



Federal Update for April 20 - 24, 2015



VA Whistleblowers Update ► Intimidation & Punishment Still Common

Last July, when Dr. Christian Head testified before Congress about improper record keeping at the Greater Los Angeles Veterans Affairs Health Care system, he also detailed what department whistleblowers typically face when they speak out: isolation, defamation, and aggressive attacks. Since then, he said, VA managers in Los Angeles have reassigned many of his patients, blocked some of his operating room access, moved his office to a converted closet and stripped him of his chief of staff duties. "When I complained, they said, 'If you don't like it, take it to Congress,'" the 20-year neck surgeon said. He did. On 13 APR, Head was part of a list of whistleblowers before the House Veterans Affairs Committee testifying that despite public promises of protections for employees who speak out, intimidation and punishment are still common throughout the department. Stories included at least 11 employees in Delaware's Wilmington VA Medical Center who have been sidelined for months after clashes with local management and an associate director at the Central Alabama VA Health Care system who was physically removed from a hospital after complaining about fraudulent patient records.

The hearing came just days after the one-year anniversary of the start of the patient wait times' scandal that caused a national uproar and forced the resignation of several top department officials, including former VA Secretary Eric Shinseki. His replacement, VA Secretary Bob McDonald, has repeatedly vowed to punish officials who retaliated against employees reporting wrongdoing. But lawmakers questioned that promise, saying they still see too many problems for whistleblowers in the department. "Retaliation is still a popular means used by certain unethical VA employees to prevent positive change and maintain the status quo within the department," said Rep. Mike Coffman, R-Colo., chairman of the panel's oversight subcommittee. "It is very simple. If you retaliate against or stifle employees who are trying to improve VA for our nation's veterans, you should not be working for VA."

Carolyn Lerner, head of the independent Office of Special Counsel, said more than 40 percent of the whistleblower retaliation cases they're investigating come from VA agencies, well above any other government department. The office has settled 45 claims since the start of the fiscal year but has more than 100 others still pending. Meghan Flanz, director of VA's Office of Accountability Review, said the department is working closer with the special counsel to settle those cases and punish retaliatory supervisors, but noted that firing managers is a time-

consuming federal process. That excuse prompted more anger from lawmakers, who have accused the department repeatedly of working too slowly to remove problem employees. Flanz said she believes whistleblowers in the department are coming forward in greater numbers because of their confidence in the changes made in recent months. Head disagreed, calling his experience since publicly exposing problems more of the same from the department. He said the last nine months have been trying, but he doesn't regret speaking out. "I will always take a stand against these problems," he said, "because I think veterans deserve better." [Source: MilitaryTimes | Leo Shane | April 13, 2015 ++]

VAMC Minneapolis Update ► Memo Confirms Problems Were Known

A Minnesota Congressman is asking that an internal memo obtained by KARE 11 be included in an ongoing federal investigation of the Minneapolis VA Medical Center. "I'm really irritated by this," said Congressman Tim Walz (D-MN). "Really irritated, really angry." The memo, written last April by the number two man at the local VA, spells out a number of improper scheduling practices that were taking place in Minneapolis and says, "These practices must cease immediately." Rep. Tim Walz (D-MN) says the memo contradicts personal assurances he got that the Minneapolis VA wasn't part of an unfolding national scandal about delays in patient care.

In the memo, Dr. Kent Crossley, Chief of Staff at the Minneapolis VA, tells staffers to stop claiming appointments were "cancelled by the patient" when, in fact, they were "cancelled by clinics". Crossley also says he's aware that some schedulers have been "cancelling consults due to lack of access." He continued, "This is not the proper way to handle these situations." Just two weeks after that memo was written, Walz says local VA administrators told him Minneapolis didn't have waiting list problems. "I sat in that room with the Legion commander, with the VFW, when they told us this," Walz said. Based on that briefing, Walz appeared before cameras. "I went out I said I have been told we do not have this here in Minneapolis." After seeing the memo, Walz says he was misled about improper scheduling practices that covered up appointment delays. "They were happening, they were happening at the time." "You've been burned?" asked KARE 11 reporter A. J. Lagoe. "Yes, yes," Walz replied.

