve VA’s problems and make us a sustainable, stronger system for our country’s veterans; one that I believe is absolutely essential to our national security for us to fulfill this mission.”

Reducing veteran suicide

Katherine Luci and Lauren Hagemann, both of Virginia’s Salem VA Medical Center, are working to address veteran suicide through their awareness project aimed at veterans leaving Community Living Centers (CLCs).

Luci, a clinical juro-psychologist at the Salem facility, said it was encouraging to hear Shulkin directly address veteran suicide, because the veterans she works with — those 60 and older — don’t get as much attention. However, veterans over 65 who’ve gone through a health crisis are 36 times more likely to commit suicide, she said.

Several years ago VA published a memo about the increased risk for suicide in veterans who are discharged from a CLC, which can be a combination of long-term care like a nursing home and a place for short-term rehabilitation.

“A lot of times the CLC psychologist never sees the veteran before they get discharged,” Luci said. “And there’s high turnover and they’re very busy and it’s very difficult to provide appropriate follow up.”

After the memo was published, the nationwide community of CLC mental health providers began talking online about how to address this risk.

Today the Salem medical center is piloting a program in which the primary mental healthcare provider calls the veteran one week after their discharge, and calls again to check up on the veteran at the 30-day mark.

“Just to see how the patient is adjusting,” Hagemann. “Are they requiring any more supports or services, and we kind of bridge that gap. We’ve had a few patients who requested referrals to mental health clinics or caregiver support. We’ve been able to bridge the gap for them. After the 30-day call I do a little bit of a program evaluation, asking the patient or the caregiver … just getting their feedback; if the call was helpful for them, if they have any recommendations.”

Hagemann said the response has been overwhelmingly positive, and one of the most common requests is for a 60-day call.

PTSD remission

Another person encouraged by Shulkin’s comments was Sheila Rauch, director of research and program evaluation at the Atlanta VA Medical Center.

Rauch’s work addresses Post-Traumatic Stress Disorder, and Brief Prolonged Exposure [remembering/re-experiencing a traumatic event] as a therapy choice for veterans. Rauch said she’s been working on this concept for a decade.

“We know that most patients with PTSD never actually get to specialty mental health, to get the treatments that work best for that disorder,” Rauch said. “So we wanted to bring those
treatments in effective form right into primary care, which is where most of them actually present for care.”

Rauch said through the program, primary care doctors or nurses can immediately contact embedded mental health providers who work within primary care, and that same day can get their patient started in four 30-minute sessions.

Rauch said she’s seen a 41 percent remission rate in the patients who go through the intervention, and something like the VA Innovation Demo Day helps highlight the work being done — and in turn gather support and resources to help with training and making a more efficient program model.

“I hear everything that Secretary Shulkin’s saying,” Rauch said. “I think this intervention actually fits really well with a lot of the priorities that he mentioned. Definitely with access, reducing suicide, any time we can treat mental health disorders potentially to remission, is going to help us with all of those outcomes.”

2. Veteran and Employee Experience

2.1 - Star Tribune: Passage of 'Forever GI' Bill is touted as a way to get things done in D.C. in polarizing times, Expanded college program zips through Congress, but a healthcare battle awaits. (8 August, Maya Rao, 10.8M online visitors/mo; Minneapolis, MN)

WASHINGTON – Minnesota Democratic U.S. Rep. Tim Walz played a key role in pushing the largest expansion to veterans' education benefits in a decade — a measure that President Trump is expected to sign after lawmakers recently pulled together in a rare bit of unity.

Walz is hoping the passage of the "Forever GI" bill is a lesson that getting something done in Congress requires building a coalition of broad, bipartisan support.

"Otherwise, [such efforts] just become messaging," he said.

Amid polarizing debates over health care and the budget, the House and Senate approved a revamped GI bill that would allow veterans to go to college at any time in their lives, instead of losing the option after 15 years. The measure has won widespread praise from veterans organizations after nearly collapsing in the spring.

But Walz, the ranking member of the House Veterans Affairs Committee, cautions that lawmakers will have to address more controversial veterans' health care issues when they return from break in September. Lawmakers approved emergency funding to the Veterans Choice Program last month, and they must agree on a longer-term solution that will raise larger issues of privatization that have dominated Republicans' agenda in Washington.

The program allows veterans to see private doctors on the government's dime, but it was on the verge of running out of money as patient visits skyrocketed. The new six-month extension buys lawmakers more time to debate improvements to the multibillion-dollar program.
Concerned Veterans for America has already launched ads criticizing Walz for initially voting against the extension of the stopgap funding in July, among other votes. The conservative organization says it's targeting Walz because he is a critical member of the committee.

"He will play a role in the future discussion around reforming community care and the choice program for the VA," said Dan Caldwell, the organization’s director of policy. "We think it's important to highlight his votes to send a message not just to him but to other members on the committee that we are going to point out when you do the wrong thing."

Stakeholders raise questions

Walz became the ranking member on the veterans’ affair panel in January, and efforts soon intensified over the scope of an expanded GI bill. Walz is the highest-ranking enlisted soldier in Congress, having retired after 24 years in the Army National Guard as command sergeant major.

But when veterans support organizations opposed plans for how to pay for the legislation, it "went up in flames," Walz recalled. Some stakeholders raised questions about a proposal to pay for the future benefits by imposing the cost on veterans currently receiving benefits. Walz said he asked Republican leaders on the panel for a little more time to build consensus and find another way.

The parties agreed to pay for the $3 billion expansion by reducing housing allowance increases for future GI bill recipients. The legislation broadens benefits to include reservists, Purple Heart recipients and spouses and children of fallen soldiers. It would also provide funds for veterans to pursue careers in science, technology, engineering and math.

At a July hearing on the measure, John Kamin of the American Legion said the past few months had not been easy.

"With public disagreements dividing us, many believed it would be impossible to get anything done this year for veterans' education," Kamin acknowledged.

"For the last decade and a half, we've been sending reservists into harm's way at an unprecedented level … this is the least we can do as a country for those who put their bodies on the line for our freedom," said Patrick Murray of Veterans of Foreign Wars (VFW).

The biggest benefit to Minnesota? The National Guard troops deployed from Mankato to the Sinai Peninsula will now be eligible for schooling under the GI bill, according to Walz. The legislation expands education for several hundred Minnesota troops deployed overseas under a mobilization code that wasn't eligible for the benefits, even as they served alongside many officers who were.

"The soldiers … [were] contacting their congressmen and letting them know how this disparity personally affected them. … That provision is what we in the Minnesota National Guard have had our eye on," said Capt. Mindy Davis, education services officer for the Minnesota National Guard.

Hurdles remain
Walz said many have been surprised that the bill moved so quickly — it sailed through both chambers with no opposition. But addressing the Choice program at the Department of Veterans Affairs could be another matter, as debate renews about how to best serve veterans who face long wait and travel times to receive medical care at government facilities.

When lawmakers return to Washington after the August recess, Walz said he's preparing for a "candid and very, very challenging discussion on the capacity and the vision of what veterans' health care looks like." For some stakeholders, "this is a proxy fight for privatization."

He added: "We're going to have to get beyond the overly simplistic arguments … that it should be all privatization or all in the VA. We've always had a hybrid model."

Trump has advocated for more veterans to have access to private doctors. Yet Veterans Affairs Secretary David Shulkin wrote in an op-ed for USA Today last month that the department’s services would not become privatized under his watch. He said the VA is ramping up private and internal services to address increasing patient visits.

"That is going to test this bipartisan resolve," Walz said.

2.2 - Washington Examiner (Video): Fire alarm ends VA secretary’s speech on innovation
(8 August, Pete Kasperowicz, 4.8M online visitors/mo; Washington, DC)

Department of Veterans Affairs Secretary David Shulkin on Tuesday was forced to end his speech about VA innovations early because of a fire alarm.

Shulkin was speaking at Georgetown University about innovative steps the VA is taking to improve healthcare access for veterans, when a fire alarm suddenly blared out.

"Now, the question is, what do we do?" he said as the audience laughed. "Let's see if somebody comes and tells us ..."

An automated voice then said that a fire was reported, and that everyone should leave the building.

"I guess we should, probably should leave, right?" he asked. "Sorry about this, but I think we should probably exit the building."

Shulkin and the audience were able to return soon after, allowing him to finish his remarks.

Shulkin in recent days has touted new steps the VA is taking to improve access to care. Before being interrupted at Georgetown, he said the VA would announce new steps in September to make it faster for veterans to enroll.

Last week, Shulkin was at the White House to explain new telehealth services being rolled out for veterans.
2.3 - WUOM (NPR-91.7, Audio): **The VA, America’s largest integrated health system, turns 96 years old** (8 August, 387k online visitors/mo; Ann Arbor, MI)

The Department of Veterans Affairs is the country's largest integrated health system. Nearly nine million of America's veterans get medical care from the VA.

Ninety-six years ago today, the precursor to what we now know as the VA began with a stroke of President Warren G. Harding’s pen.

Dr. Howard Markel, a medical historian with the University of Michigan and a PBS contributor, joined Stateside today to talk about the history of the VA’s inception, which began just a few years after World War I.

Back to Top

2.4 - New Hampshire Union Leader: **Officials ousted in NH, but still with VA** (8 August, Mark Hayward, 319k online visitors/mo; Manchester, NH)

The top three officials who were removed from their jobs at the Manchester Veterans Affairs Medical Center over the past three weeks continue to pocket a VA paycheck, and two have been reassigned to jobs in the system, the VA acknowledged this week.

The third, Director of Nursing Services Carol Williams, is on paid leave from her $176,900-a-year job and will retire after the brief leave, the VA said Tuesday in response to a series of questions.

Williams, who drew the scorn of whistleblower doctors and some veterans after she escaped a first round of firings, has been with the VA for 37 years.

The other two have been “detailed” to jobs with the VA New England Healthcare System network office, which is in Bedford, Mass., the VA said.

