1. Top Stories

1.1 - The Washington Post (Power Post): Veterans’ health-care gap creates ‘greater risk’ for opioid abuse (7 August, Joe Davidson, 43.9M online visitors/mo; Washington, DC)

The information about the veteran is scant, clinical in tone, yet disturbing. “At the time of his death, the patient was a male in his forties with a past medical history significant for PTSD, chronic low back pain, obstructive sleep apnea, obesity, and depression,” the Department of Veterans Affairs inspector general reported.

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1.2 - U.S. News & World Report (AP): Topeka VA's Hospital to Expand Emergency Room (7 August, 24M online visitors/mo; Washington, DC)

The Topeka Veteran Affairs' hospital is planning a $4.5 million modernization project this fall. Internal emails obtained by the Topeka Capital-Journal show that the project entails expanding the emergency department into the facility’s specialty clinic, which has moved to another location. It also includes private patient bays, a central physician and nursing hub, and a dedicated waiting space for families.

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1.3 - Military Times: Ashford University maintains GI Bill eligibility, blasts VA (7 August, Natalie Gross, 2.1M online visitors/mo; Springfield, VA)

An online university in danger of losing its eligibility to enroll GI Bill users, recently allowed by the Department of Veterans Affairs to continue such enrollments pending court appeals, is accusing the VA of disseminating bad information and wants students to go to the White House with complaints. The VA announced last month it was pulling Ashford University’s eligibility to accept GI Bill funds on Aug. 16…

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1.4 - Democrat & Chronicle: Schumer calls for veteran’s compensation for Agent Orange-linked glioblastoma (7 August, Aleanna Siacon, 1.5M online visitors/mo; Rochester, NY)

U.S. Senate Minority Leader Charles Schumer stood alongside Lindsay Cray at the Veterans Outreach Center on Monday to urge action be taken to provide federal compensation for Cray’s father Tom, a Rochester Vietnam veteran who founded the center and is now fighting glioblastoma. From 1962 to 1975, the U.S. military used Agent Orange, a powerful herbicide to eliminate forest cover and crops for their opponents.

Hyperlink to Above

1.5 - Topeka Capital-Journal: Topeka VA’s emergency department to embark on $4.5 million modernization project this fall, Concern about staffing levels remain (7 August, Katie Moore, 853k online visitors/mo; Topeka, KS)

A $4.5 million modernization project at the Topeka VA, expected to break ground this fall, will expand the emergency department. But staffing the facility remains a concern. The project will increase space, access, privacy and help deliver on suicide prevention, chief of staff Alexander Hallock said. According to an internal VA email obtained by The Capital-Journal, the project entails expanding the emergency department into the facility’s specialty clinic…
1.6 - WFED (AM-1500): More funding, accountability for VA Choice program proposed, now what? (7 August, Steff Thomas, 831k online visitors/mo; Washington, DC)
Veterans Affairs Secretary David Shulkin received his wish last week as the House passed a bill that will add an additional $2.1 billion for the Veterans Choice Program. The bill, also known as the Choice Act, was introduced just weeks before the current Choice program funding was set to expire, and passed as a last-minute decision before Congress left for the August recess.

2. Veteran and Employee Experience

2.1 - KMGH (ABC-7, Video): Everyday Hero John Geyer helps fellow veterans at the VA Hospital in Denver, Volunteer greets veterans with a free cup of coffee (7 August, Mitch Jelniker, 2.1M online visitors/mo; Denver, CO)
If you've got to go to the hospital, it sure helps to be greeted by a friendly face, someone who knows what you are going through. Everyday Hero John Geyer is that person at the V.A. Hospital in Denver. Geyer served in the U.S. Army and is a Vietnam War veteran. "I have two speeds, off and fast," Geyer said.

2.2 - Duluth News-Tribune: Former brewing president not regretting decision to leave retirement, work in Trump administration (7 August, Chris Vetter, 833k online visitors/mo; Duluth, MN)
Jake Leinenkugel has no regrets about coming out of retirement to become a senior adviser to the White House for the Department of Veterans Affairs. "It's rewarding and challenging," Leinenkugel said. "I come into work, and I tell myself I try to make a difference to one veteran every day. And at the end of the day, 12 or 13 hours later, I wonder as I walk out, did I make a difference? I'm actually working as hard as I ever did."

2.3 - Savannah Morning News: Editorial: Salute G.I. Bill reforms (7 August, Editorial Board, 441k online visitors/mo; Savannah, GA)
The U.S. Senate and Georgia Sen. Johnny Isakson should be saluted for making much-needed updates to the post 9/11 G.I. Bill, which is headed to President Trump’s desk to be signed into law. Mr. Isakson, who chairs the Senate Committee on Veterans’ Affairs, introduced the Harry W. Colmery Veterans Educational Assistance Act of 2017.

2.4 - The Eagle-Tribune: VA secretary responds to whistleblowers on NH hospital (7 August, Jack Shea, 308k online visitors/mo; North Andover, 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.
2.5 - The Sentinel: New VA hospital raises questions about bigger than necessary budgets (7 August, Editorial Board, 48k online visitors/mo; Lewistown, PA)
A package of emergency funding for the Department of Veterans Affairs was approved by the U.S. Senate this week, with a unanimous vote. It includes $2.1 billion for a special program to ensure veterans are not kept waiting for health care treatment at VA facilities. Meanwhile, the agency continues to spend in some ways like a drunken sailor — with some of its officials lying to Congress about their splurging.

2.6 - Journal-Advocate: Local VA director receives DAV award, Roberts named Outstanding Employee of the Year (7 August, 34k online visitors/mo; Sterling, CO)
There are more than 350,000 full-time VA employees, but only three — one from each administration — were singled out to receive awards at the Disabled American Veterans (DAV) and DAV Auxiliary's 96th National Convention in New Orleans, on July 31. This year's National Commander's Award for Outstanding Veterans Health Administration (VHA) Employee of the Year went to Paul L. Roberts, director of the Cheyenne VA Medical Center.

3. Access to Healthcare

3.1 - The Hill: The need to reform compensation for veterans with mental health disabilities (7 August, Charles G. Kels and Lori H. Kels, 11.8M online visitors/mo; Washington, DC)
When wounded, ill, or injured service members are no longer able to perform their military duties, their medical conditions are evaluated to determine appropriate pay and benefits. This process is intended to fulfill the armed forces' primary obligation to maintain combat readiness by removing unfit troops, while simultaneously ensuring fair compensation for veterans' disabilities.

3.2 - KGTB (ABC-10, Video): Veteran claims VA doctor refused to operate because of his "do not resuscitate" wishes, Heart catheter procedure put on hold (7 August, Allison Ash, 2M online visitors/mo; San Diego, CA)
The IV was already inserted in a vein on his right arm. He was on a hospital gurney and ready for the procedure that could clear blockages in the arteries surrounding his heart. That was when Andrew Costew says the doctor called the procedure off. It was because Costew refused to suspend his "do not resuscitate" directive during the procedure.

3.3 - Stars and Stripes: Report: Pentagon not providing adequate care to troops at risk of suicide (7 August, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)
Defense Department health care providers do a good job of screening for suicide risk, but they fail to provide critical and effective follow-up treatment to servicemembers identified as suicidal, according to a Rand Corp. report released Monday. Rand researchers found appropriate follow-
up care was given to only 30 percent of servicemembers with depression and 54 percent of servicemembers with post-traumatic stress disorder who were at risk of suicide.

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3.4 - WITN (NBC-7, Video): Rep. Jones spending recess meeting with locals, addressing issues in ENC (7 August, 1M online visitors/mo; Greenville, NC)
They say the resources needed to care for those suffering aren't available, and they believe that as more veterans retire, the demand for care will rise. Jones agreed to explore the issue with the Veteran's Administration and said he believes a possible pilot program offering increased services in Onslow County or at the Naval Medical Center Camp Lejeune could be a good starting point.

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3.5 - WHAM (ABC-13, Video): Schumer calling on V.A. to aid veterans suffering from "Agent Orange"-borne cancer (7 August, Tanner Jubenville, 817k online visitors/mo; Rochester, NY)
A new effort is underway to help Vietnam War veterans who are suffering from brain cancer because of exposure to "Agent Orange." Glioblastoma is a form of brain cancer which many doctors and veterans say can be linked to the herbicide used during the Vietnam War. That's the same cancer Vietnam veteran and Arizona Senator John McCain now suffers from.

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3.6 - Albuquerque Journal: Albuquerque is one of worst places for Gulf War illness claims (8 August, Maddy Hayden, 464k online visitors/mo; Albuquerque, NM)
The U.S. Department of Veterans Affairs’ Albuquerque office denied 592 of 640 Gulf War illness claims it received in fiscal year 2015, the latest year for which data are available, giving it the ninth-lowest approval rate in the VA complex. A June report from the Government Accountability Office found that approval rates throughout the VA complex for claims relating to Gulf War illness, or GWI, are one-third as high as for other disabling conditions.

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3.7 - WHEC (NBC-10, Video): Veteran says VA won't recognize brain tumor could be linked to Agent Orange (7 August, 449k online visitors/mo; Rochester, NY)
A veteran who helped service members in our area for decades is facing a new battle. Tom Cray founded the Veterans Outreach Center and led the organization for years. He's battling a cancerous brain tumor, but can't get VA compensation. Cray served two tours of duty in Vietnam where he came in contact with Agent Orange.

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3.8 - WHTM (ABC-27): Water leak damage forces relocation of Lancaster VA Clinic services (7 August, 446k online visitors/mo; Harrisburg, PA)
Water leak damage at the Lancaster VA Community Clinic has forced those with appointments to relocate. Veterans with appointments are being contacted to reschedule with providers at alternate locations in the Lebanon VA Medical Center due to water leak damage at the facility on Charter Lane in Lancaster.
3.9 - The Journal Times: **Wisconsin gets funding reprieve for homeless veterans** (7 August, 277k online visitors/mo; Racine, WI)
President Donald Trump's administration has decided to extend funding to house homeless veterans at state homes near Union Grove and at King in Waupaca County. State officials learned late Friday they would receive the money for another year to give them time to consider overhauling their programs to qualify for more permanent funding.

3.10 - Spectrum News – Rochester (Video): **Family of vet with terminal cancer calls out VA bureaucracy** (7 August, 178k online visitors/mo; Rochester, NY)
The founder of the Veterans Outreach Center, which has helped countless veterans over the years, is at odds with the Department of Veterans Affairs about the brain cancer that will eventually take his life. Tom Cray is fighting glioblastoma, a terminal cancer which his doctors say is linked to Agent Orange exposure he sustained while serving in the Navy in the Vietnam War.

3.11 - Healthcare DIVE: **VA expands telehealth programs into video, online scheduling nationwide** (7 August, Les Masterson, 157k online visitors/mo; Washington, DC)
VA Administrator Dr. David Shulkin said the VA already had the largest telehealth program in the U.S. with 700,000 veterans receiving telehealth care through the VA in 2016. VA telehealth has more than 50 clinical specialties. In the announcement, Shulkin highlighted a new initiative and two expanded programs that will remove “geography as a barrier so that we can speed up access to veterans.”

3.12 - McKnight's: **Improving end-of-life care begins with honoring patient preferences** (7 August, Scott T. Shreve and Susan C. Miller, 55k online visitors/mo; Northfield, IL)
When it comes to dying in the United States, the interests and inclinations of payers and providers often outweigh the needs of patients, especially when it comes to end-of-life care. Take hospice care for seniors. If Medicare beneficiaries choose hospice care, they lose Medicare coverage for disease modifying interventions, nursing home and hospital care. This isn't much of a choice for patients and certainly doesn't account for their preferences.

3.13 - WXXI (NPR-91.5): **Sen. Schumer calls on VA to take more action against glioblastoma** (7 August, Caitlin Whyte, 26k online visitors/mo; Rochester, NY)
Senator Charles Schumer stood with the family of local veteran and Veterans Outreach Center founder Tom Cray Monday afternoon, calling on the VA to better assist veterans diagnosed with glioblastoma. Cray served two combat tours in Vietnam, but does not receive service-related compensation for the cancer because it is not recognized as a service-connected illness by the VA.
3.14 - Cody Enterprise: VA clinic may be coming to Cody (7 August, Zac Taylor, 23k online visitors/mo; Cody, WY)
Local veterans could soon have a new health clinic to call home. That’s becoming the consensus among area health providers after numerous recent developments, including the announcement from Powell Valley Healthcare that the hospital will no longer be providing Veterans Affairs services in the area.