Walz says the memo shows that VA management was aware of scheduling practices that were, at best, making things inconvenient for veterans and, at worst, putting lives at risk. "While it makes me angry and we'll get to the bottom of it," Walz added, "it doesn't shock me." Now, Walz has written to the VA's Inspector General asking for the memo to be part of an on-going federal investigation of the Minneapolis VA. "While it makes me angry and we'll get to the bottom of it," Walz added, "it doesn't shock me." The investigation began last year, after KARE 11 reported about whistleblowers who claimed the Minneapolis schedulers had been keeping secret lists in order to make wait times look shorter - and help managers earn big bonuses. "It's

all about making the numbers look good regardless if it's damaging people," said Letty Alonso, a former VA scheduler who says she was fired for trying to expose problems.

Crossley's memo seems to acknowledge that some VA schedulers were under pressure to make appointment delay statistics look good. "I acknowledge changing historical practices such as these may affect our performance on metrics," he wrote. "Nonetheless, these practices must cease immediately." In an email written a day after Crossley's memo, an administrative officer writes she's heard complaints that some VA schedulers had even told veterans, "I can't schedule you or my access metrics will take a hit and I'll get into trouble." "When you hear things like this it taints the whole system," Walz said. "I can't trust the data I'm getting." Crossley's memo also states that when patients from the St. Cloud VA are referred to Minneapolis and there's no capacity, "the patient should be fee based." That means the veteran is sent to a private doctor – to ensure they receive timely medical care. That didn't happen in the case of Marine Corporal Jordan Buisman.

Last year, Buisman's mother shared her son's medical records with KARE 11. They showed that when the St. Cloud VA didn't have the neurology specialist he needed, he was referred to Minneapolis. Buisman passed away while waiting almost 70 days for an appointment. KARE 11 requested an interview with Minneapolis VA Director Patrick Kelly to ask about the Crossley memo. In response, we got a short statement that said in part: "The specific scheduling issues identified were potentially serious but not thought to be widespread. These examples were used to highlight the need to directly address the issues, be transparent and act with integrity in our scheduling practices." [Source: Minneapolis - St. Paul KARE 11 | Steve Eckert and A.J. Lagoe | April 09, 2015 ++]

Vet Toxic Exposure ~ Lejeune Update ► Available Benefits

From the 1950s through the 1980s, people living or working at the U.S. Marine Corps Base Camp Lejeune, North Carolina, were potentially exposed to drinking water contaminated with industrial solvents, benzene and other chemicals. This chemical exposure may have led to health conditions. These 15 health conditions qualify regarding the contaminants: esophageal cancer, breast cancer, kidney cancer, multiple myeloma, renal toxicity, female infertility, scleroderma, non-Hodgkin's lymphoma, lung cancer, bladder cancer, leukemia, myelodysplastic syndromes, hepatic steatosis, miscarriage or neurobehavioral effects. You may be eligible for VA health benefits if you served on active duty or resided (family members) at Camp Lejeune for 30 days or more between Aug. 1, 1953, and Dec. 31, 1987. If you are eligible:

- Veterans receive VA health care; care for qualifying health conditions is at no cost (including copayments).
- Family members receive reimbursement for out-of-pocket medical expenses incurred from treatment of qualifying health conditions.

To apply veterans need to gather documents showing they served on active duty at Camp Lejeune. They can use military orders or base housing records. They then need to enroll in VA Health Care. Veterans already enrolled can contact their local VA health care facility at <http://www.va.gov/directory/guide/> to sign up for the Camp Lejeune Program and receive VA care. If not yet enrolled, veterans can apply online at <http://www.va.gov/healthbenefits/apply>, call toll-free (877) 222-8387, or visit the nearest Veterans Affairs Office. Family members need to gather documents to show their relationship to a veteran; they can use a marriage license or a birth certificate. They also need to show that they lived at Camp Lejeune. They need the military orders sending their veteran to Camp Lejeune or Camp Lejeune base housing records. Then gather receipts for qualifying expenses.