“It doesn’t surprise me at all they would just sort of shuffle them into something else,” said Dr. Ed Kois, head of the Manchester VA spinal cord clinic and one of the whistleblowers. “What’s important to me is they’re no longer involved with the health care of the veterans of New Hampshire.”

The two — Manchester VA director Danielle Ocker and medical director Dr. James Schlosser — lost their positions on July 16. That day, the Boston Globe Spotlight team reported about “Third World” outcomes for patients with spinal ailments, a fly infestation in an operating room, unsanitary operating equipment and problems veterans face getting outside care through Veterans Choice.

Ocker now works for the network director of the VA New England Healthcare System, the VA said. She has been with the VA for 32 years and continues to receive her salary of $147,436.
Schlosser works for the VA Healthcare System’s chief medical officer. The 16-year employee pulls down a salary of $255,647.

“We have not found that there is anything wrong that they have done,” VA Secretary David Shulkin said in a statement distributed last week by the Manchester VA. “These are good, dedicated professionals that have tried to help veterans, but there are times in an organization that you do need a new leadership team.”

Shulkin said he had directed regional administrators to undertake a national search to fill the three vacant positions.

Kois said the three ran the Manchester VA with Associate Director Kevin Forrest, who he said is still at the hospital.

Whistleblowers have said the Manchester facility suffered from too much bureaucracy and red tape.

Kois and fellow doctors hope to meet with New Hampshire Sens. Jeanne Shaheen and Maggie Hassan next week to discuss their vision for a new Manchester VA hospital, he said.

Back to Top

2.5 - KARK (NBC-4, Video): [Reforms to G.I. Bill in Hopes to Improve Lives of Veterans](http://www.kark.com/news/2017/aug/24/reforms-g-i-bill-in-hopes-improve-lives-veterans/) (8 August, Bernie Lange, 310k online visitors/mo; Little Rock, AR)

Washington, D.C. - Reforms to the G.I. Bill recently approved by congress are being calling a big step in improving the lives of veterans.

The reforms boost assistance to National Guard and reserve veterans.

They also give money to vets so they can receive non traditional education like computer coding, boot camps and independent study.

Lawmakers say it's all about giving vets as many options as possible.

One of the biggest changes is happening to veterans who leave the military after 2013.

It ends the 15-year time limit to use G.I. benefits that pay for tuition.

It also grants 100 percent benefits for certain purple heart recipients.

Back to Top

2.6 - WKBN (CBS-27, Video): [Proposed changes to G.I Bill gives veterans more education options, President Donald Trump is promising to sign the legislation](http://www.wkbn.com/news/2017/aug/24/proposed-changes-g-i-bill-gives-veterans-more/) (8 August, Drew Petrimoulx, 209k online visitors/mo; Youngstown, OH)
WASHINGTON, D.C. (NEXSTAR) – The GI Bill helps veterans pay for school after they leave the Armed Forces. Now, Congress has approved some major changes to give veterans more options.

“This is primarily about giving more flexibility and choice to our veterans so they can use the benefits they so richly deserve and they earned,” said Arkansas Sen. Tom Cotton.

Cotton is an Army veteran who served two tours in Iraq and Afghanistan. He said the reforms boost assistance to National Guard and Reserve veterans and pay for veterans to receive non-traditional education, like computer coding boot camps and independent study.

“We want to make sure the benefit that they are receiving is most tailored to their life choices,” he said.

The legislation represents $3 billion over 10 years for GI tuition assistance. It’s paid for by a small reduction in cost of living expenses for new GI Bill enrollees — a plan that’s drawing support from major veterans organizations.

One of the most profound changes applies to veterans who leave the military after 2013. It ends the 15-year time limit to use GI benefits that pay tuition, and it grants 100 percent benefits for certain Purple Heart recipients.

“Somebody who earned a Purple Heart and didn’t have enough months of qualifying benefits would only get a partial benefit or no benefit at all,” said Walter Ochinko

Ochinko, a policy director with the organization Veterans Education Success, also points to a provision for increasing benefits for the dependents of fallen soldiers.

“It’s a wonderful expansion of the benefit, and it rectifies a lot of the gaps,” he said.

President Donald Trump is promising to sign the legislation. If he does, the first provisions go into effect on January 1.

2.7 - The Daily News: VA secretary responds to whistleblowers on NH hospital (8 August, Jack Shea, 189k online visitors/mo; Newburyport, MA)

In response to a major push led by a doctor from Newburyport, Secretary of Veterans Affairs David Shulkin announced on Friday he would invest $30 million in the Veterans Administration Hospital in Manchester, New Hampshire, to improve patient care and called for a national search to replace three hospital administrators.

Dr. Ed Kois, who has led the medical center’s spinal cord clinic since 2012, claimed that nearly 100 veterans have become disabled and paralyzed because of substandard care and neglect from the VA hospital. He said in many cases, surgery could have prevented crippling conditions that ultimately affected patients.
Kois has led a group of 11 physicians and medical employees who brought concerns about the hospital to federal authorities since they assembled last year. The whistleblowers described a fly-infested operating room; surgical instruments that weren’t always sterilized; and patients whose conditions were ignored or weren’t treated properly.

An investigation of their claims began in January, and after an in-depth report published in July by the Boston Globe’s Spotlight team, Shulkin immediately removed two hospital administrators and initiated a “top-to-bottom” review of the facility and the accusations.

Shulkin met privately with the whistleblowers Friday in Manchester. At a press conference afterward, he announced that he would terminate Carol Williams, the head of nursing services at the hospital, marking the third administrator he has fired there in the past three weeks. Williams was one of two administrators whom whistleblowers requested be removed.

Shulkin also said his administration would pledge about $5 million to start a physician-led center to help veterans get care through the Veterans Choice program. An additional $7 million will go to repairing parts of the hospital damaged by flooding, with an additional $18 million being earmarked for new construction.

Kois said he was satisfied with the outcome of the meeting, calling the funding and removal of Williams “a good start” for the hospital.

“Williams had been a real problem with the relationships between the administration and the physicians,” Kois said. “It was an incredibly productive day.”

Kois said the whistleblowers are also pressing for the removal of Dr. Michael Mayo-Smith, the regional leader for the eight VA medical centers in New England, including Manchester.

On Friday, Shulkin appointed Mayo-Smith to head a panel aimed at restoring “full-service care” for veterans in New Hampshire, much to the disproval of whistleblowers.

“He was part of the problem,” Kois said. “He has done nothing, and has been unresponsive to the issues that we have been here dealing with.”

Kois also said he hopes that Shulkin will help bring an end to a “bureaucratic nightmare” that is a “systemic problem” throughout the VA.

“It really prevents the provider from doing their jobs,” Kois said of the issue, which he said includes useless educational programs and other requirements that tie up large amounts of doctors’ time.

Kois said he also plans to meet with U.S. Sens. Maggie Hassan and Jeanne Shaheen, both New Hampshire Democrats, in the near future with hope of bringing a new full-service hospital to the area.

Back to Top

2.8 - KJZZ (NPR-91.5, Audio): Phoenix VA Whistleblower Now At Federal Accountability Office (8 August, Lauren Gilger, 168k online visitors/mo; Tempe, AZ)
Brandon Coleman — it’s a name that might ring a bell here in the Valley.

He’s the VA employee who blew the whistle in 2015 that suicidal veterans were leaving the ER without being checked. His decision to talk led to retaliation.

Coleman was suspended and placed on administrative leave. The VA accused him of assaulting someone in the parking lot, which was later debunked by the VA’s own internal report.

After all this backstabbing and disappointment, you’d think Coleman would want nothing to do with the Veterans Affairs ever again, right? Well, that’s not the case with this self-described tough Marine.

With the swipe of a pen in April, President Trump signed an order creating a new VA office: the Office of Accountability and Whistleblower Protection.

And, as you’d guess, its job is to shield whistleblowers and move on troubled departments faster.

Guess who is the new face of the department? Coleman. I spoke to him about his new career move.

2.9 - WOAI (NBC-4): Vacant buildings at the VA costing taxpayers millions (8 August, Jaie Avila, 162k online visitors/mo; San Antonio, TX)

The U.S. Department of Veterans Affairs has been trying to regain the trust of veterans after scandals involving long wait times and poor hospital conditions. Now a government report reveals another problem: vacant buildings costing millions to maintain. News 4 Trouble Shooter Jaie Avila toured some of them not so far from San Antonio.

In the shadow of the VA medical center in Kerrville sits a cluster of buildings frozen in time. Boarded up and crumbling for decades.

“These buildings were actually built back in the 1920's," says Billy Steele, Engineering Division Manager with the South Texas Veterans Health Care System.

Inside there’s broken glass and holes in the ceiling. Of the eight structures, only one was safe enough for us to enter.

“These buildings are considered uninhabitable and a safety risk," Steele says.

The small homes were built after World War I, when thousands of veterans were treated for tuberculosis.

“This is where the doctors and nurses and the administrative folks would live that would be taking care of the veterans that would actually be in the hospital and the clinics," says Steele.
The Government Accounting Office has identified 1,214 vacant or underutilized VA buildings nationwide that are costing taxpayers millions of dollars to maintain.

The average age of the buildings is 60 years and some date back to the Civil War and even the Revolutionary War.

Critics say the backlog is evidence of systemic neglect and mismanagement.

“Why are we holding on to these type of buildings? Nationwide we are losing a lot of funds, that could be better used for the healthcare of our vets,” says Albert Mireles, Public Relations Chairman with the Texas Veterans of Foreign Wars.

Some of the vacant buildings can’t be demolished because they’ve been designated as state historic sites. But the GAO report also blames the planning process used by the VA, which can take up to 23 months to fund a new project.

“Sell them, I don't know, but get out of it. If the VA’s not going to do anything with them, why keep them? Makes no sense,” says Mireles.

In response to the report the Secretary of Veterans Affairs says the department will dispose of, or repurpose, 430 vacant buildings in the next 24 months. He claims that will save $15 million a year. But the buildings we toured in Kerrville are not included in that. They’ll have to wait for the next round of closures.