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3.15 - WEWS (ABC-5, Video): VA denies Camp Lejeune widow cancer benefits for toxic drinking water (7 August, Ron Regan, 17k online visitors/mo; Cleveland, OH)
The widow of a deceased Ohio marine is continuing a protest outside veterans affairs offices nationwide after her husband's cancer failed to qualify for disability benefits stemming from toxic water at a Marine Corps training camp. Tara Craver carried a “Camp Lejuene Widow” placard Monday outside the downtown Cleveland office of the Department of Veterans Affairs.

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3.16 - Mississippi Today: Access to Health Care: Record-breaking waits at VA (7 August, Larrison Campbell, 16k online visitors/mo; Ridgeland, MS)
Dr. David Walker, the medical center’s director, said resolving the issue has been his “number one priority.” He has the funding to hire 25 full-time doctors. What he doesn’t have, however, is a large pool of doctors either in Mississippi or willing to move here. “We are hurting because we don’t have enough primary care doctors. But it is hard to recruit doctors to Mississippi,” Walker said in a recent town hall meeting at the VA. “And if veterans don’t choose this VA, we won’t survive.”

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3.17 - KIOW (FM-107.3, Audio): VA Office Will Not Move From the Winnebago Public Health Facility (7 August, AJ Taylor, 300 online visitors/day; Forest City, IA)
Earlier this year, KIOW News reported that the Winnebago County Board of Supervisors had been approached to move either the Public Health Department or the Veterans Affairs Office. The problem had to do with space at the current facility. The Winnebago County Public Health Department was growing due to the number of new clients they continually receive.

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4. Women Veterans – No Coverage

5. Appeals Modernization – No Coverage

6. Strategic Partnerships – No Coverage

7. Supply Chain Modernization – No Coverage
8. Other

8.1 - Stars and Stripes (AP): Man sentenced for threatening to shoot up VA hospital in NY
(7 August, 1.5M online visitors/mo; Washington, DC)
Federal prosecutors say a 59-year-old western New York man has been sentenced to time already served for threatening to commit a mass shooting at a Veterans Affairs hospital in Albany. The U.S. Attorney's Office says Robert Seifert, of Canandaigua, was also sentenced last Thursday in federal court in Albany to three years of supervised release.

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8.2 - Democrat & Chronicle (Video): Canandaigua man sentenced following mass shooting threat
(7 August, Victoria E. Freile, 1.5M online visitors/mo; Rochester, NY)
A Canandaigua man last week was sentenced in federal court for threatening to commit a mass shooting at the Stratton Veterans Affairs Medical Center in Albany last summer. Robert J. Seifert, 59, on Thursday was sentenced to time served, which totaled about 12.5 months, and three years of post-release supervision, according to Assistant U.S. Attorney Michael Barnett. He pleaded guilty in March to a charge of making an interstate threat to injure another.

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8.3 - Milwaukee Journal Sentinel: Republicans slam Tammy Baldwin on Tomah VA scandal in radio ad
(7 August, Bill Glauber, 4.8k online visitors/mo; Milwaukee, WI)
The U.S. Senate GOP's campaign arm is out with a tough radio ad against Democratic U.S. Sen. Tammy Baldwin. On Monday, the National Republican Senatorial Committee took on Baldwin over the issue of the Tomah Veterans Affairs Medical Center, which was wracked several years ago by a scandal involving over-prescription of opioids.

Hyperlink to Above
1. Top Stories

1.1 - The Washington Post (Power Post): Veterans’ health-care gap creates ‘greater risk’ for opioid abuse (7 August, Joe Davidson, 43.9M online visitors/mo; Washington, DC)

The information about the veteran is scant, clinical in tone, yet disturbing.

“At the time of his death, the patient was a male in his forties with a past medical history significant for PTSD, chronic low back pain, obstructive sleep apnea, obesity, and depression,” the Department of Veterans Affairs inspector general reported.

The veteran is identified as “Patient 1.” He was “hospitalized twice for suicidal ideation and a reported suicide attempt.” But only later, in a case of a buried lead, does the report say another attempt was successful — “suicide caused by toxic levels of sertraline, morphine, and gabapentin.”

This veteran — one of 20 who kill themselves every day, a frightening figure — received medical care from the Department of Veterans Affairs (VA) and a non-VA doctor who prescribed opioids for his chronic pain.

While psychological factors were the reasons and drugs were the tools, the suicide was facilitated by a hole in a system designed to give vets the choice, in same cases, to obtain outside medical care at government expense. With Patient 1, “there is no evidence in the medical record that any of his VA providers were aware of the new opioid prescriptions,” according to the inspector general.

That gap in coordination, added to differing clinical standards among VA and non-VA community providers, can be deadly. Health professionals outside VA are not required to follow departmental guidelines.

Veterans receiving opioid prescriptions from private clinics “may be at greater risk for overdose and other harm because medication information is not being consistently shared,” Inspector General Michael J. Missal said when the report was released Tuesday. “That has to change. Health-care providers serving veterans should be following consistent guidelines for prescribing opioids and sharing information that ensures quality care for high-risk veterans.”

His office recommended that VA:

- “Require non-VA providers to submit opioid prescriptions directly to a VA pharmacy for dispensing.”
- Ensure those providers have “a complete up-to-date list of medications and medical history.”
- Require community providers to review VA opioid guidelines.
- Ensure that if community facilities don’t meet VA opioid standards that “immediate action is taken to ensure the safety of all veterans receiving care from the non-VA provider.”

VA agreed, at least in principle, with all the recommendations.
“With America facing a looming doctor shortage and demand for veterans health care outpacing VA’s ability to provide it in-house, better coordination between VA and non-VA providers is absolutely essential,” said VA press secretary Curt Cashour.

It’s absolutely essential considering that about 142 Americans die daily from a drug overdose, “a death toll equal to September 11th every three weeks,” said a report by the President’s Commission on Combating Drug Addiction and the Opioid Crisis issued the day before Missal’s. Declaring opioids “a prime contributor to our addiction and overdose crisis,” the commission called on President Trump to declare a national emergency empowering the government to take “bold steps” against drug abuse.

In response to the report, VA Secretary David J. Shulkin issued a statement noting that “recent studies and stories have pointed to VA’s success in its approach to pain management and responsible use of opioids with our Veteran patients.”

Since launching the Opioid Safety Initiative in 2013, VA says, the number of its patients receiving opioids fell by 27 percent and the number on long-term opioid therapy dropped 33 percent. Shulkin said VA is widely sharing its eight best practices to balance pain management and opioid use under the acronym S.T.O.P. P.A.I.N.

Missing from that list is cannabis. It could be an ally in the fight against opioid abuse, as the nation’s largest veterans’ service organization recognizes, except for Uncle Sam’s outdated and repressive view of marijuana. Citing data showing that states permitting medical marijuana have an opioid mortality rate almost 25 percent below that of other states, the American Legion has urged the government to acknowledge the potential medical value of cannabis and to reclassify it to expand research into its use for patients.

“We also want to point out that the increased focus on addiction is, in some cases, hurting veterans who suffer with chronic pain and have been on long-term narcotic-based pain relievers,” said Louis J. Celli Jr., veterans’ affairs and rehabilitation division director at the American Legion. “For some patients, lifelong pain management through prescription medications is all they have that allows them to function. For some, removing these medications can lead to depression, decreased ability to care for themselves, and, in some cases, suicide.”

While supporting flexibility in care, veterans’ groups are cautious about the department’s Choice program, which funds private-sector health services for vets. On Tuesday, Congress approved $2.1 billion for Choice to help VA build Shulkin’s vision for “an integrated system that allows veterans to receive the best health care possible.”

But the integration isn’t as good as it needs to be, which is a danger when care is fragmented among VA and private providers, said Garry Augustine, executive director of the Disabled American Veterans.

The outside providers might not know all they need to know about a patient or share their records with VA. Coordination is key, he said, but not always present.

“Under the current Choice program, it isn’t as tight as it should be,” Augustine added. “That should be addressed.”

And soon — before another vet, like Patient 1, falls through the gap.
1.2 - U.S. News & World Report (AP): Topeka VA's Hospital to Expand Emergency Room (7 August, 24M online visitors/mo; Washington, DC)

TOPEKA, Kan. (AP) — The Topeka Veteran Affairs' hospital is planning a $4.5 million modernization project this fall.

Internal emails obtained by the Topeka Capital-Journal show that the project entails expanding the emergency department into the facility's specialty clinic, which has moved to another location. It also includes private patient bays, a central physician and nursing hub, and a dedicated waiting space for families.

Chief of staff Alexander Hallock said the project will increase space, access, privacy and help deliver on suicide prevention.

Hallock said funds have already been allocated for the two-year project.

The project comes as the hospital struggles with a staffing shortage. The emergency room was closed from January 2014 to late June 2015 because of the shortage.

"I think there's a staffing shortage in health care across the country, especially in the Midwest," Hallock said. "We have a shortage of primary care providers, we have a shortage of emergency department providers, we have a huge shortage in psychiatrists."

Less than 50 physicians are currently assigned to the Topeka VA, according to physician recruiter James Pryan.

Last month, the eastern Kansas VA system initiated the Physicians Ambassador Program, which uses volunteer, retired doctors.

"We have people in the pipeline that are there and that's another mechanism that we are touting out to those physicians in the community," Hallock said. "You want to keep your skills, come and volunteer with us. Be a physician ambassador from the community and show the veterans how much you care about what they have done for you."

Hallock said the modernization project will help attract employees to the system.

The women's health department also will be upgraded through a grant. The project is expected to double services for female veterans.

1.3 - Military Times: Ashford University maintains GI Bill eligibility, blasts VA (7 August, Natalie Gross, 2.1M online visitors/mo; Springfield, VA)
An online university in danger of losing its eligibility to enroll GI Bill users, recently allowed by the Department of Veterans Affairs to continue such enrollments pending court appeals, is accusing the VA of disseminating bad information and wants students to go to the White House with complaints.

The VA announced last month it was pulling Ashford University’s eligibility to accept GI Bill funds on Aug. 16 after an Iowa court dismissed the for-profit school’s request to retain eligibility for its online programs after closing its only campus in the state in 2016. But on Friday, department officials sent an email to Ashford’s 4,500 GI Bill students informing them that they would not lose their benefits on that date and apologized for the “back and forth.”

In the email, Curtis Coy, deputy undersecretary for economic opportunity of the VA Veterans Benefits Administration told students, “Based on changes to Ashford’s resident programs last year, Iowa’s (State Approving Agency), the agency that previously approved Ashford online programs for VA benefits, found Ashford not in compliance with GI Bill approval criteria. This resulted in a court case in which the court, on July 17, 2017, dismissed Ashford’s petition to remain eligible for GI Bill participation.”

But Ashford — among the top 20 most popular schools for veterans — has since appealed the decision. This action extends its GI Bill eligibility while the court considers the motion, according to Coy’s message, which followed a year of emails from the VA to Ashford’s veteran students alerting them to the ongoing court case and what the outcome could mean for their benefits.

Meanwhile, Ashford President and COE Craig Swenson also sent multiple messages to students, in which he stated that the VA was providing them with “misinformation.”

He wrote Aug. 2, “We have received reports from some Ashford student veterans that they have been advised by the VA that they no longer have access to GI Bill benefits. Others have been told that they will no longer be able to use their GI Bill benefits at Ashford University effective Aug. 16, 2017, as a result of the Iowa court decision. If you are concerned about misinformation provided to you by the VA regarding certification of your benefits for attendance at Ashford University, or the threat to your educational benefits that has been spread by these miscommunications, you may wish to speak out.”

Swenson included the number for the White House’s new veterans’ complaint hotline, where he said students should voice concerns about the VA’s administration of their benefits.

He reiterated these instructions in another update to students Friday, before the VA sent out its latest update. In this message, he informed students that although the university’s online programs were approved to accept GI Bill funds in Arizona — a move Ashford hoped would salvage its eligibility at the federal level — the VA did not accept the state’s notice of approval “in its current form” and had requested additional information.

Lauren Coartney, a spokeswoman for Ashford’s parent company, Bridgepoint Education, said the school is working closely with the Arizona State Approving Agency to provide this information.

She said in an email Monday, “To summarize, even though Ashford is at this very moment approved through not one but two state approving agencies, VA has incorrectly and irresponsibly advised our GI Bill students to the contrary, no doubt causing stress and
confusion. The VA did send an email to students clarifying some of these issues ... but we are still hearing reports of benefits being denied."

Coy said in an emailed statement that the information the VA has sent to students is accurate.

“We are keeping veterans informed of what’s happening following the court decision in Iowa,” he said. “We continue to ensure that we are good stewards of taxpayer money and will not provide any new approval until we are satisfied VA guidelines are met.”