By law, VA may only compensate for eligible out-of-pocket expenses after family members have received payment from all other health plans. Family members may request reimbursement for expenses incurred on or after March 26, 2013, which is the date when Congress began to fund this program. To apply for reimbursement, visit <http://www.cfamilymembers.fsc.va.gov> or call toll-free (866) 372-1144. For more information, call Brenda Stormer at the Veterans Affairs Office at (724) 465-3815. [Source: <http://www.publichealth.va.gov/exposures/camp-ejeune/index.asp> April 2015 ++]

Vet Jobs Update ► New Solar Power Programs

The White House is looking to military bases and job-seeking veterans to boost its solar energy initiatives, calling it a win for the economy and the environment. On 3 APR, administration officials announced a pair of new industry training programs for active-duty troops and unemployed veterans, as well plans to expand GI Bill benefits to cover new solar power programs. Dan Utech, the White House's deputy special assistant for energy and climate change, said the moves build off existing renewable energy initiatives while complimenting efforts to help servicemembers transition from military to civilian life. "These are good paying jobs," he said. Officials had already announced plans to train 50,000 individuals in the solar industry over the next five years. The new announcements boost that total to 75,000 over the same span, with an unspecified number of veterans to be included in the trainee pool. Among them will be active-duty troops getting ready to leave the force who take part in pilot programs at 10 military bases.

The Solar Ready Vets Program, a partnership between the departments of defense and energy, is already underway at three sites and will train about 200 service members in solar panel installation, electrical system repair and building code regulations. Energy Department Secretary Elizabeth Sherwood-Randall said participants will also be guaranteed interviews with private sector solar firms upon completion of their six week courses. Labor Department officials have committed to better publicize and coordinate similar training programs for unemployed veterans, partnering with state workforce agencies to reach those individuals. And Veterans Affairs officials are working with state approving agencies to ensure college programs focusing on solar industry jobs meet veterans education benefits requirements. In March, President

Obama built on past his federal energy goals by pledging to reduce U.S. greenhouse gas emissions by 40% over the next decade and increase the share of renewable energy use to 30 percent in that span. [Source: MilitaryTimes | Leo Shane | April 03, 2015 ++]

Selective Service System Update ► Reinstate Draft | H.R.1509

Rep. Charlie Rangel (D-NY-13) has no doubt that bringing back the military draft will make America safer. He just hasn't had any success convincing other lawmakers that he's right. "It would take a lot of courage for people to vote on this," the 84-year-old New York Democrat said in an interview with Military Times last week. "We wouldn't be in the mess we're in if [Congress] knew their kids might be drafted. "I know this is the right thing to do." Earlier this month, Rangel reintroduced legislation that would reinstate the military draft for all men and women ages 18 to 25, arguing that "if war is truly necessary, we must all come together to support and defend our nation."

It's an argument he has made year after year, with little progress. Since 2003, Rangel has introduced similar legislation seven times. The closest the idea came to a full chamber vote was nearly 12 years ago, when the measure failed a procedural vote on the House floor. But Rangel — a Korean War veteran who volunteered to serve in the Army — keeps bringing it back. "If we're going to get into wars, we have to be prepared to make sacrifices," he said. "It shouldn't just be poor-ass kids volunteering to do the work." In past years, when the wars in Iraq and Afghanistan were at their peak, his pitch was fueled by the carnage and casualties of those conflicts. Now it's the possibility of extended military action in Iraq against Islamic State fighters. He's also pushing for a new War Tax Act, mandating that current and future war spending be paid for with new taxes on all income brackets. Every few years, the revived legislation grabs a few Capitol Hill headlines but little serious scrutiny. But there's little hope for either proposal in the Republican-controlled House, and Rangel's draft bills aren't expected to get a significant conversation at the committee level this year. And military leaders repeatedly have shot down the idea, saying they now boast a much smaller but more highly trained and highly disciplined fighting force than they did before the draft was abolished in 1973.