3. Access to Healthcare

3.1 - CBS News (Video): Promise tracker: Is Trump keeping his word on opioids? (8 August, Laura Strickler, 26.1M online visitors/mo; New York, NY)

On October 15, 2016, then-presidential candidate Donald Trump outlined steps his administration would take to combat the opioid crisis. Below is a check-up on the 12 promises he made in that speech. We will update this list as new steps are taken by the administration.

The problem: Two million Americans are addicted to prescription opioids, 600,000 are addicted to heroin and some estimates say over 59,000 people died from drug overdose deaths in 2016.

[...]

12. I would also restore accountability to our Veterans Administration. Too many of our brave veterans have been prescribed these dangerous and addictive drugs by a VA that should have been paying them better attention. In late June, 2017 President Trump signed the bipartisan bill Department of Veterans Affairs Accountability and Whistleblower Protection Act of 2017 that was supported by the Veterans of Foreign Wars.

Since becoming president the President and administration officials have made other promises regarding the opioid crisis. We are tracking them here as well.
In the category of giving credit where credit is due, the Trump administration has extended funding for housing homeless veterans at two VA facilities in Wisconsin for a year.

The credit is likely more appropriately placed with the 81 state Representatives and Senators from both parties who demanded the funding be restored. And credit too to the veterans organizations, especially the Wisconsin American Legion and the State Department of Veterans Affairs who pointed out the extreme difficulty the homeless vets would have finding housing in Madison and elsewhere.

Now, what happens when the year-long funding runs out has yet to be determined.

And there is a bigger debate over efforts to privatize the federal VA that must be resolved before veterans can truly trust their needs are being taken seriously and responsibly.

But a crisis has been averted, at least temporarily. That it got even this far is very disconcerting.

Water leak damage has temporarily shut down services at the Lancaster VA Community Clinic.

Veterans with appointments at the 1861 Charter Lane clinic in Greenfield Corporate Center are asked to reschedule with providers in the Lebanon VA Medical Center System.

The length of the closure is not known, but the clinic is rescheduling the little over 300 primary care appointments scheduled for this week and next week, according to spokesman Ted Nichols.

"The care and safety of our Veterans remains our top priority and we are working with each Veteran impacted so they can be seen at an alternate location while this issue is resolved," said Robert W. Callahan Jr., director of the Lebanon VA Medical Center, in a statement.

A shuttle service will be offered for veterans hourly from the Lancaster clinic to the Lebanon VA Medical Center.
Nichols emphasized appointments are not being cancelled but are being relocated and rescheduled because of the leak.

Schedule staff will contact veterans with impacted appointments. Veterans with appointment-related questions can call 717-272-6621 ext. 5105.

The emergency room at the Lebanon center continues to be available to veterans 24/7.

Water damage from a toilet leak was discovered over the weekend, Nichols said.

A damage estimate is not known at this time, he said. The Lancaster VA leases the space.

"Our goal is to return the clinic to normal operations as soon as possible," Nichols said.

The Lebanon VA Medical Center serves nine counties in South Central Pennsylvania including Lancaster.

3.4 - WPMT (FOX-43): Lancaster VA Community Clinic services temporarily relocated due to water leak damage (8 August, 450k online visitors/mo; York, PA)

LEBANON COUNTY, Pa. – Veterans with appointments currently scheduled at the Lancaster VA Community Clinic are being contacted to reschedule with their providers at alternate locations in the Lebanon VA Medical Center system due to water leak damage at the facility located in the Greenfield Corporate Center, 1861 Charter Lane, Suite 120, Lancaster.

The issue originated with a clean domestic water leak that started over the weekend in the central portion of the leased clinic space.

“The care and safety of our Veterans remains our top priority and we are working with each Veteran impacted so they can be seen at an alternate location while this issue is resolved,” said Robert W. Callahan, Jr., Lebanon VAMC director. “We are working with the building owner and representatives to address remediation, restoration and return to full operation as quickly as possible.”

A shuttle service will also be offered hourly from the Lancaster Community Clinic to the Lebanon VA Medical Center for Veterans with appointments impacted and transportation needs. Details on the shuttle service will be made available to Veterans.

Veterans with impacted appointments will be contacted by scheduling staff. Veterans with an appointment-related question may also contact the scheduling line at (717) 272-6621 ext. 5105. Veterans can also continue to contact their provider team through the My HealtheVet online secure-messaging offering.

Veterans experiencing a medical emergency should contact 911. The emergency room at the Lebanon VA Medical Center remains available to Veterans 24/7 experiencing a medical emergency.
Lebanon VA Medical Center is one of 168 medical centers in the nation with the sole purpose of providing world-class medical care to America's Veterans. Lebanon VAMC serves a nine county area in South Central Pennsylvania covering Adams, Berks, Cumberland, Dauphin, Lancaster, Lebanon, Perry, Schuylkill and York counties. Lebanon VAMC also oversees community clinics located in Camp Hill, Frackville, Lancaster, Pottsville, Wyomissing and York. If you are a Veteran, you may be eligible to receive care and benefits from the U.S. Department of Veterans Affairs. To learn more, call 717-228-6000.

For more information about the Lebanon VA Medical Center, visit www.lebanon.va.gov, like us on Facebook at www.facebook.com/VALebanon, or follow us on Twitter atwww.twitter.com/VALebanon.

Back to Top

3.5 - New Hampshire Union Leader: Grant Bosse: VA health care for everyone? (7 August, Grant Bosse, 319k online visitors/mo; Manchester, NH)

Should we put the government in charge of our health care? What could go wrong?

Come for the dirty surgical equipment. Stay for the bug-infested operating rooms.

We've been hearing about medical mistreatment of our nation's veterans for over a decade. The Washington Post reported on the deplorable conditions facing wounded soldiers at Walter Reed Medical Center in 2007. We found out that the Department of Veterans Affairs was letting thousands of veterans languish on waiting lists three years ago.

Yet the recent allegations about the Manchester VA Medical Center still managed to shock us. It's not just that these mistakes of arrogance and neglect happen. It's that nothing ever seems to change.

VA Secretary Dr. David Shulkin rose through the ranks as a VA doctor, and is both hard-working and well-meaning, like most of his colleagues. He seems to be taking these latest allegations seriously, using new authority recently given him by Congress to fire the top staffers in Manchester. Shulkin has brought in Alfred Montoya from the White River Junction VA to run things while he looks for new administrators.

Hopefully, things will improve. They have to. I remain skeptical that the federal government should be running a segregated chain of hospitals to care for veterans.

I've argued for a decade that the VA should concentrate on service-connected medical problems, such as Agent Orange, Post-Traumatic Stress Disorder, and Traumatic Brain Injury. Leave general medicine to private hospitals, as the military does through its Tricare program. The stalled Veterans Choice program was supposed to expand access to private care, but maintains the substandard silos of existing VA hospitals.

Whatever government touches ends up taking longer, costing more, and delivering less than the private sector. Why would we want government to control more of our health care.
Faced with the crumbling wreckage of Obamacare, Democrats are prescribing more Obamacare. They want to pour billions more in taxpayer subsidies into the broken system, as well as cross-subsidize the failing individual market exchanges from the functioning, if already expensive, group market.

Senate Democrats have decided that Medicare isn’t speeding toward the fiscal cliff fast enough. They want to step on the gas pedal by letting people aged 55-64 buy into Medicare.

Bernie Sanders continues to push the envelope by backing Medicare for all. But if everyone is on Medicare, there would be nobody left to subsidize it. We would all go bankrupt together.

When we ask government to pay our medical bills, or our health insurance premiums, we lose control over our health care. This is not a bug that can be corrected by brilliant plan design. This is a central feature of socialized medicine.

In Britain, we saw how little control patients have over their own medical decisions, even when money isn’t the issue. A London hospital blocked the desperate parents of infant Charlie Gard from coming to New York for an experimental procedure.

Britain’s National Health Service is facing a huge funding gap, prompting North Yorkshire hospitals to bar smokers and anyone with a body mass index of 30 or above from most surgeries for up to a year. Hospitals across England have stopped offering in-vitro fertilization as too costly to justify.

It’s not quite a Death Panel, but they’re getting there.

When we decouple prices from health care decisions, patients and doctors make irrational decisions. Costs skyrocket. Insurance companies and government officials step in to make those decisions for us. We end up with both higher costs and fewer choices.

Whether we let government run its own hospitals, like the VA system, or simply pay the bills, through Medicare and the Obamacare exchanges, we cede control over our health care decisions.

When government tries to control health care costs, we’ve seen just how costly its decisions can be.

Grant Bosse is the editorial page editor of the New Hampshire Union Leader and Sunday News.

3.6 - KPBS (PBS-15, Audio): VA Study Shows Yoga Can Lower Dependence On Pain Meds (7 August, Steve Walsh, 278k online visitors/mo; San Diego, CA)

The Veterans Health Administration is searching for ways to wean veterans off pain medication. A new study from the San Diego VA shows that the right kind of yoga can be a long term solution.
“It’s an ongoing battle. A struggle. Sometimes I’ve had to call in sick because I can’t get out of bed,” said Matthew Castro, who works at the VA in San Diego. Lower back pain has haunted him since his time in the Navy.

Castro has three prescriptions for pain pills, but he said that he rarely fills them after he began learning yoga nearly three years ago. He was one of 150 veterans who were part of a VA study published in the American Journal of Preventive Medicine on July 20, 2017.

“I wasn’t too sure about it, but I thought it would be a better option than to be put on more medication,” Castro said.

Researchers at the San Diego VA looked specifically at how yoga can lessen lower back pain among veterans. It’s a group that hasn’t been studied outside the VA, Researcher Erik Groessl said.

“Military veterans have higher rates of back pain, probably due to rigorous training as well as combat experiences,” Groessl said.

Vets are older and have more health problems than the other groups that have been studied. The study showed vets who took a yoga class twice a week were using less pain medication and had a better range of motion.