If the court rules against Ashford’s motion, the school will have 30 days to appeal the decision, according to a VA spokesman. If they do not, then the withdrawal of eligibility would become final. The GI Bill would continue to cover students’ classes that had already begun, but students would no longer be able to use their benefits for future courses unless the approval process in another state is complete.

According to a recent Military Times analysis of federal data, Ashford enrolled a total of 7,935 students online using $37.8 million in GI Bill benefits last year.

It’s unclear how many students — if any — have called the White House to complain. A White House spokesman directed all questions to a VA spokesman, who did not comment on whether Ashford students had used the hotline.

He said there is no need for the White House to intervene, however, and that this is a case of the VA and a state authorizing agency working together to ensure the best outcomes for veterans.

1.4 - Democrat & Chronicle: Schumer calls for veteran's compensation for Agent Orange-linked glioblastoma (7 August, Aleanna Siacon, 1.5M online visitors/mo; Rochester, NY)

U.S. Senate Minority Leader Charles Schumer stood alongside Lindsay Cray at the Veterans Outreach Center on Monday to urge action be taken to provide federal compensation for Cray’s father Tom, a Rochester Vietnam veteran who founded the center and is now fighting glioblastoma.

From 1962 to 1975, the U.S. military used Agent Orange, a powerful herbicide to eliminate forest cover and crops for their opponents.

According to ProPublica, exposure to this mixture of chemicals has since been linked to the development of a myriad of serious health complications for veterans and in some cases, even their children.

Per the Agent Orange Act of 1991, veterans with diseases and conditions tied to chemical exposure in Vietnam, or in and near the Korean demilitarized zone, are entitled to disability compensation and benefits from the U.S. Department of Veterans Affairs.

However, after Cray’s father was diagnosed, her family was denied compensation because glioblastoma is not on the list of diseases presumed to be connected to Agent Orange.
“Not only don’t they receive medical treatment from the VA, but they’re forced to collect their own medical research to plead the case to the VA,” Schumer said.

Cray’s family is currently in the process of appealing the VA’s denial of services and submitting the proper documents, medical studies and the opinions of her father’s doctors as proof of the service connection.

“They’ve already approved 20 (individual appeals with glioblastoma), but made each one fight through it. That rationale doesn’t hold. Tom Cray nor any of the other veterans are not trying to take advantage of the VA and get something they’re not entitled to,” Schumer said. "So the VA is wrong, they are just too cautious, too bureaucratic when it comes to new illnesses that might have been caused by this horrible Agent Orange."

Welling up with tears, Cray said her family was unprepared for her father’s diagnosis, but droves of family and friends have offered to help care for him because the family no longer has the time or financial resources to do it all on their own.

“We do need to draw attention to this issue and we do need to get the VA to start acknowledging that they have to take care of those and serve those who serve them,” Lindsay said.

Schumer called for the VA to take the following actions: fairly and quickly assess glioblastoma and establish a presumption of service connection, publicly make available all the information they have on glioblastoma cases, and fix the gaps in their data.

"Currently, the VA shows only 500 veterans diagnosed since 2000, because they only consider those diagnosed at a VA hospital. It makes no sense, expand the list," he said.

Congresswoman Louise Slaughter, D-Fairport, also joined Schumer and Cray in support.

“For too long, too many men and too many women who have worn the nation’s uniform have struggled to see their sacrifices honored with the care and benefits that they certainly earned,” she said. “For over a decade, American military personnel serving in Vietnam were exposed to nearly 20 million gallons of Agent Orange sprayed as part of Operation Ranch Hand."

1.5 - Topeka Capital-Journal: Topeka VA’s emergency department to embark on $4.5 million modernization project this fall, Concern about staffing levels remain (7 August, Katie Moore, 853k online visitors/mo; Topeka, KS)

A $4.5 million modernization project at the Topeka VA, expected to break ground this fall, will expand the emergency department. But staffing the facility remains a concern.

The project will increase space, access, privacy and help deliver on suicide prevention, chief of staff Alexander Hallock said.
According to an internal VA email obtained by The Capital-Journal, the project entails expanding the emergency department into the facility’s specialty clinic, which has been moved to a different area. It also includes private patient bays, a central physician and nursing hub, and a dedicated waiting space for families.

Funds have already been allocated for the two-year, phased-in project, Hallock said.

The emergency department is projected to serve 8,832 patients in fiscal year 2017, which ends Sept. 30. That number has grown by 15 percent since fiscal year 2014.

Hallock said staffing numbers are a problem for health care systems throughout the U.S.

“I think there’s a staffing shortage in health care across the country, especially in the Midwest. We have a shortage of primary care providers, we have a shortage of emergency department providers, we have a huge shortage in psychiatrists,” he said.

“And I would say that VA Eastern Kansas is really no different than any other campus that you’re going to find across the country, and that’s not just the VA, but that’s the private sector as well. It affects patient care in that you need to have the providers in order to provide that high-quality, safe patient care.”

A staffing shortage forced the Topeka VA’s ER to close in early January 2014. The shutdown lasted more than 500 days, ending in late June 2015.

According to physician recruiter James Pryan, 47 physicians are currently assigned to the Topeka VA.

A search last week on usajobs.gov showed about 50 openings at the Topeka VA. At least 11 of those were physician positions in psychiatry, emergency, primary care and other specialties.

Hallock said some of those listings are “open and continuous.” In the event that an employee leaves, the continually open listings help speed up hiring, he said.

Internal VA communications show that staffing shortages in the emergency department cause stress for staff figuring out how to cover shifts and concern about waiting patients.

Hallock said when there’s a shortage, “it requires some creativity in staffing. We all pitch in.”

To address staffing levels, Hallock said the VA relies on a national recruiter and word of mouth. They also highlight that Topeka and Leavenworth are “strong family communities,” he said.

The modernization project also will help attract employees, Hallock added.

Last month, the eastern Kansas VA system initiated the Physicians Ambassador Program. The volunteer program uses the skills of retired doctors.

“We have people in the pipeline that are there and that’s another mechanism that we are touting out to those physicians in the community,” Hallock said. “You want to keep your skills, come and volunteer with us. Be a physician ambassador from the community and show the veterans how much you care about what they have done for you.”
Working for the VA is mission driven, Hallock said.

“What we try and do at the VA is give (prospective employees) an idea of our mission. Our job is to take care of America’s heroes,” Hallock said.

There’s also a push to increase pay so the positions are more competitive, said VA Eastern Kansas spokesman Joseph Burks.

The women’s health department also is being upgraded through a grant. The project is expected to double services for female veterans, Hallock said.

1.6 - WFED (AM-1500): More funding, accountability for VA Choice program proposed, now what? (7 August, Steff Thomas, 831k online visitors/mo; Washington, DC)

Veterans Affairs Secretary David Shulkin received his wish last week as the House passed a bill that will add an additional $2.1 billion for the Veterans Choice Program.

The bill, also known as the Choice Act, was introduced just weeks before the current Choice program funding was set to expire, and passed as a last-minute decision before Congress left for the August recess.

One question that still lingers is, if passed into law, how will that money be spent?

In an interview on the Federal Drive with Tom Temin, Shulkin outlined in detail some of the ways the Veteran Affairs Department would use the extra funds in a system of modernization projects, construction of new facilities and comprehensive public-private sector partnerships.

“The way that you do that [modernization] is by looking at each market and determining whether the current facilities that you have are meeting the needs, or whether you need to invest in more facilities,” he said. “We are [also] looking at doing private-sector partnerships.”

Shulkin said the VA has also pressed Congress to approve about 28 new leases in areas where the veteran population is outgrowing the care facilities provided. To supplement cost, he also announced at a House hearing in early May the proposal to shut down more than 1,100 underutilized and vacant VA facilities around the United States.

The example he provided alluded to progress and success with the recently opened care facility in New Orleans, replacement hospital for the one torn down as a result of Hurricane Katrina.

“I think health care’s changed to become more ambulatory and people are getting more care using technology at home,” Shulkin said. “We are trying to build a modern system, not replicating an old system. This is not business as usual in the VA, and we think that a modern healthcare system is going to need different approaches to be able to get us there.”

Private-public partnerships, not privatization
Instead of building large new construction projects in areas with a lower veteran population, Shulkin provided another solution: partnerships.

“One of the things that we know is that it’s so important to be able to allow our veterans to get care in VA, but also when VA is not able to provide those services, to be able to go out into the community and that means we need to continue to support our choice funding,” he said.

House minibus sets stage for fight over sequestration, civilian-defense parity

These private-public partnerships would allow veterans to get best-in-class care at VA facilities and, when they needed to, take advantage of the services from community providers. It would alleviate some waiting times and give veterans more options for health care.

Shulkin strongly urged that this idea was not an attempt to privatize VA operations, but to create a stronger and more modern system. He said even President Donald Trump’s budget proposal was supportive of improving more services within the VA, and not at all representative of someone supporting privatization.

“We are working not only within our own ranks in VA, but we are working with outside organizations to help us supplement the ability to have veterans be able to make the choice between whether they get their care in the VA or outside the VA,” Shulkin said. “There are additional funds to allow veterans to have a greater choice and [to] go out into the community, but certainly, [it’s] not the majority of the money.”

One example of an area where private-public partnerships would come in handy is maternity and intensive care units, Shulkin suggested. He also pressed the need for a stronger connection with the Defense Department and other government entities.

Integrated System

Currently, DoD and VA operate using two very different electronic health record [EHR] systems. Shulkin said in order to develop a more cohesive partnership, VA would have to abandon its outdated VistA system and move over to the system currently used by DoD, called Cerner.

“For at least 17 years, that I can trace back, we had commissions and Congress call multiple times for us to work closer together and it just made sense to me that if we are going to finally address the issues that are needed for our veterans, then we’ve got to be on the same system as the Department of Defense,” he said. “[Because] we know where all of our customers in the future are going to come from.”

The transition from one system to the other is going to be a lengthy process and in some cases will involve people from all areas of the VA. On a positive note, Shulkin said the jobs of those who know and work best with the VISTA system were not in danger.

“We are going to need every one of those professionals to be engaged and to be part of this transformation process,” Shulkin said. “We are not looking at anybody losing their jobs in this. What we’re looking for is to have them be part of what will be one of the largest transformations of electronic medical records and help us make sure that we get this right and the end result is a much better, more efficient system that can work closely with the Department of Defense.”
While Cerner could help the VA to maintain its already trusted record-keeping system, Shulkin is not yet ready to fully turn over the reins to a commercial consulting company.

The VA has given itself about four months to complete the transfer of systems.

Working closely with the DoD and hands-on demonstrations will help the VA learn the systems quicker and to shortcut some of the issues that were already addressed when the defense sector began using the system.

Streamlined Hiring

In addition to funding, the accountability part of the bill paired with new management has made it easier for the VA to remove and replace employees that are underperforming in their current roles. In other words, make an attempt to streamline the hiring and firing processes.

“Everything starts with having the right leaders,” Shulkin said. “As so many times we’ve learned in the VA, when problems have been ignored or not dealt with for a long time, you don’t get immediate solutions. Sometimes it takes a while to get to where you want to go.”

He said the most important thing is keeping up with the progress and keeping an eye on the path to make sure veterans are receiving the best service and working with the best people.

“We haven’t streamlined the hiring process and it’s still far too difficult and too long to bring new employees into the VA,” he said. “[But] I know that we’re getting there and moving in the right direction.”

The Senate has until Aug. 15 to pass the bill.

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2. Veteran and Employee Experience

2.1 - KMGH (ABC-7, Video): Everyday Hero John Geyer helps fellow veterans at the VA Hospital in Denver, Volunteer greets veterans with a fee cup of coffee (7 August, Mitch Jelniker, 2.1M online visitors/mo; Denver, CO)

If you've got to go to the hospital, it sure helps to be greeted by a friendly face, someone who knows what you are going through.

Everyday Hero John Geyer is that person at the V.A. Hospital in Denver.

Geyer served in the U.S. Army and is a Vietnam War veteran.

"I have two speeds, off and fast,” Geyer said.

Geyer volunteers at the coffee cart in the main atrium of the hospital. It is where several organizations, like the V.F.W. and V.A. Volunteers provide free coffee every morning.

"Anywhere from 275 cups to sometimes as many as 400," Geyer said.
"It is for no other reason than it is a warm greeting and a smile that says you're welcome here, you are part of this community," said Carolyn Simon with the VFW Department of Colorado Auxiliary.

Geyer feels it is important to connect with those who have given so much.

"When I see a little guy with a World War two hat on, I like to shake their hands and thank them for saving the world, because, brother, that's what they did," Geyer said.

He is just as proud of younger veterans returning home today.

"I can't tell you how great these young kids are. These guys are going back two, three, four times. They are the most respectful, the bravest," Geyer said.

John Geyer served his country overseas and continues to do so on the front lines, right here at home.