“At six months we found less fatigue. We found overall quality of life was better,” Groessl said.

Roughly 70 percent of VAs nationwide offer some form of yoga. What they offer varies widely. The San Diego study gives VA doctors a clearer sense of what actually works. A separate study is underway in Indiana to document the benefits of yoga on PTSD.

3.7 - Lebanon Daily News (Video): Water leak at Lancaster clinic forces shuffling of appointments to Lebanon VA (8 August, Chris Feaver, 75k online visitors/mo; Lebanon, PA)

The Lebanon VA Medical Center is handling appointments scheduled for the Lancaster VA Community Clinic this week, due to a water leak that shut down the Lancaster facility.

The issue originated with a clean domestic water leak that started over the weekend in the central portion of the leased clinic space at the Greenfield Corporate Center, 1861 Charter Lane in Lancaster.

“The care and safety of our Veterans remains our top priority and we are working with each Veteran impacted so they can be seen at an alternate location while this issue is resolved,” said Robert W. Callahan, Jr., Lebanon VAMC director in a news release. “We are working with the building owner and representatives to address remediation, restoration and return to full operation as quickly as possible.”

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Lebanon VA Medical Center is one of 168 medical centers in the nation with the sole purpose of providing world-class medical care to America’s Veterans. Lebanon VAMC serves a nine county area in South Central Pennsylvania covering Adams, Berks, Cumberland, Dauphin, Lancaster, Lebanon, Perry, Schuylkill and York counties. Lebanon VAMC also oversees community clinics located in Camp Hill, Frackville, Lancaster, Pottsville, Wyomissing and York.

3.8 - Texas Public Radio (Audio): Polytrauma Rehab Helps Service Members And Veterans Heal in San Antonio (8 August, Wendy Rigby, 74k online visitors/mo; San Antonio, TX)

Treating American service members hurt in the Iraq and Afghanistan conflicts created a new military emphasis on polytrauma -- a medical term meaning more than one serious injury. The complex wounds of war also created a need for a new model of care that today is helping veterans and active duty military heal.

Air force veteran William Geralds knows the meaning of the phrase hard work.

He’s being put through the wringer by a physical therapist at the Polytrauma Rehabilitation Center next to the Audie Murphy VA Hospital.

"If you don’t give up, they don’t give up," Geralds commented.

Geralds could have easily given up eight years ago. He developed viral pneumonia that turned into Guillian-Barre’ Syndrome and left him unable to move.

"I couldn’t talk," he explained. "I was paralyzed and on life support. The only things that moved were my eyes and my big toe on my left foot."

His service many years ago qualified Geralds for treatment at this specialized facility in San Antonio, the newest of five in the country. In 2005, the Veterans Administration sought to develop a better way to care for people with multiple injuries from modern combat.

"What we were seeing at that time was not just traumatic brain injury. But it would be traumatic brain injury plus amputations plus spinal cord injuries plus burns," said rehabilitation medicine physician Elizabeth Halmai, MD.

Treating any one of these problems is difficult. But altogether it becomes exponentially more challenging.
About a hundred people a year come to the Polytrauma Rehabilitation Center in San Antonio. They work with an elaborate team of specialists: physical, occupational, and speech therapists, eye doctors, psychologists, social workers to name a few.

Donna Balderston was with the National Guard Active Reserve for 30 years. "Having this program here is absolutely vital," she stated.

A simple bike ride became life-altering for Balderston. "I was cycling. And I had a heart attack and got hit by a car."

Balderston had broken bones, a cardiac issue, and just as critically, a traumatic brain injury that landed her at the Polytrauma Center. After about nine months, first as an inpatient, then in a transition unit, she considers herself at 90 percent.

Donna Balderston was treated at the Polytrauma Rehabilitation Center in San Antonio after she had a heart attack while cycling and was hit by a car.

"They did speech therapy with me. They did physical therapy with me. They did mental health therapy with me to make sure that I can come back and be a hundred percent again," Balderston recounted. "They are really good in what they do."

Twelve years ago when the Polytrauma Rehabilitation Centers first started treating patients, almost all were active duty troops. Today, it's half active military, half veterans.

The Center boasts a high rate of return to school and work. Several patients actually returned to duty.

For paralyzed patient Geralds, it was about returning to independence. He's in a wheelchair much of the time, but he can move, use a walker at times, and talk.

His service dog, 3-year-old boxer Tammy, is trained to pick up things he drops.

Told he would never be able to feed himself or stand upright, Geralds is beating the odds. He says he's honored to heal alongside young troops recovering from battle wounds. "The most humbling thing is being able to work with all these young people that are coming back from combat," he added.

Polytrauma Medical Director Dr. Halmai said the goal is to help severely injured men and women who have served the country in uniform be the best version of themselves they possibly can be.

"Everybody still needs a purpose," Halmai stressed. "Everybody still needs to have meaning in their life whatever that is going to look like for them. Just to return somebody to be a productive member of society, you know, I just feel like there’s nothing better out there."

Since its inception, the five Polytrauma Rehab Centers have provided personal, time-intensive care to more than 3,500 people. Lessons learned at these military polytrauma centers are now being published so that civilians can benefit from advances in care.
3.9 - New Castle News: **New veterans Health Care Center opens next month** (8 August, 66k online visitors/mo; New Castle, PA)

The new VA Butler Health Care Center will open to veterans Sept. 5.

“This is a milestone I could not be more excited about as it renews our commitment to providing high quality, accessible health care to our nation’s veterans here in Butler, Pennsylvania,” said David Cord, VA Butler Healthcare’s director. “This new facility not only will improve, but also enhance and help us expand the outpatient health care environment for our Veterans and their families.”

The new Health Care Center is located at 353 North Duffy Road, Butler, approximately 1.4 miles from the existing campus. It includes primary care, specialty care, mental health, dental, diagnostic, laboratory, pathology, radiology, podiatry, optometry, pharmacy, physical rehabilitation, and women’s health. It is also fully equipped to continue as well as expand the technology used by VA to provide care. This includes telemedicine equipment for telehealth, clinical video telehealth, teledermatology, teleretinal exams, and teleaudiology.

The HCC is a two-story building with 168,000 square feet, and more than 1,300 parking spaces. It is silver LEED (Leadership in Energy and Environmental Design) certified. VA will lease the HCC facility from Cambridge Healthcare Solutions PA, of Vienna, Virginia for a 20-year term.

Veterans who want to learn more can visit www.butler.va.gov. Enrolled patients will receive information at their upcoming appointments, via phone call, Secure Messaging, and U.S. Mail.

VA Butler Healthcare, located in Butler County, has been attending to veterans' total care since 1947.

The new facility replaces one originally built in 1938 as a tuberculosis sanitarium. The building — part of a multi-facility campus on New Castle Street — serves veterans from Lawrence, Mercer, Butler, Clarion and Armstrong counties, and has gone through several permutations since being taken over by the Veterans Administration in 1946.

Over the next seven decades, the four-story former Army hospital served as a TB facility, as a general medical and surgical center, a nursing home and finally, as an outpatient clinic. It will be shuttered, and all services and programs moved to the new Health Care Center.

The Health Care Center will be the third new facility for the Butler campus in just over four years. A 60-bed Community Living Center, or nursing home, opened in June 2014, while a 56-bed domiciliary housing a residential rehabilitation treatment program opened its doors in October 2012. Both will remain at the existing location, as will grounds, transportation and maintenance facilities.

VA Butler Healthcare also has five Primary Care VA Outpatient Clinics in Armstrong, southern Butler (Cranberry Township), Clarion, Lawrence and Mercer counties.
3.10 - Armenian Weekly: **A Purposeful Visit to Great Lakes National Cemetery** (8 August, Betty Apigan-Kessel, 52k online visitors/mo; Watertown, PA)

Who better deserves top-notch medical attention than these men and women who served our country, putting life and limb on line to preserve freedom? Didn’t we always feel safe here in this country, even though we heard during World War II that the enemy had come dangerously close to our shores?

Here we are now, in the 21st century, concerned that we are being targeted by radicals in our own country determined to change the whole world. We gather at venues defying their dreams of destroying us and our way of life. They want to send us back to live in the Dark Ages. Daily we step out to follow the everyday rhythms of our lives, wondering whether we will be safe and will rejoin our loved ones safely at the end of the day.

Some of our armed forces died on the field of combat, some came home and lived ordinary lives. Many need hospitalization to get well, and some of them deteriorate in VA hospitals. But, worse yet, some come home to nothingness and commit suicide. How dreadful is that?

Television reports often say how well our warfighters are treated in VA hospitals, while when out and about former armed services members grumble about how little medical attention they are receiving, or how they have to beg for medication. Sometimes the medical attention they require takes months to receive. Flaws in the system are glaring. Merely saying “thank you” to them for serving surely is not enough. We send billions in aid overseas, to countries with questionable loyalty to us, but when veterans complain about the lack of help they need we can only shake our head wondering what is wrong with the system. We need to be helping our own before sending all that money overseas.

Michigan is apparently way behind in veterans’ services of all kinds. If I were younger and stronger, I would be leading some kind of battle to find out why. How many phone calls does a veteran have to make to get the information they need, whether for housing, jobs, or medical attention? I surely do not know the system, but at one point I got in touch with the governor’s office for information and a sense of direction; that did not result in success.

I will repeat, the men and women, our soldiers, who served or serve our country to preserve the American way of life should have their needs taken care of in a timely fashion. It is not enough to provide them with a final resting place with a marker in a National Cemetery. By the way, if you are thinking burials here are at no cost, think again. At least that was our experience. As I write this, I admit I have not contacted the proper authorities to find out otherwise.

My husband Bob was a smoker starting in his teens, but he stopped smoking cigarettes over 30 years ago. Unfortunately, it was too late. He developed COPD (chronic obstructive pulmonary disease) and had breathing problems that magnified in later years. When he finally decided to avail himself of VA services, he was given some medication, of course at a financial cost to him, but the man was never offered oxygen.

I wanted to go with him on these appointments, but he would not let me. I don’t have the benefit of knowing how assertive he was in his approach to asking for medical treatment. I do know this: In the years before he died, breathing was torture. He would take a few steps, and it took 15 minutes or more for him to catch his breath. When I asked why he had not asked for oxygen, he just shook me off.
One particularly bad breathing day, he said, “I think it is time to go to the hospital.” He still wanted to drive, as he always did. We drove the half-hour trip to Gaylord, Mich., and that was it… I watched through the early morning hours as they administered breathing treatments with masks over his face. He just didn’t want any more of it. He pulled off the mask.

Late the next morning, I told him I had to return to the cottage to get some rest and to shower. He asked if I was going to return the next day, and I replied that of course I would.

He didn’t quite make it to age 81.

He did the same thing that my mother did when she was in the hospital: waited for me to leave, after I had spent the entire night and early hours of the day, to pass away. She knew what a hardship it would be for me to live life without her. I was her youngest, and she and I took care of each other.

Bob, too, waited until I left to will himself to die. I don’t know how I got through all that—alone, on my own. Today, I hate being a writer, reliving some of the horrid details of the end of our life together after 52 years of marriage. I pray he is with his parents, his favorite cousin Jim Lovay, and his army buddy Mike from Wisconsin.

To leave on a high note: Bob served during the Korean Conflict but got lucky. I always teased him that he never saw a day of combat since he was sent to La Rochelle, France, where his group built housing camps for soldiers. It was a joke that made us both laugh. That is where he ended his service to his country. When I asked him to go to Europe for a vacation, his response was, “I’ve already been there!”

I have the remnants of a rosary he bought on his visit to Lourdes. He was a good Catholic boy who even as an adult attended early morning mass. Then he met an Armenian girl. He was 29, I was 23, and my father advised me that since Bob attended church so often, our marriage should take place at his church, St. Michael’s, because we usually attended St. Sarkis Armenian Church only on holidays, and for weddings. And so it was.

I became Mrs. Robert Kessel. Later, when I began writing for the Armenian Weekly, I became Betty Apigian Kessel. I could not deny my Armenianism and my long history with it. I do feel cheated that I was not wed in the Armenian Church. I particularly love that part of the wedding ceremony that has bride and groom kneeling with their foreheads together tied with a golden cord and cross. That thought crushes me every time. But Catholic or Armenian Apostolic, we made it work.

The year was 2005, and I remember exactly where on the front page of the Detroit Free Press the article appeared stating a National Cemetery would be built in Holly, Mich., and at the time it seemed a coincidence to me that, accompanied by Bob and my buyers, we had sold a very large section of acreage in Holly just a few years earlier.

Remember our veterans, and let’s do all we can to make their lives mean something to them and to all of us. We are eternally grateful for them for their contribution to our freedom.
3.11 - Outer Banks Sentinel: **VETERANS POST VA Caregiver program** (9 August, Freddy Groves, 23k online visitors/mo; Nags Head, NC)

The Department of Veterans Affairs caregiver program is back. That should be great news to people who were left in limbo after the VA pulled the plug on thousands of caregivers earlier this year while it considered how to revamp the program.

The Program of Comprehensive Assistance for Family Caregivers gives aid to eligible veterans who were severely injured on or after Sept. 11, 2001, and who need personal care for daily activities, such as bathing and dressing, or who need supervision or protection because of impairment. Care must be required for a minimum six months; tasks such as lifting, transportation and emotional support are not included. The stipend paid to the caregiver is based on how many hours of help per month the veteran needs, as determined by the tier level (high, medium or low) after a clinical evaluation.

Often it’s a primary family member who is the caregiver. To meet the requirements, they need to be the spouse, child or parent and live with the veteran. Another level, secondary family caregiver, has slightly different requirements and duties. These often serve as backup support. Both must fill out an application, VA Form 10-10CG. All caregivers have support coordinators to help them in giving the best care they can, accessing benefits and services, and learning more about assistance that’s available.

For more information, go online to the redesigned caregiver website: www.caregiver.va.gov. You’ll find links to determine eligibility and specifics about how the program works, as well as the application to download. Put your ZIP code in to find local caregiver advocates, or call the caregiver support line at 1-855-260-3274. If you ever need to file an appeal, contact the caregiver support coordinator or the patient advocate at the closest VA medical center.

[Back to Top]

3.12 - Vermont Public Radio (Audio): **'Your Son Took His Own Life': A Veteran's Suicide Set His Mother On A Mission To Help Others** (8 August, Annie Russell and Henry Epp, 21k online visitors/mo; Colchester, VT)

In Vermont, of all the deaths by gunshot wounds in the last six years, more than a quarter were suicides by current or former members of the armed forces. Even though Veterans Affairs knows that soldiers are at greater risk of taking their own lives, it’s difficult to intervene successfully.

Now, one Vermont mom who lost her son has made it her mission to end veteran suicide.

Josh Pallotta, 25, was one of those Vermont veterans who took his own life. He died in 2014. His mother Valerie Pallotta of Colchester is trying to create a space where veterans can socialize and also get treatment.

Valerie says her son Josh took an early interest in the military.
“I think he was about seven when he wrote a little story in a journal that he wanted to be a soldier, and then he did,” Valerie says.

A few years after high school, he was working in airport security for the Transportation Security Administration (TSA). Some of his co-workers were in the National Guard, and Valerie says that’s when Josh's interest spiked. He signed up just as the Vermont Army National Guard was deploying to Afghanistan.

“I remember him coming home and saying he joined the Guard,” Valerie says, "and I said ‘you know, you’re going to Afghanistan,’ and he said ‘that’s why I’m going, that’s why I’m signing up, mom.’ ”

Josh deployed to Afghanistan and was there for most of 2010. In August, two members of his unit were killed: Tristan Southworth and Steven Deluzio. That hit Josh hard, Valerie says. Then in December, he returned home to Vermont.

“There’s a part where you’re kind of walking on eggshells and you want to make sure they’re OK and give them their space, and give them time to rest and recover,” Valerie says. “Then there’s the part of so, now it’s time to get back to life, and you have mixed emotions.”

Getting back to life was hard for Josh. That’s not unusual for veterans returning from deployment.

“When you’re back in the United States and back in civilian culture, you don’t have those close connections and dependence on one another,” says Brian Barrows, a 10-year veteran of the U.S. Army.

Barrows is now a crisis clinician with First Call of Chittenden County, a suicide prevention organization.

"You hit the pause button when you go deploy, and life keeps moving," Barrows says. "When you get home, you have to play catch-up. It's not easy. It's not easy to adjust to a completely different world."

Josh Pallotta's Guard unit didn’t meet for three months after they returned, according to his mom, Valerie.

He also had trouble adjusting to an early-morning work schedule at TSA. Valerie says Josh had lots of support, including from a Veterans Affairs counselor, but he ended up losing his job, and moved back home.

“We kind of played the tough love parenting and told him he needed to find a job by a certain date, which gave him about three months, and he couldn’t find a job so he knew he had to leave,” Valerie says.

"Things kind of went downhill after that. He had asked me to borrow money and I told him no, thinking tough love would help with that too. And then he stopped speaking to me, and we didn’t speak before he died.”

Before his death, Josh was diagnosed with PTSD, Valerie says. Though she says things started to improve for him in 2014. He found an apartment and a job at a sandwich shop in Burlington,
but then the shop – Guild Fine Meats – announced it was shutting down. Valerie says that was the last straw for Josh.

On September 23rd, 2014 at 2:53 in the morning, Valerie woke to knocking at her door. Police were outside her house.

“I opened the door and they said, ‘Valerie Pallotta?’ And I said, ‘yes,’ and I’m of course shaking, Valerie recalls. "They said ‘is your husband here?’ and he was right behind me. And then they came in and said ‘I’m sorry to tell you that your son took his own life.’ "

Joshua Pallotta’s cause of death is listed as a self-inflicted gunshot wound to the head.

The VA estimates that, on average, 20 veterans die by suicide every day. That’s why the department does check-ins with deployed members of the military before they go home. But Brian Barrows, the veteran who now works in suicide prevention, says those assessments aren’t always effective.

“If you have to sit down with a clinician that asks if you’re going to hurt yourself or someone else, you’re going to say ‘no’ as quickly as you can,” Barrows says. "You’re just creating another barrier to getting home if you say 'yes.' "

There are other opportunities to identify veterans who are having problems. Meghan Snitkin is the Suicide Prevention Coordinator at the White River Junction VA. She says whenever a veteran is hospitalized for psychiatric care or expresses a concern about their mental health, the veteran works with their care provider to complete what’s called a risk assessment.

"Once we kind of have a better understanding and history of that risk, then we can have a better idea of how to help them come up with a plan about how to keep themselves safe," Snitkin says.

Snitkin says that plan is about making the veteran's environment as safe as possible. That could include safely storing their firearms during a crisis.

"So we’re not saying that they shouldn’t own a firearm, and we’re not saying they shouldn’t have access to one," Snitkin says. "But maybe during this high risk period of time to try to keep that separation."

The plan could include disassembling a weapon, storing ammunition separately from a gun, or having a family member or friend hold a firearm during a particularly risky time period.

For many veterans, firearm ownership is an important part of life. That was certainly true for Josh Pallotta. Josh posted publicly on Facebook about guns and second amendment rights.

Valerie says even if he had limited his access to guns, she's doesn't think it would've made a difference.

"I do think that Josh would've found another way," Valerie says. "I think when a person is ready to end their life or end their pain, they'll find whatever means they can to do that."
Valerie says she’s not sure if there’s one thing that could have saved Josh. In addition to counseling and medication, the VA offers some alternative treatments at many of its health centers. Valerie thinks those should be readily available for veterans returning from combat.

“I think going on a whitewater rafting trip probably has more effect than some doing group therapy, because they don’t want to talk about it,” Valerie says. “They want to sit around a campfire and just shoot the breeze with their buddy, and then maybe talk about it.”