"If you do something nice for somebody and don't expect anything in return, you get the reward," Geyer said.

2.2 - Duluth News-Tribune: Former brewing president not regretting decision to leave retirement, work in Trump administration (7 August, Chris Vetter, 833k online visitors/mo; Duluth, MN)

WASHINGTON — Jake Leinenkugel has no regrets about coming out of retirement to become a senior adviser to the White House for the Department of Veterans Affairs.

"It's rewarding and challenging," Leinenkugel said. "I come into work, and I tell myself I try to make a difference to one veteran every day. And at the end of the day, 12 or 13 hours later, I wonder as I walk out, did I make a difference? I'm actually working as hard as I ever did."

Leinenkugel, 65, was president of Chippewa Falls, Wis.-based Leinenkugel Brewing Co. for 25 years, from 1989 to 2014, until retiring and turning the reins over to his younger brother Dick Leinenkugel.

Jake Leinenkugel said he was approached shortly after the November election about his interest in serving President Donald Trump in either the Department of Defense or the DVA.

"I was approached, not at the same time, by two people I trust," he said. "I think it was the excitement of being asked, even though I was retired."

Jake talked it over with his wife, Peg, who encouraged him to explore the possibilities.

"Peg said, 'It's always something you've been interested in, is helping others,'" he said. "My sons, my brother, my dad, we're all veterans."
Leinenkugel made a Dec. 20 trip to New York for an interview at Trump Tower before a three-person panel. Trump was not in attendance. Leinenkugel was offered the job as senior adviser on Dec. 22, and he accepted it on Dec. 23. A formal announcement was made Jan. 20.

Now, roughly six months into the job, Leinenkugel is thoroughly enjoying his work in Washington. Peg has since joined him in the nation’s capital.

"I had no idea how big the VA is," he said, noting there are 360,000 employees nationwide, 168 major medical facilities and 1,087 clinics.

"That makes the VA the largest medical clinic by far, and that brings challenges," he said. "It's a big, monstrous agency. I'm starting to get comfortable with the depth and scope of this job."

There are about 22 million veterans in the country, with about 9 million seeking medical care from the VA. Veterans have a variety of ailments, ranging from dealing with missing limbs to mental health issues, from their military service.

Leinenkugel praised VA Secretary David Shulkin, saying he has the department headed in the right direction.

"He's a big thinker. He wants us to act faster," Leinenkugel said.

One of the proposed changes is to work out an agreement so VA hospitals can partner with other health facilities that might be better suited, either with staff or equipment, to handle the needs of a veteran.

"That's a big initiative for us," he said.

Another proposal would allow veterans to seek care elsewhere.

"We're calling it veterans' choice — if they aren't happy with their VA, then they can go to another facility," Leinenkugel said. "We are working on legislation now."

He added: "All of this is coming together after six months, to be more responsive to veterans' needs."

Leinenkugel said he's thoroughly impressed with his staff, calling them "hard workers (who) are very committed."

Jerry Jacobson of Chippewa Falls, a longtime friend of Leinenkugel, said veterans are well-served by having Leinenkugel working on their behalf in Washington.

"He goes to the vet homes, and he knows their challenges," Jacobson said. "He knows the guys who volunteer and take vets to a hospital in Minneapolis. He has firsthand knowledge on what veterans in rural America face. It's good to have someone like Jake giving rural viewpoints."

Michael Hanke, a former Chippewa Falls councilman and a retired Wisconsin Army National Guard member with 23 years of military service, echoed Jacobson's comments, saying having Leinenkugel representing the Chippewa Valley is invaluable.
"The influence he has there is extremely positive, just with the military background of that family," Hanke said. "I appreciate that he's walked that walk. And he's not there for the money — he doesn't need it. He's there because he cares."

Leinenkugel is a Marine veteran, as are two of his four children.

Leinenkugel sees his job in Washington as a short stint; he doesn't plan to stay throughout Trump's four-year term.

"At the most, it probably will be two years," he said. "I really don't want to go through another election cycle. And I miss Chippewa Falls, and Arizona. I truly do miss being around my Wisconsin friends and family."

2.3 - Savannah Morning News: Editorial: Salute G.I. Bill reforms (7 August, Editorial Board, 441k online visitors/mo; Savannah, GA)

The U.S. Senate and Georgia Sen. Johnny Isakson should be saluted for making much-needed updates to the post 9/11 G.I. Bill, which is headed to President Trump’s desk to be signed into law.

Mr. Isakson, who chairs the Senate Committee on Veterans’ Affairs, introduced the Harry W. Colmery Veterans Educational Assistance Act of 2017. The measure is named in honor of an Army Air Service veteran and former national commander of the American Legion, who drafted the original G.I. Bill in 1944, a transformative piece of legislation that improved the transition for millions of World War II veterans back to civilian life.

Taking care of our veterans is more than just the right thing to do to show this nation’s appreciation for the sacrifices these men and women have made. It’s also a smart investment that returns economic dividends for the nation’s economy.

It also invests in the proven success of our veterans.

When our veterans return home, they should have every opportunity available to them to pursue their desired profession and career," Isakson said. He’s right the faster they can make the transition from military to civilian life, the faster they will contribute to the nation’s economic prosperity. Isakson introduced the Harry W. Colmery Veterans Educational Assistance Act of 2017 with U.S. Senator Jon Tester, D-Mont., ranking member of the Senate VA committee, on Thursday, July 20, and it was passed by the committee on Wednesday, July 26.

“This bipartisan bill will help our nation’s service members transition back to civilian life by opening doors for their future success,” said Tester. “It also does right by Guardsmen and Reservists by getting them the education, housing and health care that they have earned. I look forward to working with President Trump to quickly sign our bill into law.”

The Harry W. Colmery Veterans Educational Assistance Act of 2017 makes much-needed updates for reservists, Purple Heart recipients, veterans who face school closures while enrolled and surviving family members. The legislation also provides increased resources and authority
for educational assistance to pursue science, technology, engineering and mathematics (STEM) programs, computer programming and career technical training.

Most significantly, this bill recognizes our country’s need for an agile and adaptable workforce and recognizes that American workers need to be lifelong learners. For that purpose, this bill eliminates the arbitrary 15-year period within which a veteran is required to use their G.I. Bill and instead allows them to use their benefits at any time in their professional career.

Additionally, the Harry W. Colmery Veterans Educational Assistance Act of 2017:

• Provides G.I. Bill eligibility for reservists mobilized under selected reserve orders for preplanned missions in support of the combatant commands or in response to a major disaster or emergency;

• Provides G.I. Bill eligibility for reservists undergoing medical care;

• Provides full G.I. Bill benefits for Purple Heart recipients regardless of length of service;

• Extends Yellow Ribbon Program benefits to Fry scholarship recipients; and

• Increases G.I. Bill payments by $2,300 per year for veterans with less than 12 months of active service.

The reforms could have a major impact in Georgia, which is home to more than a dozen military installations representing each branch of the armed services as well as more than 750,000 veterans. Credit Mr. Isakson for being the point man on this important legislation.

2.4 - The Eagle-Tribune: VA secretary responds to whistleblowers on NH hospital (7 August, Jack Shea, 308k online visitors/mo; North Andover, MA)

NEWBURYPORT — 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.

2.5 - The Sentinel: **New VA hospital raises questions about bigger than necessary budgets** (7 August, Editorial Board, 48k online visitors/mo; Lewistown, PA)

A package of emergency funding for the Department of Veterans Affairs was approved by the U.S. Senate this week, with a unanimous vote. It includes $2.1 billion for a special program to ensure veterans are not kept waiting for health care treatment at VA facilities.
Meanwhile, the agency continues to spend in some ways like a drunken sailor — with some of its officials lying to Congress about their splurging.

But the bureaucracy takes care of its own. Officials at the Justice Department have declined to prosecute two VA officials for misleading Congress about the cost of a new veterans hospital being built in Aurora, Colo.

Repeatedly during the much-delayed project, lawmakers asked VA officials about cost overruns. No problem, they were told.

Yet the project — still unfinished, now has a price tag of nearly $1.7 billion. That is three times earlier estimates.

So where is this money going?

Several investigations of the project have uncovered massive mismanagement, including approval of more costly than necessary designs. The VA’s own inspector general reported last year that one official knew big cost overruns were coming — but did not tell Congress when asked in 2013 and 2014.

Some lawmakers think these two VA officials committed perjury in their testimony.

But the Justice Department says no. So both VA officials (one whom has retired) will escape punishment for their misdeeds.

President Donald Trump has vowed to clean up “the swamp” in Washington. And yet somehow we keep seeing top dogs escape time and time again from the punishments that seem so obviously deserved. But, clearly, some of the creatures within the “swamp” it don’t plan to cooperate.

2.6 - Journal-Advocate: Local VA director receives DAV award, Roberts named Outstanding Employee of the Year (7 August, 34k online visitors/mo; Sterling, CO)

There are more than 350,000 full-time VA employees, but only three — one from each administration — were singled out to receive awards at the Disabled American Veterans (DAV) and DAV Auxiliary’s 96th National Convention in New Orleans, on July 31. This year’s National Commander’s Award for Outstanding Veterans Health Administration (VHA) Employee of the Year went to Paul L. Roberts, director of the Cheyenne VA Medical Center.

Each year, through its National Commander’s Awards Program, DAV honors "an outstanding individual within the VHA, Veterans Benefits Administration and the National Cemetery Administration."

As a retired lieutenant colonel who spent more than 20 years as an Army Medical Service Corps officer, Roberts said the award is "the greatest professional honor I have received."
Since joining VA in 2013, Roberts quickly climbed the ranks and became director in June 2016. He leads the delivery of health care to more than 24,000 Veterans and families, and directs medical programs and administrative operations at nine locations across 34,000 square miles of southeastern Wyoming, western Nebraska and northern Colorado.

The award write-up stated that, in just one year as director, Roberts "reduced appointment wait times by 53 percent; reduced high-risk consults by 94 percent; and increased the Medical Support Specialist compliance rating from 51 to 85 percent."

"Paul is clearly committed to ensuring the best quality care for our nation's heroes," said DAV National Commander Dave Riley. "He has facilitated timely communication and effective procedures to ensure Veterans are receiving the care and assistance they need from all available resources."

Roberts said he sees his achievement as a reflection of his whole team’s efforts.

"We have accomplished everything we have accomplished because of the great staff and volunteers we have here in Cheyenne, in Northern Colorado and in Sidney, Nebraska," he said. "It's one team, one fight, [and] when one person wins, we all win. When we all win, we feel special as individuals that we are part of that team."

### 3. Access to Healthcare

#### 3.1 - The Hill: The need to reform compensation for veterans with mental health disabilities (7 August, Charles G. Kels and Lori H. Kels, 11.8M online visitors/mo; Washington, DC)

When wounded, ill, or injured service members are no longer able to perform their military duties, their medical conditions are evaluated to determine appropriate pay and benefits. This process is intended to fulfill the armed forces' primary obligation to maintain combat readiness by removing unfit troops, while simultaneously ensuring fair compensation for veterans' disabilities. Its legal roots date back to the Civil War, when the Union Army discovered that its peacetime officer corps was perilously aged, infirm and incapable of command.

Over the past decade, the Pentagon and the Department of Veterans Affairs (VA) have partnered on an integrated disability system wherein the military adjudicates fitness for duty and the VA rates individuals’ medical conditions. Although far from perfect, this joint endeavor has marked a major improvement for soldiers in terms of both seamless transition to VA benefits and consistency in disability ratings.

Previously, the military and VA evaluated claimants separately, leading to wide discrepancies in ratings for the same conditions. As a general rule, the military’s ratings were less generous, which adversely impacted troops’ post-service benefits. Military disability ratings of 30 percent or more trigger medical retirement and associated entitlements, whereas ratings below that threshold qualify only for a one-time severance payment.
In its 2008 military budget, Congress mandated that the Pentagon and VA work together to fix the problem, and that the armed forces follow the VA ratings schedule when determining soldiers’ status. In a sign of lawmakers’ concern over the military’s penchant for shortchanging its personnel, Congress took the additional step of establishing a special review board to assess the fairness and accuracy of post-9/11 disability ratings under 30 percent.

Unfortunately, one loophole remained, and it disproportionately hurts service members suffering from mental health impairments. When a condition is deemed serious but unstable, the armed forces can temporarily retire a member and then reevaluate their status within three years to make a final disposition. Temporary retirement cases are reviewed and rerated by the military, not the VA, meaning they are subject to the process as it existed before the aforementioned improvements. Often the military proposes to lower the initial disability rating, putting the onus on veterans to prove they are still sick.

Citing the VA’s requirement that veterans with “mental disorders due to traumatic stress” be assessed to see whether their condition has improved, the Pentagon elected to deem post-traumatic stress disorder (PTSD) automatically impermanent and unstable. Service members incapacitated by PTSD, traumatic brain injury (TBI), and various mental health conditions attributed to trauma are thus temporarily retired by default and risk having their benefits stripped upon reevaluation.

This policy puts mentally ill veterans at a double disadvantage. First, unlike the vast majority of their physically injured comrades, their initial VA rating is subject to future second-guessing by the military and the threat of downgraded status. Second, veterans with severe mental illness are often the least likely to seek follow-up care, track their medical records, and show up for reexamination, which is precisely the evidence that the armed forces use in determining an updated rating. Stories of combat veterans who have no permanent address or support network and lose their PTSD rating based on a lack of current medical documentation are sadly not apocryphal.

This state of affairs stands in direct contradiction to the Pentagon’s well-publicized efforts to destigmatize mental health illness and treatment. It assumes that all trauma-related conditions are transient and curable. While time and distance from a traumatic event can surely aid the healing process, mental health disorders are oftentimes chronic and lifelong diseases, just like back or knee pain.

One thing for certain is that the current system, which makes mentally ill veterans plead sickness or else lose their retirement benefits, creates exactly the wrong therapeutic incentives for them to actually get better. Whereas a veteran with a bad back can pursue rehabilitation without jeopardizing their military rating, a clean bill of health from a psychiatrist or neurologist can spell economic doom for a temporarily retired veteran with PTSD or TBI.

Given that these invisible wounds of war are the signature scars of America’s post-9/11 conflicts, we can and must do better. The military has no doubt come a long way since General George S. Patton slapped soldiers claiming “combat exhaustion” and publicly accused them of cowardice. Yet a decade after Congress stepped in to reform the disability system, it may be time for another look to ensure equitable treatment for mentally ill veterans.

Charles G. Kels is a lieutenant colonel in the U.S. Air Force and Dr. Lori H. Kels is a psychiatrist at the University of the Incarnate Word medical school in San Antonio, TX. Their views do not reflect those of the Air Force or Department of Defense.

Veterans Affairs Media Summary and News Clips
8 August 2017
3.2 - KGT V (ABC-10, Video): Veteran claims VA doctor refused to operate because of his "do not resuscitate" wishes, Heart catheter procedure put on hold (7 August, Allison Ash, 2M online visitors/mo; San Diego, CA)

LA JOLLA, Calif. (KGT V) -- The IV was already inserted in a vein on his right arm. He was on a hospital gurney and ready for the procedure that could clear blockages in the arteries surrounding his heart. That was when Andrew Costew says the doctor called the procedure off.

It was because Costew refused to suspend his "do not resuscitate" directive during the procedure.

Costew is a Navy veteran. The hospital where he was supposed to have a heart catheterization was the Department of Veteran's Affairs in La Jolla.

"My rights are not being respected," said Costew, hours after he was sent home with chest pains he said are getting worse.

Costew said before calling 10News he contacted the patient advocate at the VA, a social worker, and a friend who is a JAG officer.

“All three of them told me straight up I have a DNR. It's legal. It's issued by the VA. That doctor has to either honor it or find another doctor that does honor it or get the surgery done outside of the hospital,” Costew

None of those things happened.

Costew said the next step will be to call his Congressman or even President Donald Trump to get the care he needs before his heart shuts down for good.

When asked why he wouldn't suspend his DNR during the procedure, Costew answered he's already been revived once, after a massive heart attack in 2005. "I was dead for seven minutes," he said.

Costew doesn't want that to happen again.

10News contacted VA San Diego Healthcare. Director Robert M. Smith, MD issued this statement:

"VA San Diego is committed to respecting patient autonomy. However, certain complicated procedures have a high risk of transient disturbances in cardiac rhythm or function, and partial or temporary suspension of an order to not perform resuscitation is community practice, since the ability to intervene when a complication occurs is necessary in order to safely perform the procedure."

The VA cannot discuss Costew's case in detail without his permission but said if and when they could release specifics they will.
3.3 - Stars and Stripes: **Report: Pentagon not providing adequate care to troops at risk of suicide** (7 August, Nikki Wentling, 1.5M online visitors/mo; Washington, DC)

Defense Department health care providers do a good job of screening for suicide risk, but they fail to provide critical and effective follow-up treatment to servicemembers identified as suicidal, according to a Rand Corp. report released Monday.

Rand researchers found appropriate follow-up care was given to only 30 percent of servicemembers with depression and 54 percent of servicemembers with post-traumatic stress disorder who were at risk of suicide. The rest did not receive follow-up care or got medication and psychotherapy that has not been proven to help.

The report is based on observations of nearly 39,000 servicemembers with diagnosed PTSD or depression over a one-year period. It's one of the largest evaluations of military mental health care, said Kimberly Hepner, a behavioral scientist and the lead researcher.

“The military health system did quite well in screening for suicide risk,” Hepner said. “Where we found they could do better was how the providers responded to servicemembers with suicide risk identified.”

The Pentagon asked Rand for an independent report on the care it provides to servicemembers with PTSD and depression.

It’s difficult to know how many active-duty servicemembers suffer from PTSD or depression, Hepner said. The report cites between 4 and 20 percent of the more than 2.6 million people who deployed to Afghanistan or Iraq during Operation Enduring Freedom or Operation Iraqi Freedom.

The Department of Veterans Affairs analyzed millions of veterans’ records and reported last year an average of 20 veterans died from suicide each day in 2014. While veterans made up about 8.5 percent of the U.S. population in 2014, they accounted for 18 percent of suicides.

Capt. Mike Colston, a psychiatrist and director of Mental Health Programs for the Office of Health Affairs, said the Military Health System has grown exponentially since 9/11, in numbers of providers and patients. Pentagon officials first asked for the review in 2012, he said.

“You don’t want to engage an intervention without measuring it,” Colston said. “They thought, ‘Let’s get a real nuts-and-bolts measurement of how we’re doing.’”

Rand researchers made several recommendations for the Pentagon to improve how they treat veterans with PTSD and depression who are at risk of suicide, including better therapy. Because of the number and type of medications, researchers also suggested the Pentagon more closely monitor what’s prescribed.

Less than half of servicemembers – 45 percent – who had PTSD and went through psychotherapy received evidence-based therapy proven to work. A third of the PTSD patients at
risk of suicide filled prescriptions for benzodiazepines, which are also not proven effective, Hepner said.

One study published in the Journal of Psychiatric Practice in 2015 found the class of drugs, which includes Xanax and Valium, could prolong or worsen PTSD.

“There are meds used to treat sleep apnea and anxiety, but actually have not been helpful in treatment of PTSD,” Hepner said. “The clinical practice guidelines suggest benzos could be potentially harmful for patients with PTSD.”

Some servicemembers in the study – 45 percent with PTSD and 32 percent with depression – received four or more types of medication, the report states. About half of PTSD and depression patients filled prescriptions for opioids.

Colston said the Military Health System wants to get servicemembers evidence-based interventions.

Pentagon health care providers need to talk with patients at risk of suicide about ways to limit their access to firearms, at least temporarily, Hepner said. According to the VA, 67 percent of all veteran suicides were by firearms.

The report also highlighted what the Pentagon is doing right. Besides screening well for risk of suicide, Pentagon health care providers also screened more than 90 percent of patients for alcohol and substance use. They also had timely follow-ups with servicemembers discharged from psychiatric inpatient care.

Hepner recommended the Pentagon be more transparent in reporting what’s going right, and wrong, in the mental health care it provides.

“It’s the only way we know how to make improvements and where to focus those improvement efforts,” she said.

Kristofer Goldsmith, an Iraq veteran who was discharged for misconduct after a suicide attempt, thinks the only way the Pentagon will improve is if Congress holds it accountable.

“The primary issue I see is that they look at mental health care as a box-checking exercise,” Goldsmith said. “They achieve the bare minimum and leave it there.”

Goldsmith also referenced a Government Accountability Report from May that found more than 13,000 servicemembers separated from the military for misconduct from 2011 through 2015 suffered from PTSD, traumatic brain injury or another disorder. Because of their discharge status, they were prevented from receiving VA treatment.

Goldsmith works for Vietnam Veterans of America, which issued a statement Monday calling the reports “infuriating.”

“This is an issue of government accountability,” he said. “The government is responsible for caring for veterans to make sure they get the care they need in order to recover from war, and the DOD has been failing.”
Now that the Military Health System has more data, Colston said, officials will “drill down on what clinical interventions are best and what's working best for our soldiers.”

“Day one is today,” Colston said. “In an organization that's always striving to improve every day, we want to get a plan to work on to better the system.”

3.4 - WITN (NBC-7, Video): Rep. Jones spending recess meeting with locals, addressing issues in ENC (7 August, 1M online visitors/mo; Greenville, NC)

Republican Congressman Walter Jones (R-NC) is spending the month-long Congressional recess meeting with constituents in Eastern Carolina.

Jones was in his Greenville office Monday meeting with representatives and volunteers with the Alzheimer's Association from Onslow County.

They raised concerns that a large number of veterans suffering from PTSD and other brain injuries, like concussions and blast trauma, are also suffering from Alzheimer's and other cognitive impairments.

They say the resources needed to care for those suffering aren't available, and they believe that as more veterans retire, the demand for care will rise.

Jones agreed to explore the issue with the Veteran's Administration and said he believes a possible pilot program offering increased services in Onslow County or at the Naval Medical Center Camp Lejeune could be a good starting point.

"There are a lot of veterans and non-veterans that have Alzheimer's, but in this case, we'd be looking primarily at the VA population in the short term," Rep. Jones says.

"There’s a lot of veterans who do retire to the Jacksonville area with the resources of the Naval Medical Center and it's just a wonderful area to retire to," says Susan Smith with the Alzheimer's Association. "So, with the number of veterans who have cognitive impairment and dementia, that number is expected to rise."

Jones says he and his staff will make contact with the VA regarding the issue this week.

3.5 - WHAM (ABC-13, Video): Schumer calling on V.A. to aid veterans suffering from "Agent Orange"-borne cancer (7 August, Tanner Jubenville, 817k online visitors/mo; Rochester, NY)

A new effort is underway to help Vietnam War veterans who are suffering from brain cancer because of exposure to "Agent Orange."
Glioblastoma is a form of brain cancer which many doctors and veterans say can be linked to the herbicide used during the Vietnam War. That's the same cancer Vietnam veteran and Arizona Senator John McCain now suffers from.

Unfortunately for many Vietnam veterans, the U.S. Department of Veterans’ Affairs doesn’t consider Glioblastoma to be a form of cancer related to “Agent Orange” exposure. But the VA has made exceptions in the past, allowing some veterans to prove the connection between exposure to the chemical and cancer in order to receive treatment.

"There have been more than 20 individual appeals of vets with Glioblastoma that have been approved. But they’re still making everyone jump through all these hoops," Sen. Chuck Schumer said at a news conference Monday.

One of the veterans trying to receive that treatment now is Tom Cray of Rochester. While serving in the U.S. Navy, Tom was a part of two combat tours in Vietnam from 1970-73. He was diagnosed with Glioblastoma in January.

“Veterans like Mr. Cray not only don't receive the medical treatment from the VA, but they're also forced to collect their own medical research to plead their case to the VA," Sen. Schumer said.
Cray’s daughter, Lindsay, has been instrumental in the fight to get Tom the treatment he needs.

Senator Schumer joined Lindsay at the Veterans Outreach Center on South Avenue in Rochester Monday to outline what he wants to see change.

In a letter to the V.A., Sen. Schumer is requesting the organization take another look at the connection between "Agent Orange" exposure and Glioblastoma. Schumer also wants the V.A. to make changes to help vets get the care they need.

The V.A. already recognizes Tom’s heart disease and diabetes are linked to the "Agent Orange" herbicide, but his family is still working on getting V.A. benefits and treatment to help Tom battle Glioblastoma.

"Our family no longer has the time or the financial resources to continue doing this on our own,” Lindsay Cray said. “One way or another, the V.A. should be willing to help us with this.”

Lindsay adds her father’s three doctors at Strong Hospital say it’s likely his case of brain cancer is linked to "Agent Orange" exposure.