Valerie now runs a non-profit fund in her son’s name. Her goal is to eventually create a space called Josh’s House where veterans could meet to exercise, play video games, cook, or study. Sort of like a Veterans of Foreign Wars post for a younger generation.

Valerie is busy these days. She has a full-time job, and works on the fund in her spare time. Plus, she’s spending a lot of time getting tattoos. Both her arms are covered in colorful ink: all images in tribute to Josh. She didn’t have any tattoos before he died.

“I can just see him shaking his head ‘oh, mom,’ Valerie says with a laugh, "and then also being like, ‘wow, mom!’ "

So far, Valerie says her fund has raised about $140,000. She expects to need around $1 million to create a new space for veterans.

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3.13 - The American Interest: Telemedicine’s Constituents: Vets and ’Rents (8 August, Rachel Hostyk, 6.6k online visitors/mo; Washington, DC)

The VA continued its tradition of innovation in telemedicine this past week, as it rolled out its newest tool, an app that will allows appointment-making by smart phone, with an assist from Trump. VA Secretary David Shulkin also announced the launch of a video service that will connect patients from wherever they are—whether at home or at a clinic—to wherever in the United States their doctors happen to be.

Why is the VA racing ahead with these tools, when American healthcare on the whole is merely ambling, if that? The VA benefits from being a Federal program; whereas current regulations forbid a doctor from practicing medicine in any state where she doesn’t have a license, the rules do not apply if you’re at a VA hospital or clinic. At these locations, a vet can video-call a doctor anywhere else in the country, without that doctor risking her license (though she has to be at a VA facility, too). For everyone else, you may be able to contact your doctor virtually, but she must be licensed in the state you’re currently sitting in.

The VA’s recent announcement includes an important change—allowing the mystical crossing of state lines for vets who are at home or in a private medical facility, not just on Federal ground. Such a change was proposed by Senators Joni Ernst (R-Iowa) and Mazie Hirono (D-Hawaii) in a bill this past April, which they hope will go on to “strengthen” the VA’s new policies.

Telemedicine has helped alleviate the VA’s overcrowding problem, where the system simply doesn’t have enough personnel to handle demand. It allows doctors to monitor veterans who live in rural areas, far from the nearest clinic. Furthermore, the population of vets is aging, and
as they grow increasingly infirm the system is straining to provide for them. Nor are telemedicine services restricted to those no longer on active duty; a recent deal between a defense contractor and George Washington University will make the university's medical associates available to deployed troops via video appointments.

The VA’s forays into telemedicine not only give real-life test cases for private health entities trying the same tactics, but also lend support to loosening up the rules for everyone else. According to a survey taken earlier this year, the public broadly favors telemedicine (a telemedicine company funded the survey, which was conducted by Harris Poll). However, due mainly to regulations blocking their path, most health systems have not moved rapidly to adopt these tools. Perhaps the VA’s suspension of the state-line rule, once in practice, will increase momentum for the same change elsewhere. Another recent Senate bill, also with bipartisan support, proposes a similar change for Medicare.

Meanwhile, surveys about telemedicine reveal another constituency for telemedicine, if not one so easily organized as veterans. The survey mentioned above reported an even higher rating of favorability toward telemedicine among parents than in the general public—74 percent. Furthermore, a survey done by a children’s hospital system found that a high percentage of patients would use telemedicine for their children, and the few who had done so on the whole rated these visits equal to or better than the in-person variety. It’s no wonder: Parents spend a great deal of time on healthcare for their children, often for minor ailments like colds. While the parents surveyed were less comfortable using telemedicine for more severe medical problems like diabetes, they seemed to think the screen in this case was a savior. Perhaps the smart way for telemedicine advocates to proceed going forward is to sell the benefits to harried, overworked parents in this modern life. If you could point your smartphone down your kid’s throat in the morning instead of losing four hours on a doctor’s appointment, wouldn’t you?

But perhaps more parents will be introduced to telemedicine not by their doctors or the media, but by their children’s schools. School systems around the country are beginning to bring telemedicine in their halls. Given the shortage of school nurses (according to STAT, 60 percent of schools lack a full-time nurse), it’s a solution that shows promise. However, for the moment many such newly installed systems depend on nurses to implement them, though one system in Rochester is pursuing an alternative, employing specially trained aides to operate the stethoscope and other devices while a doctor consults via the screen. And of course, none of this proceeds without parental permission.

Telemedicine is gaining momentum, though with some difficulty and blocked by regulations. But what certain segments of the population would find extremely useful, we all might like to use from time to time.

Back to Top

4. Women Veterans

4.1 - Military.com: 1st Woman to Head DAV Will Focus on Female Vet, Caregiver Issues (8 August, Amy Bushatz, 9M online visitors/mo; San Francisco, CA)
The first female commander of a top veteran advocacy organization, Disabled American Veterans (DAV), credits a lifelong love of asking questions and a willingness to try new things with leading her to the new job.

Retired Army reservist Delphine Metcalf-Foster was elected to the role Aug. 1 at the DAV's annual meeting in New Orleans.

She had previously served as the first woman commander of the organization's California chapter and is also the first African-American woman to hold either position.

"People call me and say, 'Tell me, how do you feel about being the first woman commander,' and I say, 'I feel I can continue to do my work,'" Metcalf-Foster said Tuesday in an interview with Military.com. "It's really an honor, and very humbling."

She is the first female leader of the trio of veteran organizations collectively known as "the big three" -- the DAV, the Veterans of Foreign Wars and the American Legion. The Vietnam Veterans of America was led by Army veteran Mary Stout from 1987 to 1991.

The daughter of a "Buffalo Soldier," Metcalf-Foster said she had dismissed the idea of joining the military as a child when she learned she wouldn't be able to ride horses like her father had during his service.

But while she was working as a civilian at age 34 at the now-shuttered Letterman Army Medical Center in California, a female supervisor asked her to consider joining the Reserves.

"She convinced me that I could do it, and she was right," Metcalf-Foster said. "I was the oldest one in my platoon."

Over her next 21 years in service, her Reserve units were based at Letterman, leaving her to serve in uniform and deploy out of the same place she worked as a civilian employee.

Metcalf-Foster, who was injured in combat in 1991 while deployed to Saudi Arabia in support of Operation Desert Storm, said her passion at the DAV lies in helping make sure female veterans get the care they need through the VA.

The only way to do that, she said, is to continue to work with VA leadership and lawmakers to highlight problems as they become apparent.

"When we find out things, we work with the system to bring it to their attention," she said. "If no one brings it to their attention, how can it change? But by working with them, I feel like there can be change."

Metcalf-Foster also plans to continue the organization's push to expand to veterans of all eras a program that compensates family members for caregiving. Currently, the benefit is available only to post-9/11 veterans.

"A lot of people don't realize that there are hundreds of thousands of caregivers caring for veterans in this country," she said. "I want to work to see that the programs offered by the VA are there for anyone ... this is just something that we should do."
Like many veteran service organizations, DAV struggles to recruit new members. Metcalf-Foster hopes a renewed focus on mentorship while continuing to host job fairs and publicize the ways DAV can assist its members will help the organization increase its reach.

"I have the backing and advocacy for my organization, and it makes such a big difference," she said.

5. Appeals Modernization

6. Strategic Partnerships

6.1 - WKYC (NBC-3, Video): Veterans Experience Action Center coming to Tri-C West August 10-12 (8 August, 663k online visitors/mo; Cleveland, OH)

PARMA - Federal, state, and county organizations are teaming up with local community and veteran partners for the Veterans Action Experience Center, a two-and-a-half day event at Cuyahoga Community College's West Campus in Parma August 10-12.

The VEAC is being hosted by the Tri-C Veterans Initiative in partnership with the Veterans Administration (VA). The Cleveland event will be just the third done nationwide.

This event will bring together all of the key VA benefits teams under one roof in an easily accessible location for veterans and military families. Specialists from the Veterans Benefits Administration, the Veterans Health Administration, the Veterans Center and other veterans service organizations will be available.

Services at the VEAC will include:

- Face-to-face explanation and assistance facilitating and expediting existing claims and appeals.
- Assistance with filing new claims and claims development
- Information and assistance regarding available VA benefits and counseling
- Answers to health care, eligibility and benefit-related questions
- Onsite VA health care enrollment and exams
- Veteran ID cards and Homestead Exemption

VA Women's Health Services and the G.I.V.E. (Gender Identity Veteran Experience) Clinic
The VEAC will be held on Thursday, Aug. 10, 2017: 9 a.m.-2 p.m.
Friday, Aug. 11, 2017: 9 a.m.-2 p.m.
Saturday, Aug. 12, 2017: 9 a.m.-noon

Tri-C's Western Campus is located at 11000 Pleasant Valley Road in Parma. Parking can be found in Lots C and D. Visit http://www.tri-c.edu/veterans/ for more information.
7. Supply Chain Modernization

7.1 - Federal Computer Week: VA's legacy systems aren't ready for the Data Act (8 August, Chase Gunter, 190k online visitors/mo; Vienna, VA)

A just-released oversight report reveals that legacy systems at the Department of Veterans Affairs aren't ready to support many Data Act requirements.

According to the report, dated November 2016 but released on Aug. 8, there are serious limitations posed by the department's legacy systems that challenge financial reporting requirements mandated by the Digital Accountability and Transparency Act.

VA officials told auditors that the department's 25-year-old Financial Management System, its core system for financial accounting, will only achieve partial Data Act compliance.

Specifically, VA officials that while they could submit appropriations account information in full, they would be "challenged" to submit details on program activity and they would be largely unable to submit financial award detail.

The FMS, VA's financial management system "requires extensive manipulations, journal entries, manual processes, and reconciliations in order for VA to produce a set of auditable financial statements," the report states.

Auditors noted that VA does not have an automated grants management system, and procurement and award identifiers are not stored in FMS.

Rather than upgrading its own outdated systems, VA is instead directing its modernization resources toward transitioning to a shared services provider, according to the report.