Senator Schumer’s letter to the VA reads as follows:

Dear Secretary Shulkin,

As the Veterans’ Administration (VA) and National Academy of Sciences, Medicine, and Engineering (NAM) work to examine potential causal relationships between certain illnesses and exposure to dioxins such as Agent Orange, I ask that the VA to take several steps to better assist the veterans, families, and Veteran Service Organizations (VSOs) who are working to see the VA establish a presumption of service connection for Glioblastoma. As you know, Glioblastoma accounts for nearly 15% of all brain tumors and accounts for the highest number of cases of all malignant tumors. The America Brain Tumor Association (ABTA) estimates over 12,000 new cases in 2017.
First, I request that the VA make publically available all claims submitted by veterans, or VSOs on a veteran’s behalf, for service-connected disability compensation due to a veteran’s diagnosis of Glioblastoma. This should include any related medical or scientific information appropriately screened to safeguard any personal information. Because Glioblastoma does not currently carry a presumption of service connection, veterans and their families are forced to pursue an often years-long appeal process for disability compensation. While the VA Appeals Board issued about 20 affirmative determinations on these cases between 2009-2016, organizations like Vietnam Veterans of America report that the lack of ready access to the initial claim filings needlessly encumbers their ability to discover new information necessary to advocate for subsequent claimants.

Tom Cray, my constituent from Rochester, New York who served bravely in Vietnam, has pursued service-related compensation for his Glioblastoma for several months. Tom served two combat tours in Vietnam and was diagnosed with Glioblastoma in January 2017 at a non-VA hospital. His family subsequently submitted a VA claim to cover the cost of his cancer treatment. Although his physicians have documented that his Glioblastoma is likely a factor linked to his exposure to Agent Orange, the VA is requiring the Cray family to provide independent medical studies or evidence to support their claim, despite the likelihood that this type of evidence has previously been submitted to the VA by prior claimants.

Secondly, I ask that the VA take steps to fill the known gaps in its Glioblastoma data set for Vietnam era veterans. Currently, the VA approximates that 500 veterans have been diagnosed with Glioblastoma since 2000. This is because the VA only maintains tracks the number of veterans diagnosed at a VA Hospital, but not those such as Mr. Cray who were diagnosed at a non-VA hospital. To better assess the potential links between this cancer and herbicide exposure, the VA should take steps to correct these known discrepancies.

Finally, I encourage the VA to commission research to determine whether a causal relationship exists between Glioblastoma and exposure to dioxins like Agent Orange. I applaud the VA for authorizing the National Academy of Medicine to begin new research on Glioblastoma among Vietnam era veterans: Possible generational health effects that may be the result of herbicide exposure among male Vietnam veterans, myeloproliferative neoplasms, and glioblastoma. It is likely this study will yield the need for further follow-up research on Glioblastoma therefore I urge the VA to provide all necessary support to conduct this study in a timely fashion and to provide any and all resources to conduct subsequent research that will be recommended by the study. Thank you for your attention to this matter.

Thank you,
Charles E. Schumer

3.6 - Albuquerque Journal: **Albuquerque is one of worst places for Gulf War illness claims** (8 August, Maddy Hayden, 464k online visitors/mo; Albuquerque, NM)
The U.S. Department of Veterans Affairs’ Albuquerque office denied 592 of 640 Gulf War illness claims it received in fiscal year 2015, the latest year for which data are available, giving it the ninth-lowest approval rate in the VA complex.

A June report from the Government Accountability Office found that approval rates throughout the VA complex for claims relating to Gulf War illness, or GWI, are one-third as high as for other disabling conditions.

The claims also took an average of four months longer to process.

The report concluded – and the VA concurred – that instituting required training for medical examiners who perform Gulf War illness patient examinations, clarifying claim decision letters sent to veterans and developing a single definition for GWI would increase consistency in approval rates and reduce confusion among staff and veterans.

Gulf War illness was first identified in soldiers returning home from Operation Desert Storm and Operation Desert Shield in the early 1990s, but it has been found to afflict soldiers who have served in other parts of the Middle East since then as well.

GWI includes a wide variety of symptoms and conditions, from fatigue and skin problems to insomnia and indigestion. It is believed the conditions may be the result of exposure to burn pits, oil well fires or depleted uranium weapons during service.

U.S. Reps. Jack Bergman of Florida, chairman of the House Committee on Veterans Affairs’ Subcommittee on Oversight & Investigations, and Mike Coffman of Colorado requested the report.

Not properly defined

“Gulf War illness hasn’t been properly defined by VA, and as a result claim applications are disproportionately denied,” Bergman spokeswoman Amelia Burns said in an email.

The report says most of the 58 regional VA offices showed low approval rates; however, those rates varied substantially, ranging from 0 percent in Anchorage, Alaska, to 53 percent in Boston.

“Ideally, you want to have a situation where it doesn’t matter where someone applies for their benefits,” said Melissa Emrey-Arras, director of the GAO’s Education, Workforce and Income Security team who worked on the report. “Consistency is a good goal.”

The Albuquerque regional office approved 20.7 percent (24 of 92) of GWI claims made due to “medically unexplained chronic multi-symptom illnesses,” characterized as conditions like chronic fatigue syndrome, fibromyalgia and irritable bowel syndrome.

Just 24 of 500 claims of GWI resulting from more vague “undiagnosed illnesses,” like headaches and joint pain, were approved in Albuquerque.

The statistics do not include claims associated with nine infectious diseases – including malaria and shigella – that have been a subcategory of Gulf War illness since 2010.
Emrey-Arras noted those claims are easier to diagnose and more straightforward to process. Around 30 percent of claims resulting from infectious diseases were approved nationally in fiscal 2015, according to the report.

Training voluntary

Currently, a 90-minute training course on Gulf War illness is voluntary. The report found around 10 percent of the VA’s 4,000 medical examiners had completed it as of February.

Sonja Brown, acting associate director of the New Mexico VA Health Care System, did not say how many of Albuquerque’s medical examiners have completed the course.

“The Gulf War Examination training is currently on the curriculum for our medical examiners with a due date of 8/10/2017 to complete,” Brown wrote in an email. “While I don’t have a percentage of those completed, I can tell you that the training is being taken.”

The VA plans to make training mandatory, with all medical examiners expected to complete the program by October.

According to VA guidelines, once a veteran submits a claim for GWI and evidence is found of qualifying symptoms and service in Southwest Asia, an examination by a medical examiner should be requested.

The report found that medical examiners were often confused about when and how the exams are to be performed and how results should be interpreted.

Incorrect decisions

Two previous reviews of the exam process, in 2015 and 2016, yielded similar findings.

“These reviews found incorrect claim decisions related to the medical exam process, including VBA claims’ staff failing to obtain medical exams when they were necessary to properly evaluate a veteran’s claim,” the report says. “At the same time, several VA staff noted the complexity of Gulf War illness claims and some medical examiners stated they would benefit from additional training on Gulf War illness and how to conduct these exams.”

The report also concluded that letters communicating GWI claims decisions to veterans be more clear and that a single case definition be developed for the illness.

The VA concurred with those recommendations.

Various advisory committees have pointed out the importance of developing a single case definition for GWI. While developing the definition is in the VA’s strategic GWI plan, no concrete actions have been put in place toward reaching that goal, Emrey-Arras said.

In response to the report, the VA said it will convene a group of “subject matter experts” to analyze existing data and identify areas for further research that will aid in better defining GWI. The target date for that action is March 2018.

Emrey-Arras said Gulf War illness is inherently more difficult to diagnose than other illnesses, as its hallmark is undiagnosable medical conditions.
Cristopher Sheirer, a VA spokesman for the Albuquerque office, agreed.

“Gulf War illness is going to be the Agent Orange of our generation,” he said, acknowledging that the effects of Agent Orange are generally simpler to diagnose. “It’s an extremely difficult claim to work.”

### 3.7 - WHEC (NBC-10, Video): Veteran says VA won’t recognize brain tumor could be linked to Agent Orange (7 August, 449k online visitors/mo; Rochester, NY)

A veteran who helped service members in our area for decades is facing a new battle.

Tom Cray founded the Veterans Outreach Center and led the organization for years. He’s battling a cancerous brain tumor, but can’t get VA compensation. Cray served two tours of duty in Vietnam where he came in contact with Agent Orange.

Veterans have argued the herbicide is linked to brain cancer. But the VA won’t recognize his cancer is related to Agent Orange.

"We do need to draw attention to these issues," said Lindsay Cray, Tom Cray's daughter. "We do need to get the VA to start acknowledging them. They have to take care of those and serve those who served them."

Senator Chuck Schumer and Congresswoman Louise Slaughter want the VA to presume the cancer connection to Agent Orange and provide coverage. Schumer also wants the VA to release its information on all Vietnam veterans who battle brain tumors.

### 3.8 - WHTM (ABC-27): Water leak damage forces relocation of Lancaster VA Clinic services (7 August, 446k online visitors/mo; Harrisburg, PA)

LANCASTER, Pa. (WHTM) – Water leak damage at the Lancaster VA Community Clinic has forced those with appointments to relocate.

Veterans with appointments are being contacted to reschedule with providers at alternate locations in the Lebanon VA Medical Center due to water leak damage at the facility on Charter Lane in Lancaster.

The damage stems from a 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,” Robert W. Callahan, Jr., Lebanon VAMC director, said in a press release. “We are working with
the building owner and representatives to address remediation, restoration and return to full operation as quickly as possible.”

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

Those with impacted appointments will be contacted by scheduling staff.

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3.9 - The Journal Times: Wisconsin gets funding reprieve for homeless veterans (7 August, 277k online visitors/mo; Racine, WI)

MADISON — President Donald Trump’s administration has decided to extend funding to house homeless veterans at state homes near Union Grove and at King in Waupaca County.

State officials learned late Friday they would receive the money for another year to give them time to consider overhauling their programs to qualify for more permanent funding.

State officials learned in June that federal reimbursements for the homeless housing programs at Union Grove (Dover) and King would end in September.

The state Department of Veterans Affairs had lost a federal grant of about $500,000 for its Veteran Housing and Recovery Program at the Southern Wisconsin campus in Dover, 21425 Spring St. The program serves 28 people.

The funding system was changed to make money available through competitive grants.

Other states changed their operations, but Wisconsin didn’t. State Veterans Affairs Secretary Daniel Zimmerman said he didn’t make changes because federal officials assured him Wisconsin’s funding was safe.

Among those questioning the cutoff of funds for homeless veterans was House Speaker Paul Ryan, R-Wis.

Zimmerman stated on Saturday: “After significant outcry from the veterans community and pressure from legislators nationwide, USDVA Secretary (David) Shulkin ordered a one-year reprieve on grant denial enforcement. However, despite numerous reports stating that this reprieve is automatic, such appears not to be the case.”

Zimmerman also stated: “Although the USDVA’s surprising reversal is a very positive development, with such fluidity, the WDVA is moving forward with caution while aggressively pursuing precise guidance to properly inform a decision-making process that impacts the most vulnerable in the veterans community.”

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The founder of the Veterans Outreach Center, which has helped countless veterans over the years, is at odds with the Department of Veterans Affairs about the brain cancer that will eventually take his life.

Tom Cray is fighting glioblastoma, a terminal cancer which his doctors say is linked to Agent Orange exposure he sustained while serving in the Navy in the Vietnam War. Glioblastoma is not automatically recognized by the VA as an Agent Orange-related illness, so Cray and other veterans cannot get disability compensation he says they’re entitled to. Instead, veterans and their families have to fight to prove it.

"It really bothers me to know that for somebody who dedicated so much time and resources to helping others, that when it's time to call back for that help, the VA is not willing to put it out there," said Lindsay Cray, his daughter.

"Tom Cray, or any of the other veterans, they're not trying to take advantage of the VA, and get something they're not entitled to, so the VA is wrong," said Sen. Charles Schumer, D-New York.

The Cray family has made sacrifices to keep Tom at home during his illness, and wanted to thank the many people who have stepped up to help them.

Dive Brief:

- The Veterans Administration (VA) announced last week three telehealth and mobile application initiatives to expand healthcare access for veterans and allow them to get care at home.
- The VA will expand its telehealth program, including Anywhere to Anywhere VA Care, VA Video Connect and the Veteran Appointment Request app.
- In announcing the initiatives at the White House, President Donald Trump said the programs will help mental health and rural care.

Dive Insight:

VA Administrator Dr. David Shulkin said the VA already had the largest telehealth program in the U.S. with 700,000 veterans receiving telehealth care through the VA in 2016. VA telehealth has more than 50 clinical specialties.

In the announcement, Shulkin highlighted a new initiative and two expanded programs that will remove "geography as a barrier so that we can speed up access to veterans."
The first piece is a new regulation that authorizes VA providers to serve veterans anywhere across the country using telehealth technologies. The Anywhere to Anywhere VA Care program will allow providers in metropolitan areas to connect with rural veterans that “lack sufficient medical services,” according to the agency.

Meanwhile, VA Video Connect will allow secure, web-enabled video for veterans to connect with VA providers. The program is being used by more than 300 VA providers at 67 hospitals and clinics. The VA will now roll out VA Video Connect across the country over the next year.