"As a result, VA is not seeking other solutions or modifications to outdated systems in order to fully comply with the DATA Act," the report states.

Another challenge facing the department's ability to comply with the transparency law is that -- as of the Aug. 31, 2016 end date of OIG's fieldwork -- the department had not conducted complete inventories of agency data, business process and systems.

VA's program management office requested the department's components to perform such inventories in July 2015 in preparation for the Data Act.

Additionally, the office responsible for submitting VA's financial data told auditors it does not have sufficient staffing to validate the completeness and accuracy of crosswalks and other documentation.

Auditors also reported that VA was "unable to assess the accuracy of information submitted" by departmental components.
OIG made 17 recommendations in total, including the coordination with a shared service provide to expand reporting capabilities, improving internal controls, assessing business processes, providing resources for data storage and improve auditability of data, as well as better and more timely communication both within and outside of VA.

VA's response, dated May 19, concurred with all of the recommendations, and pointed out that one -- the establishment of a Data Act working group to improve communication and accountability of those in charge of submitting and documenting financial data -- had been completed in March.

While agencies have pointed to technical impediments as obstacles to achieving full compliance with the Data Act, Data Coalition Policy Director Christian Hoehner said that "huge strides" were made in the lead-up to the May submission deadline.

And while agencies' outdated systems do present technical challenges, Hoehner noted that "a lot of the data is coming from shared services."

Hoehner said that for the upcoming mid-August reporting deadlines, agencies enjoy the benefit of having gone through the reporting process before to work out initial bugs.

Just as important to future success, Hoehner added, is continued guidance from the Department of Treasury, as well as oversight from Congress and agency watchdogs.

By the fall, Treasury plans to fully transition from the legacy usaspending.gov website to the new, more interactive beta site stood up to handle the first round of machine-readable data.

8. Other

8.1 - The Hill: Devaluing human life is no way to thank wounded veterans for their service (8 August, Sherman Gillums Jr., 11.8M online visitors/mo; Washington, DC)

For a veteran facing a lifetime of paralysis after suffering a spinal cord injury, hope is often the last thing to die. Yet, the recently introduced House bill, H.R. 3197, threatens to crush what little hope to which I, and the approximately 60,000 veterans living with spinal cord injury, cling. The act proposes to reduce investment in medical research, and the reason is as simple as it is controversial: animal research.

Introduced by Rep. Dave Brat (R-Va.), the Act follows reports of experimentation on dogs at the McGuire VA Medical Center in the congressman’s home state. Purportedly disturbing reports revealed that animals were being given amphetamines and suffering heart attacks, among other research-based details that aren’t easily digestible by those outside of the scientific community. The mainstream gut reaction that followed these revelations was easy to predict. When contemplated in a vacuum, the thought of animals experiencing induced pain would bother any reasonable person. However, I do not enjoy the luxury of contemplating these thoughts in a vacuum.
My thoughts immediately shift to the 23-year old soldier I met on a spinal cord injury unit in San Diego. He had a freshly severed spinal cord, fixators that held the bones in his legs together, and chronic pain that often kept him awake all night, despite medication. He also had a two-year old daughter, Marianna, who knew nothing about an explosive device, or how the one that hit her father would change her life forever. Then the two thoughts clashed and bred possibilities—hope—that sprang from what research might offer to him and his daughter. A hope that may now be dying for him, me and those 60,000 other veterans who could benefit from that research.

When House members voted on July 26, 2017 to ban all VA medical testing that causes pain to animals, specifically targeting VA’s canine research program, it was the first step toward a complete devaluation of the lives of catastrophically injured veterans. Brat declared, "From what I read, the type of work that [VA researchers] were doing was on the level of torture.”

I understand how reading a report like that would spur intense emotion and abstract horror. But if the congressman had put down the report and accompanied me to a VA hospital, he would have discovered that the price of military service is not abstract. He would have seen firsthand what it's like to care for a paralyzed veteran with a failing heart on a VA spinal cord injury unit; or another on the polytrauma unit who needs a new pancreas, among other missing body parts that need to be replaced. After that reality check, I'd have asked the congressman, to consider these facts: It was VA's canine research that spurred the development of the cardiac pacemaker and artificial pancreas the Food and Drug Administration approved just last year, which serves to benefit both veterans and those who have never worn the uniform. Non-VA canine research has also led to the discovery of insulin, new tests and treatments for various types of cancer and has played an important role in ushering in advancements in heart surgery procedures. While that reality may be inconvenient, it's like freedom and democracy; it all comes at a price. I'd rather that price involve as little human suffering as possible. It's apparent, however, not everyone agrees.

I would like to leave the legislative debate to the congressman and his colleagues, but it's the ideology behind this bill that troubles me. Those participating in the debate over the VA's animal research program appear to fall into two camps: those who believe we should do everything we can to improve the lives of seriously injured veterans, and those who refuse to stare the ugly consequences of war in the face. It is not that simple though. The U.S. military faces the ugliness for its citizens, which includes our public servants. Now that those citizens are faced with the aftermath, some are having second thoughts.

The VA has a responsibility to consistently find new and better ways of treat America’s heroes. Animal research helps the department do that. The program has helped save and improve countless lives, and it will continue to do so—unless ideology, and in some cases extremism on the issue of animal rights, succeed in forcing the public's attention away from VA waiting rooms, inpatient wards, and rehabilitation gyms across the country. This is where the price of wars across several eras can be seen almost daily, as well as where medicine and science find their ripest opportunities.

Medical and scientific experts in America, as well as across the globe, agree animal research is essential. That’s because only animal research will provide the answers needed to develop revolutionary new treatments. Whether we like it or not, canine research is especially vital to potential medical breakthroughs because of unique traits shared by humans and dogs. In fact, CNN recently highlighted in a February 2017 story how canine research is leading to better results than traditional cancer research efforts.
Despite the hyperbole used by legislators to invoke disturbing images, VA is conducting research that is vital to seriously disabled veterans. That is what cannot be forgotten or eclipsed by words hyperlinked to extreme ideologies. Canine studies address a host of medical problems afflicting them, and it advances treatments that heal them, or at the very least, mitigate their suffering and give them a better quality of life. I've seen it for myself, as Paralyzed Veterans of America has collaborative partnerships with Yale University and New Haven VA Medical Center to further the treatment advances that make veterans' sacrifices endurable.

The research conducted at these facilities includes exploring cures and treatments for fatal lung infections affecting those with spinal cord injuries, dysfunction in brain circuits that control breathing, and whether service dogs reliably reduce the symptoms of post-traumatic stress disorder. Orthopedics research conducted with animals is especially important to many VA patients, as it has been essential to the design and testing of new prosthetic devices for veterans who have lost limbs.

Much of the animal research VA is doing aims to benefit a small group of veterans with specialized needs — those who've sustained serious injuries in the line of duty. As a veteran who represents tens of thousands within this group, veterans who stand to benefit from VA's animal research efforts, I am compelled to challenge those who are fighting to shut this vital program down. I ask them, instead, to take a step back and look at things from our perspective. We are veterans who live with severe disability, many still in the prime of our lives. Our lives after service will never be the same as our lives before service, but advances in research will help us experience lives with less pain—and more hope.

It is my sincere hope there will come a time when we don’t need animals for research. Unfortunately, that time has not arrived, and because of the incredible complexity of human anatomy and our still-limited understanding of how it works, animal research will be needed for the foreseeable future. To those who remain unconvinced, I'll close with two questions: What wouldn't you do to find a cure for spinal cord injury, cancer, chronic lung infection, orthopedic deterioration, or other serious afflictions associated with military service? Then, what would you do if it was your son or daughter who served and returned home profoundly broken by battle, illness or disease?

For many veterans and their families, these questions are not philosophical. Because for them, hope is indeed the last thing to die. It is now up to Congress to decide whether that hope will be put completely out of its misery.

Sherman Gillums Jr. is a retired U.S. Marine officer who suffered a spinal cord injury in 2002 while serving on active duty. His career with Paralyzed Veterans of America started in 2004 after he completed rehabilitation at the San Diego VA Spinal Cord Injury & Disease Center. He is an alum of University of San Diego and Harvard Business School.

8.2 - NJ.com: **N.J. mortgage lender to pay $74M to settle violation claims** (8 August, Bill Gallo Jr., 9.4M online visitors/mo; Iselin, NJ)
Authorities say New Jersey-based PHH Corp. and two of its subsidiaries have agreed to pay $74 million to settle claims that they violated standards for underwriting government-backed mortgages.

"This settlement requires PHH to pay back to the taxpayers of the United States millions of dollars in loans that never should have been made," Acting U.S. Attorney William E. Fitzpatrick for the District of New Jersey said. "By failing to ensure the creditworthiness of borrowers and otherwise failing to make sure the loans met HUD underwriting requirements, loans were insured by FHA that should not have been."

The settlement announced Tuesday resolve allegations that PHH Corp. and subsidiaries PHH Mortgage Corp. and PHH Home Loans failed to comply with certain FHA, VA, Fannie Mae and Freddie Mac origination, underwriting and quality control requirements, the federal government says.

"Government mortgage programs designed to assist homeowners -- including programs offered by the FHA, VA, Fannie Mae and Freddie Mac -- depend on lenders to approve only eligible loans," said Acting Assistant Attorney General Chad A. Readler, head of the Justice Department's Civil Division.

The settlement with the government includes $65 million for alleged violations involving loans insured by the Federal Housing Administration, and nearly $9.5 million for loans guaranteed by the Department of Veterans Affairs.

About $9 million will go to a whistleblower who formerly worked for PHH, Mary Bozzelli, who filed a suit under the False Claims Act against PHH, according to authorities, and whose action prompted part of the probe against PHH.

"It is great to see PHH finally held accountable for its actions," said Bozzelli in a statement issued through her attorneys, Nelson Thomas, Michael Lingle, and Jonathan Ferris of Thomas & Solomon LLP in Rochester, N.Y. "Mortgage fraud is hardly victimless. Not only did PHH defraud taxpayers, but instead of helping deserving borrowers obtain home loans through the government loan programs, I witnessed firsthand the ways in which PHH abused the programs to line its own pockets."