The third piece of the VA telehealth expansion is the Veteran Appointment Request app that lets veterans use a smartphone, tablet or computer to schedule or change appointments at VA facilities. The VA initially made the app available at select locations, but it will now go nationwide.

The announcement is the latest move to improve veterans healthcare. Critics have criticized the VA, especially regarding delays in care, but these telehealth programs seek to remove barriers and make it easier for veterans to get care — especially those who live in rural areas.

In addition to these programs, the VA is switching to a new EHR system. Cerner will provide EHR services and the government will continue to use Epic Systems for online appointment scheduling.

3.12 - McKnight’s: Improving end-of-life care begins with honoring patient preferences (7 August, Scott T. Shreve and Susan C. Miller, 55k online visitors/mo; Northfield, IL)

When it comes to dying in the United States, the interests and inclinations of payers and providers often outweigh the needs of patients, especially when it comes to end-of-life care. Take hospice care for seniors. If Medicare beneficiaries choose hospice care, they lose Medicare coverage for disease modifying interventions, nursing home and hospital care. This isn't much of a choice for patients and certainly doesn't account for their preferences.

At the same time, physicians often substitute more familiar options, like surgery, regardless of patient goals or in lieu of a full range of alternatives (e.g. palliative care). In order to improve end-of-life care, health care systems and providers must first align the care they deliver to their patients' values, goals and preferences.

The fragmentation of American healthcare makes system-wide improvement of end-of-life care challenging (at best), but it can be done. Findings in a recent issue of Health Affairs show that the U.S. Department of Veterans Affairs’ system-wide efforts to improve end-of-life care, premised on honoring veterans’ preferences, resulted in large increases in hospice use.

In order to make end-of-life care easier for patients, the VA implemented the Comprehensive End-of-Life Care initiative in 2009, which improved the quality of veterans' end-of-life care by increasing VA Medical Center inpatient hospice units, palliative care staff and training, quality monitoring and community outreach. This investment enabled veterans to choose the services that best aligned with their preferences and needs. It also allowed veterans to choose hospice
care while continuing to receive active disease treatment, so for many veterans it wasn’t an either/or choice like it is for so many others.

Most patients want to spend their final days — whether they be counted in months, weeks or days—in familiar places with loved ones doing as many of the things they enjoy as they can. While hospitalizations and aggressive disease treatment are common in serious illness, hospice and palliative care specialists support patients through the entire trajectory of disease to include educating and empowering patients about the benefits and burdens of various interventions. Unsurprisingly, patients and their families perceive the resulting care as higher quality because it aligns with their needs and goals. Every VA Medical Center has palliative care programs, but only two-thirds of private sector hospitals have them.

Evaluation of the VA’s CELC initiative found that increased access to palliative care resources resulted in increased hospice use by veterans that surpassed increases for similar Medicare beneficiaries not enrolled in VA healthcare. Not only was there increased hospice access, but numerous related studies have shown improvements in the quality of patient care following the VA’s CELC initiative.

While the VA’s efforts as a one-payer medical system are not easily replicated, all health care systems and providers need to find ways to align an ever increasing array of treatments and services with patient and family preferences, with the likely outcome of less costly and burdensome care for patients.

Scott T. Shreve is national director of hospice and palliative care at the Lebanon VAMC, in Pennsylvania.

Susan C. Miller is professor of health services, policy, and practice at the Center for Gerontology and Health Care Research, Brown University School of Public Health, in Rhode Island.

3.13 - WXXI (NPR-91.5): Sen. Schumer calls on VA to take more action against glioblastoma (7 August, Caitlin Whyte, 26k online visitors/mo; Rochester, NY)

Senator Charles Schumer stood with the family of local veteran and Veterans Outreach Center founder Tom Cray Monday afternoon, calling on the VA to better assist veterans diagnosed with glioblastoma.

Cray served two combat tours in Vietnam, but does not receive service-related compensation for the cancer because it is not recognized as a service-connected illness by the VA.

Although the Agent Orange Act of 1991 says the VA automatically accepts that a Vietnam veteran who served physically in Vietnam from January 1962 to May 1975 was most likely exposed to Agent Orange, the VA does not recognize glioblastoma as an Agent Orange illness.

Schumer said Cray and other veterans like him aren’t trying to take advantage of the system, they simply want to receive the care they fought for and deserve.
"When you have so many cases of glioblastoma which is not the most frequent type of illness, and they’ve already approved 20 and made each one fight through it, that rationale doesn’t hold."

More than 20 cases of glioblastoma have been approved and treated by the VA, but those records aren’t publicly released, leaving veterans to make their own cases and continue to jump through hoops. Schumer is asking that these records be made available to other veterans seeking similar appeals.

Tom Cray’s daughter Lindsay Cray said the diagnosis has taken quite the toll on her family, and that it feels like working two or three jobs providing the kind of care her father needs, but isn’t receiving from the VA.

"We do need to get the VA to start acknowledging that they have to take care of those and serve those who served them."

Schumer is also asking the VA to conduct their studies linking the cancer to Agent Orange in a timely manner, and fix the gaps in its data of veterans with glioblastoma. Right now, only 500 veterans have been diagnosed with glioblastoma, but that is because they only count those diagnosed in VA hospitals.

3.14 - Cody Enterprise: VA clinic may be coming to Cody (7 August, Zac Taylor, 23k online visitors/mo; Cody, WY)

Local veterans could soon have a new health clinic to call home.

That’s becoming the consensus among area health providers after numerous recent developments, including the announcement from Powell Valley Healthcare that the hospital will no longer be providing Veterans Affairs services in the area.

Instead, according to a letter sent from PVHC to its veteran patients, Texas-based Valor Healthcare was the successful bidder for the Big Horn Basin’s VA Community Based Outreach Clinic.

“We have seen the VA move towards setting up clinics specifically for veterans instead of a clinic like ours, where the veterans were seen alongside other non-VA patients," the letter from PVHC reads in part. “We are proud of the care we have provided our veterans and are disappointed that we will not continue being the VA provider after November."

Valor, which already operates more than 30 VA health facilities across the country, is likely to open in Cody, as it is currently accepting applications for seven different jobs in town, including a physician and registered nurse to serve in leadership positions, and a part-time social worker.

Valor did not respond to multiple requests for comment as of press time.

West Park Hospital CEO Doug McMillan said he has reached out to Valor about the possibility of leasing space from the hospital.
West Park and Valor have no connection, but McMillan would like to see that change.

“I understand they are wanting to do this in Cody,” he said via email. “We are anxious to establish a partnership with them.”

McMillan added that Valor is required by the contract to open a clinic by the end of September.

The company would be bringing with it a lot of experience. Valor Healthcare was established in 2004 and is the largest contract provider of CBOCs (community-based outpatient clinics) in the country, treating over 110,000 veterans a year, according to its website.

The company it will be replacing was actually a contract venture between a group of local physicians and the Powell hospital. The doctors and other staff have provided general medical care, preventative health and basic diagnostic exams for the past 18 years.

The clinic also works with the Sheridan VA Medical Center for certain conditions. The Powell clinic’s contract runs out Nov. 30, providing a small bit of service overlap.

McMillan said he did look at the bid when it came up but chose not to submit one.

Cody is a prime area for a clinic serving veterans – according to the 2010 census, 9 percent of its nearly 10,000 residents have served.

Powell Valley Healthcare will still be an approved provider under the VA Choice program, which allows veterans who qualify – are more than 40 miles from the nearest VA clinic, would have to wait more than 30 days from the clinically indicated, or a few other specific criteria – to seek treatment at an approved provider.

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3.15 - WEWS (ABC-5, Video): VA denies Camp Lejeune widow cancer benefits for toxic drinking water (7 August, Ron Regan, 17k online visitors/mo; Cleveland, OH)

The widow of a deceased Ohio marine is continuing a protest outside veterans affairs offices nationwide after her husband's cancer failed to qualify for disability benefits stemming from toxic water at a Marine Corps training camp.

Tara Craver carried a "Camp Lejuene Widow" placard Monday outside the downtown Cleveland office of the Department of Veterans Affairs.

Cravers' husband was stationed at Camp Lejuene, North Carolina for three months of basic training in 1972 and died two years ago of esophageal cancer.

But since the late 1980's, the Agency for Toxic Substance and Disease Registry has been studying the human health risks for hazardous substance in drinking water at Camp Lejuene.

ATSDR Assessment of the Evidence for the Drinking Water Contaminants at Camp Lejeune and Specific Cancers and Other Diseases
Earlier this year, the Department of Veterans Affairs established a presumption of service connection for 8 diseases associated with contaminants in the water supply at the marine base.

It means that veterans whose conditions are included could be awarded disability benefits that total more than $2 million dollars.

But esophageal cancer did not make the list, excluding Craver and others from receiving compensation.

The Department of Veterans Affairs estimates as many as 900,000 could be affected by toxic substances found in the drinking water from 1950 to 1985.

But in a statement said "there is not sufficient medical evidence" to warrant including esophageal cancer on the VA list of Camp Lejeune presumptive diseases.

Even so, the VA says veterans who have a condition they believe was caused by exposure to contaminants in the water "can still apply if the condition is not on the list of presumptions".

The VA says in the last 7 years it has received more than 42,000 claims since 2010.

3.16 - Mississippi Today: Access to Health Care: Record-breaking waits at VA (7 August, Larrison Campbell, 16k online visitors/mo; Ridgeland, MS)

Editor’s note: This is the first in a series of articles in which Mississippi Today’s Larrison Campbell explores issues around access to health care in the state.

Since Dr. Melissa Bacon began working at the VA’s women’s clinic in Jackson last month, she has spent most of her time on the phone, checking in with patients on the clinic’s long waiting list.

Last Monday, she followed up with a veteran who had called in April with heavy menstrual bleeding. Three months later, the office still hadn’t scheduled the patient for an appointment.

“She needed the appointment three months ago,” Bacon said. “That’s so sad.”

For almost a year, the women’s clinic at the G.V. “Sonny” Montgomery VA Medical Center ran without a full-time gynecologist. And as the months ticked by, the clinic’s waiting list grew, eventually reaching what Bacon estimates are hundreds of veterans. By spring, the wait time for a new patient appointment surpassed 90 days, the highest wait time of any VA clinic in the country.

Only one other VA clinic came close, with a wait time of 75 days. It’s the primary care clinic, also at Jackson’s VA Medical Center.
Dr. David Walker, the medical center’s director, said resolving the issue has been his “number one priority.” He has the funding to hire 25 full-time doctors. What he doesn’t have, however, is a large pool of doctors either in Mississippi or willing to move here.

“We are hurting because we don’t have enough primary care doctors. But it is hard to recruit doctors to Mississippi,” Walker said in a recent town hall meeting at the VA. “And if veterans don’t choose this VA, we won’t survive.”

The VA isn’t alone in this challenge. Mississippi has fewer doctors per capita than any other state in the country, according to a report from the Association of Academic Medical Colleges.

“We’re listed as one of those states at risk because we have such a void for physicians, particularly primary care physicians, all over the entire state,” said Sen. Terry Burton, R-Newton, who is on the Senate Public Health Committee and has sponsored several pieces of legislation over the last decade aimed at increasing access to providers in Mississippi.

“I don’t know why the VA is having trouble, other than everyone is having trouble getting people to come to Mississippi. They’re not unique in that regard.”

“I FELT LIKE I WAS A PROBLEM”

One morning this spring Jinnie Brown, a veteran of Operation Desert Storm, drove to the women's clinic and sat down in the waiting room. As she had done half a dozen times the last few months, she took out her phone and caught up on emails. She watched Family Feud on the TV, just because that’s what was playing. But she mostly waited.

And waited.

Like the patients on Bacon’s list, Brown had tried calling to schedule an appointment. But Bacon’s predecessor had left last summer, following her husband out of state, where they both had jobs. And, as the staff explained, the patient list far exceeded what the clinic’s one primary care physician and part-time gynecologist could handle.

If Brown wanted to see a doctor, her best bet was to come as a walk-in. But once she arrived, Brown said she discovered that just because she was given a time to see a doctor didn’t mean the doctor actually had time to see her.

“I wasn’t taken care of. I felt like I was a problem,” said Brown, who has several pre-existing conditions that require regular maintenance. “My situation wasn’t something that you could just flash right by, the doctor has to come in, ask questions. And then my frustration, I get my test done, and I don’t get the results.

“I think the most frustrating thing for me is all the pieces are right there, they just were not being connected because of the lapse in follow-through and care.”

Mississippi is certainly not the first VA to struggle with wait times.

In 2014, a Veterans Affairs internal investigation identified 35 veterans who had died while waiting for care in the Phoenix VA system. Soon after, the VA’s Office of Inspector General began conducting an investigation of delays in treatment throughout the Veterans Health
Administration system, and the U.S. House of Representatives voted to fund a $1 million criminal investigation by the Justice Department.

President Donald Trump has vowed to make the issue a priority for his administration and in June a bill he championed, which would make it easier to fire VA employees accused of wrongdoing — such as lying about wait times — passed both houses with bipartisan support. The VA is also one of the few agencies targeted to receive a funding increase under the Trump administration’s proposed budget.

In an effort to increase transparency, this spring the VA launched a website listing wait times for each clinic at each hospital across the country. After Bacon started working in the women’s clinic, wait times on the site decreased dramatically — from 90 days for new patients down to eight.

But the data itself has come under fire. A 2017 audit showed that three years after the Office of the Inspector General trained its eye on VA hospitals, they continue to experience “significant issues with the reliability of veteran wait times.”

Walker said that the VA determines wait times by measuring the distance between the date a patient was seen and the date the patient requested an appointment. The data is updated weekly, and he believes it’s accurate.

Bacon, for her part, was surprised to hear that the wait times had fallen so quickly. One benefit of going through the wait list is that occasionally she gets to cross patients off, such as the woman she spoke to Monday, who told her that the bleeding had eventually resolved itself. But since Bacon joined the staff in June, she’s only been able to see eight patients a week, which she said has “barely made a dent” in the waiting list.

According to Bacon, this is the result of not only the hours she spends on the phone, trying to clear the backlog, but also a dramatic nursing shortage in her department. The clinic currently needs four nurses. Right now it has two.

“I had the expectation that I’d be seeing more patients, and that’s not the case right now. The system would implode if they put patients in here without the infrastructure,” Bacon said. “It really takes a team to take care of a veteran and see them through the system.”

But Bacon said that, so far, the VA has been supportive of her measured approach.

“And that’s very respectful of the leadership because they’re getting pressure,” she said. “So it’s really a testament to the leadership here that they’re giving me the time to deliver the best possible care.”

Brown, for her part, said she hasn’t tried to make another appointment since Bacon joined the staff last month. She said she’s waiting until the situation has “fully resolved.” From what she has heard, it hasn’t yet.

LACK OF CHOICES

Walker has certainly received his fair share of pressure.
At last month’s town hall, more than half a dozen veterans asked Walker why they couldn’t get an appointment. Some were polite, others more brusque. But all were visibly frustrated that they had been unable to get the care promised to them by the U.S. government.

“You don’t have enough doctors. You don’t have enough care,” said James Meyers, a vet who said he had struggled to get addiction treatment at the VA’s mental health clinic.

Walker was apologetic, acknowledging that the VA’s staffing issues were affecting the quality of care that the hospital could provide.

“Primary care and mental health are two basic things we have to provide or else we’re not relevant,” Walker said. “And that’s why we have the Choice program, so you have access to that care outside until we’re fully staffed.”

The Veteran’s Choice Program, enacted in 2014 in the wake of the Phoenix VA investigation, allows veterans who have been given wait times of more than 30 days to choose a provider at a hospital or clinic outside of the VA.

But the program, which has proven more popular than anticipated, has been wracked with funding woes and was in danger of running out of funds this month. After several days of negotiations, the House on Thursday unanimously passed legislation that staved off a shutdown, infusing $2.1 billion in new funding into Choice over the next six months. A permanent solution, however, has not yet been reached.

There are other drawbacks to leaving the hospital for care, according to some veterans. For Brown — whose medical file include diabetes, high cholesterol, a previous heart attack and a stent — playing what she calls “musical chairs” with her providers isn’t an option. Things get lost or overlooked.

“Consistency in care is very important to me,” Brown said. My preference is the VA because (all the clinics) are right there, and it’s one stop. My primary care provider is right there on the first floor, so that’s very convenient, and your records are more easily accessible and read from one provider to the next. And that enhances the quality of care you receive.”

Billing is also an issue. After the law establishing Choice passed in 2014, the Veterans Health Administration was given only 60 days to set the program up. And that, Walker acknowledges, has led to countless billing issues.

“It’s very complex, we had some struggles with making sure we were paying everything, and for a while there we weren’t doing near as well as we should have,” Walker said.

ACCESS TO CARE

In conversations with Walker, a Mississippi native who arrived at the VA three years ago, his ease with rattling off numbers makes it clear that he is acutely aware of the medical center’s staffing needs.

“I could easily put 5-8 primary care doctors to work.”

“Eleven percent of our 44,000 patients are women.”
“At this time we have 105 physicians full-time and another 47 part-time.”

But knowing and actually doing are two different things. And staffing the VA with doctors who will stay in Mississippi takes more than just paychecks, though Walker calls the salaries at this VA “competitive.” It also means knowing who to hire. For Walker, the goal is to find people who will stay in the job.

“People who are from here or who train here are more likely to stay here than someone you bring from out of state,” Walker said.

But for some medical professionals, the VA’s connection with federal government is its eternal Achilles heel.

“I know Dr. Walker, and he’s working hard to turn the VA around. But one of the problems with recruiting physicians to the VA is the VA,” said Dr. Randy Easterling, a member of the Board of Medical Licensure. “It’s a government job. And it doesn’t pay as well as you do in the private sector, and you have to work for the government. And a lot of doctors don’t like working for the government.”

As a result, Walker said that one of the things that has most benefited the VA has been its partnership with the University of Mississippi Medical Center. Currently the VA employs 47 doctors part-time. Almost all of these, Walker says, also work at UMMC.

“It’s a selling point especially if you get someone who wants to work with residents and medical students, they know they’re going to have that opportunity,” Walker said. “So we see that as a very attractive thing that we have to offer.”

The VA also funds 88 stipends for UMMC residents, and Walker said he tries to hire as many as he can after they complete their residency.

Dr. David Walker, director of the G.V. (Sonny) Meredith VA Medical Center in Jackson, and Darryl Brady, director of the Jackson Regional Benefits Office, at a VA town hall in June.

“If you have experience with what our system is like, then I believe you’re more likely to consider working for us when you’ve had exposure to and been trained in our system,” Walker said.

Other UMMC partnerships, however, are less formal. This spring UMMC announced it would be laying off 195 employees in an attempt to cope with a $32 million dollar cut from the state. Walker said he was able to bring some of the providers who lost their jobs at UMMC to the VA. Unlike UMMC, the VA is fully federally funded.

“We have a lot to offer our employees,” said Walker. “As unstable as health care is in the country, we have the potential to be the most stable one there.”

Then there are other long-term partnerships, such as marriage. Bacon’s husband was appointed head of UMMC’s anesthesiology department three years ago. After waiting for their son to finish school in Michigan, she followed.

“It’s fair to say I moved to Mississippi largely for my husband’s career,” Bacon said.
Bacon, who describes her work at the VA as “the most rewarding of my career,” said she’s here for the long haul. Although she’s not from Mississippi, she said that her background growing up in rural New York allows her to relate to the state and many of its patients.

“I grew up poor and grew up struggling with money and felt like I was given an opportunity to help people who were considered poor or underserved and give them the good product I got (during my training) at Mayo Clinic,” Bacon said.

Walker agrees. Perhaps even better than hiring providers from Mississippi, he said, is hiring providers who understand the state.

“We’re in essence a rural state and with rural areas. It’s not uncommon for them to be poor. And if you’re someone with that experience, I could see how that would resonate with you. And that becomes helpful when recruiting,” Walker said.

He will need this. Earlier this month, the women’s clinic’s part-time gynecologist gave his notice. He had accepted a teaching position at Eastern Virginia Medical School in Norfolk, Va.

Walker said he’s already begun looking for a replacement.

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3.17 - KIOW (FM-107.3, Audio): **VA Office Will Not Move From the Winnebago Public Health Facility** (7 August, AJ Taylor, 300 online visitors/day; Forest City, IA)

Earlier this year, KIOW News reported that the Winnebago County Board of Supervisors had been approached to move either the Public Health Department or the Veterans Affairs Office. The problem had to do with space at the current facility. The Winnebago County Public Health Department was growing due to the number of new clients they continually receive. Further, with the closing of some mental health locations nearby, the situation became even worse. Now nurses at the facility were cramped into smaller office space because many had to double up. The conference room became unavailable for case meetings between staff, and records were in danger of violating health information privacy acts at the federal level.

One of the key factors in all of this was the inclusion of the Veterans Affairs Office in the facility which further minimized space, but all of that has now changed according to Public Health Administrator and nurse Ruth Merchant.

The new location for Healthy Families and the Winnebago County Sanitarian Ron Kvale will be at 235 N. Clark Street in Forest City. Those who aren’t sure or don’t know about the move will be redirected.

Now with the additional space, the circumstances have changed somewhat at the Public Health Building. Merchant says that there definitely is more room and the conference room can now be used for what it was intended for. The Veterans Affairs Office will remain in the same location. As far as the health records are concerned, their safety is assured and remain completely in compliance with federal and state requirements regarding privacy.

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8.1 - Stars and Stripes (AP): Man sentenced for threatening to shoot up VA hospital in NY
(7 August, 1.5M online visitors/mo; Washington, DC)

ALBANY, N.Y. — Federal prosecutors say a 59-year-old western New York man has been sentenced to time already served for threatening to commit a mass shooting at a Veterans Affairs hospital in Albany.

The U.S. Attorney's Office says Robert Seifert, of Canandaigua, was also sentenced last Thursday in federal court in Albany to three years of supervised release.

Seifert spent more than a year in jail after being arrested in July 2016 and charged with making an interstate threat to injure another person.

Seifert admitted making a phone call the previous month to a Veterans Crisis Line operator in Portland, Oregon, during which he stated he had an Uzi and wanted to "kill everybody" at the Stratton Veterans Affairs Hospital in Albany.

He pleaded guilty to the charge on March 31.

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8.2 - Democrat & Chronicle (Video): Canandaigua man sentenced following mass shooting threat
(7 August, Victoria E. Freile, 1.5M online visitors/mo; Rochester, NY)

A Canandaigua man last week was sentenced in federal court for threatening to commit a mass shooting at the Stratton Veterans Affairs Medical Center in Albany last summer.
Robert J. Seifert, 59, on Thursday was sentenced to time served, which totaled about 12.5 months, and three years of post-release supervision, according to Assistant U.S. Attorney Michael Barnett. He pleaded guilty in March to a charge of making an interstate threat to injure another.

Seifert on June 15, 2016 admitted that he called a Veterans’ Crisis Line operator in Portland, Oregon, and stated: “I got an Uzi and I wanna kill everybody at the Albany VA,” “Watch what happens when I get to the Albany VA with my Uzi and I start shooting people up,” and “I’m going to (expletive) kill everybody there.”

8.3 - Milwaukee Journal Sentinel: Republicans slam Tammy Baldwin on Tomah VA scandal in radio ad (7 August, Bill Glauber, 4.8k online visitors/mo; Milwaukee, WI)

The U.S. Senate GOP’s campaign arm is out with a tough radio ad against Democratic U.S. Sen. Tammy Baldwin.

On Monday, the National Republican Senatorial Committee took on Baldwin over the issue of the Tomah Veterans Affairs Medical Center, which was wracked several years ago by a scandal involving over-prescription of opioids.

Republicans accuse Baldwin of failing to act in 2015 on problems at the facility. Baldwin disciplined top aides for bungling whistle blower complaints about the facility, including sitting on an inspector general’s report.

The ad, which is due to air this week in the La Crosse and Wausau markets, claims Baldwin and her staff knew what was happening at the facility, ”swept the problem under the rug,” and ”buried” an inspector general report.

"Tammy Baldwin looked out for her own political health — instead of the health of our veterans," the ad says.

“Tammy Baldwin tried to cover up the serious problems at the Tomah Veterans Affairs Hospital to protect her own political future,” NRSC communications director Katie Martin said in a statement. "Her stunning level of incompetence put Wisconsin veterans in danger and she should be held responsible.”

Democrats hit back at the ad, noting that Baldwin has worked with the parents of Marine veteran Jason Simcakoski, who died at the Tomah facility in August 2014 from "mixed drug toxicity."

Democrats said that Baldwin called for three separate investigations into the facility after being contacted by an anonymous whistleblower in 2014.

"Playing politics with the problems at the VA is wrong," said Gillian Drummond of the Democratic Party of Wisconsin. "Just last week. Senator Baldwin toured the Tomah VA with the parents of Jason Simcakoski to get an update on the bipartisan bill they worked together to pass to to crack down on the over prescribing of opioids throughout the VA. Tammy continues to fight to improve care for our veterans like expanding reforms to the VA choice program."
Baldwin is running for re-election next year. Delafield businessman Kevin Nicholson is the first announced candidate to run for the Republican nomination.

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