The settlements came as the result of investigations by numerous government agencies and federal authorities.

"We have agreed to resolve these matters, which cover certain legacy origination and underwriting activities, without admitting liability, in order to avoid the distraction and expense of potential litigation," PHH said in a statement Tuesday. "While we cooperated fully in these investigations since receiving subpoenas in 2013, we concluded that settling these matters is in the best interest of PHH and its constituents. Adhering to high legal, regulatory and ethical standards is at the core of how we conduct business, and we remain committed to serving our customers and all of our stakeholders consistent with that principle."

The government says it sustained "substantial losses" because of PHH's alleged actions.
Groups representing disabled veterans and medical researchers warned this week that legislation banning most medical experimentation on dogs at the Department of Veterans Affairs would deprive veterans of needed medical breakthroughs, and thus represents a dangerous policy change for America's war heroes.

It's a tricky argument for the groups, in part because it pits two worthy and popular causes against each other: animal rights, and ensuring that injured U.S. soldiers get the best medical treatment possible.

Last week, those seeking improved treatment for animals had their say. Rep. Dave Brat, R-Va., proposed an amendment to a package of four spending bills for the next fiscal year, which included VA funding.

Brat's amendment banned any VA funding for testing or other activities that bring certain levels of pain to dogs. The amendment passed overwhelmingly, in a voice vote, after a debate in which no one spoke against it.

That easy vote took opponents of the language by surprise, but some have indicated they will work to stop or amend it. They are starting with the argument that the amendment discounts the wounded veterans who stand to benefit from research on animals.

"When House members voted on July 26, 2017 to ban all VA medical testing that causes pain to animals, specifically targeting VA's canine research program, it was the first step toward a complete devaluation of the lives of catastrophically injured veterans," said Sherman Gillums Jr., executive director of Paralyzed Veterans of America, in an op-ed Tuesday.

Gillums appears to be backed by the VA itself. The VA hasn't taken a formal position on the bill, but the VA's own website indicates strong support for continued animal testing for the sake of helping veterans.

"VA's animal research program has saved lives in the past and will save lives in the future," said Dr. Michael Fallon, the VA's chief veterinary medical officer. "It's important for people to recognize that canine research is essential to developing crucial medical advancements to help veterans and non-veterans alike."

Fallon stressed that just 0.05 percent of its animal testing involves dogs, and he and other medical professionals say testing on dogs is often necessary at certain stages of research.

The VA's stated position is backed by outside medical experts who say dogs are still needed in certain cases.

Cindy Buckmaster, board chairperson for Americans for Medical Progress, told the Washington Examiner that dogs have cardiovascular systems that are similar to those found in humans. She said many of the medical techniques used to help treat people for diabetes and cardiovascular
disease were worked out through testing on dogs, which she said shows the value of continuing, at the VA and elsewhere.

Supporters of the research ban dismiss this line of thinking, and argue there is simply no need in the modern era to subject animals to any testing, especially tests that inflict pain. But she and Paula Clifford, executive director for Americans for Medical Progress, took issue with claims that there are other ways to research medical treatments without using animals.

"The bill based on idea that the work isn't necessary," Clifford said. "That's not true, the work is necessary."

The two sides are also feuding over what happened at the VA clinic in Richmond, Va., that prompted Brat to introduce his amendment.

During last week's debate in the House, Brat said the VA was needlessly inflicting pain on test canines, and that a report from the VA's Office of Research Oversight showed that dogs were being subjected to abuse.

"From what I read, the type of work they were doing was on the level of torture," he said. "In Richmond, this included inducing heart attacks. At other labs, the VA was giving methamphetamine to narcoleptic Dobermans."

But Buckmaster said reports of excessive cruelty are unfounded. The VA's oversight report, released at the end of May, said officials could not "conclusively determine" signs of negligence or incompetence at the VA, even though it found a case in which a sedative was inappropriately administered to a dog.

It also found no evidence that the VA was trying to hide its use of dogs in medical research, as some charged, or that the VA kept shoddy medical records.

Given these findings, opponents of Brat's language say it's an extreme solution to a moderate problem, one that would eradicate most of the VA's substantial research with dogs that is used to better the lives of veterans.

Under his amendment, all studies resulting in pain to dogs in categories D or E, as defined by the U.S. Department of Agriculture, would not be allowed. Buckmaster said category D procedures, which typically involve surgeries that cause pain that can be relieved through anesthesia or other means, are the most common performed by the VA, and said ending those procedures would essentially end most of the VA's work.

In a statement to the Washington Examiner, Brat defended the language by saying it would prevent "only the most painful and distressing procedures" at the VA.

"Experiments that use procedures that are non-painful or slightly discomforting for dogs will continue," he said.

The immediate goal for opponents of Brat's amendment is to keep it out of a final spending bill for the VA, something that Congress will work on when it gets back from the August break.

Gillums of Paralyzed Veterans of America said his group will argue that the bill goes too far by banning all medical research on dogs, even when the pain can be mitigated by anesthetics.
"This would significantly limit research potential and cures for profoundly disabling conditions, in both humans and animals, for which there's presently no relief," he told the Washington Examiner. "It could also lead to interpretations of the bill that ban all animal research."

He said educating lawmakers is key, and said Brat's use of the word "torture" on the House floor "distracts from the benefits of this research." He said the VA already has strict rules in place for this research, and that researchers should be held accountable if they actually torture animals or violate those standards in other ways.

"But banning all animal research without first gaining a full understanding of what the research community considers 'humane,' not politicians evoking images of helpless animals being subjected to claims of torture, is one way to ensure disabled persons who are hanging on to hope will have nothing left to hope for, if this bill passes," he said.

Gillums said a major challenge is teaching lawmakers how the research in question can help people with spinal cord injuries, circulatory problems and other treatable diseases.

"A good place to start might be to have them visit veterans who will face these conditions for the rest of their lives," he said. "Explain to them why a ban on certain types of animal research is necessary, even if it holds the key to potential breakthroughs that could change their lives."

8.4 - Housing Wire: **PHH reaches $75 million settlement with DOJ over False Claims Act violations, Whistleblower awarded $9 million** (8 August, Brena Swanson, 440k online visitors/mo; Irving, TX)

PHH Corp. announced it finally settled with the U.S. Department of Justice on behalf of the Department of Housing and Urban Development and separately with the DOJ on behalf of the U.S. Department of Veterans Affairs and the Federal Housing Finance Agency in order to resolve certain previously disclosed matters regarding legacy mortgage origination and underwriting activities.

As a result, PHH will pay approximately $75 million to the DOJ, which the company prepared for during the second quarter of 2017. At the time, PHH increased its recorded liability for legal and regulatory reserves by $13 million, reflecting adjustments for these settlements and provisions for other matters.

“We have agreed to resolve these matters, which cover certain legacy origination and underwriting activities, without admitting liability, in order to avoid the distraction and expense of potential litigation,” PHH said in a statement.

“While we cooperated fully in these investigations since receiving subpoenas in 2013, we concluded that settling these matters is in the best interest of PHH and its constituents. Adhering to high legal, regulatory and ethical standards is at the core of how we conduct business, and we remain committed to serving our customers and all of our stakeholders consistent with that principle,” it continued.
PHH added that the settlement agreements cover certain mortgage loans insured by the Federal Housing Administration during the period between Jan. 1, 2006 and Dec. 31, 2011, certain mortgage loans insured by the VA, and certain mortgage loans sold to Fannie Mae and Freddie Mac.

Separately, key parts of the settlement came to fruition thanks to a whistleblower. Mary Bozzelli, a former employee of PHH, filed a lawsuit under the qui tam whistleblower provisions of the False Claims Act. Bozzelli worked for PHH from 1992 to 2011 as an underwriter and underwriting supervisor.

Due to her contributions to the settlement, the United States awarded Bozzelli more than $9 million for the role she played in blowing the whistle on PHH's mortgage fraud.

"It is great to see PHH finally held accountable for its actions," said Bozzelli, who filed the lawsuit in 2013. "Mortgage fraud is hardly victimless. Not only did PHH defraud taxpayers, but instead of helping deserving borrowers obtain home loans through the government loan programs, I witnessed firsthand the ways in which PHH abused the programs to line its own pockets."

The PHH settlement is just the latest in a long line of similar settlements with the DOJ, including Prospect Mortgage in July.

The industry has started pushing back against this type of settlement.

David Stevens, president and CEO of the Mortgage Bankers Association, expressed his opposition to the increased prosecutions under the False Claims Act in a HousingWire blog.

Stevens wrote: "In addressing the housing crisis and the Great Recession, the Obama Administration was searching for ways to increase enforcement actions against lenders that were originators or servicers of large volumes of loans that went into default. In February 2012, the DOJ and HUD announced a $25 billion settlement against the U.S.'s five largest mortgage servicers. But clearly the $25 billion was not enough and the Administration began to search for additional mechanisms for punishing FHA lenders...

"The broad use of FCA has resulted in excessive penalties often for immaterial mistakes made during the loan process prior to settlement that made no difference to the quality of the loan or the decision to approve that loan."

And PHH isn't the only lender dealing with the DOJ over the False Claims Act.

Quicken Loans, which is the nation's largest Federal Housing Administration-backed mortgage lender, sued the DOJ and HUD in April 2015. Quicken accused the Justice Department of trying to squeeze money from companies which would usually wish to avoid a costly legal battle against FHA violation charges. Instead of paying up, Quicken said it decided to fight back in court.

The government was quick to react and countersued Quicken Loans. In the United States government’s lawsuit, it accused Quicken Loans of improperly originating and underwriting loans insured by the FHA.
And while Quicken Loans hit a roadblock in December when a federal judge tossed out its lawsuit, it will continue to fight to defeat the government's retaliatory lawsuit alleging that Quicken Loans violated the 'False Claims Act.'