Rangel insists that the public is interested in a broader debate on the draft's merits — and the added pressure it would put on government bureaucrats contemplating military action anywhere in the world. "I've been surprised the religious community hasn't called for it," he said. "The number of dead and wounded we've had in the recent wars ... that's a hell of a thing to happen to our young people. It would seem to me religious leaders would see this as a way to keep us out of those fights." Until he gets that kind of groundswell, Rangel said he's content to be the lonely Hill voice pushing the issue. "You know I'm right. I know I'm right," he said. "We're getting somewhere on this issue, but Congress is not." [Source: MilitaryTimes | Leo Shane | March 30, 2015 ++]

SBP DIC Offset Update ► New Bill for Military Survivors | H.R.1594

Representative Joe Wilson (R-SC) recently introduced H.R. 1594, the Military Surviving Spouse Equity Act. The bill repeals a law known as the “widow’s tax,” an unfair penalty that forces thousands of military survivors to forfeit their earned benefits. Under current law, military survivors forfeit part of or their entire military Survivor Benefit Plan (SBP) annuity when receiving Dependency and Indemnity Compensation (DIC) from the Department of Veterans Affairs. The two programs serve very different purposes. SBP is a program administered by the Department of Defense that allows uniformed service retirees to elect to provide continuing financial support for an eligible survivor. DIC is paid to survivors of servicemembers who die while on active duty, or to survivors of retirees who die of service-connected illness.

The vast majority of active duty deaths are in ranks of E-6 and below. For these survivors, the offset virtually wipes out any SBP payment, leaving most survivors with only DIC, a modest payment of about \$15,000 a year. Eliminating this inequity has been a longstanding legislative goal of MOAA. MOAA thinks that when military service causes a member’s death, indemnity compensation from the VA should be paid in addition to SBP coverage, not subtracted from it. “We’re thankful to Wilson for reintroducing this important legislation,” said MOAA’s Deputy Director of Government Relations, Col. Phil Odom, USAF (Ret). “As chair of the House Armed Services Personnel Subcommittee, his support carries considerable weight.” We continue to work with our contacts in the Senate to introduce similar legislation. [Source: MOAA Leg Up | April 03, 2015 ++]

Following is a Summary of Veteran Related Legislation Introduced in the House and Senate since the Last Bulletin was Published

- H.R.1694: Fairness to Veterans for Infrastructure Investment Act of 2015. A bill to amend MAP-21 to improve contracting opportunities for veteran-owned small business concerns, and for other purposes. Sponsor: Rep Fitzpatrick, Michael G. [PA-8] (introduced 3/26/2015).

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- S.865: Ruth Moore Act of 2015. A bill to amend title 38, United States Code, to improve the disability compensation evaluation procedure of the Secretary of Veterans Affairs for veterans with mental health conditions related to military sexual trauma, and for other purposes. Sponsor: Sen Tester, Jon [MT] (introduced 3/25/2015) Related Bills: H.R.1607.
- S.895: Servicemember and Veteran Protection Act of 2015. A bill to allow members of the Armed Forces to defer principal on Federal student loans for a certain period in

connection with receipt of orders for mobilization for war or national emergency, and for other purposes. Sponsor: Sen Tester, Jon [MT] (introduced 3/26/2015)
[Source: <https://beta.congress.gov> & <http://www.govtrack.us/congress/bills> April 14, 2015 ++]

Traumatic Brain Injury Update ► Concussion-Sleep Disorder Link

New research shows a close link between concussions and sleep disorders. A recent study by the Defense and Veterans Brain Injury Center (DVBIC) shows that sleep disturbances are common after a person sustains a mild traumatic brain injury (mTBI), commonly known as a concussion. Insomnia is the most common sleep disorder experienced by people who get a concussion, with prevalence rates ranging between 20 and 90 percent. People who have suffered a concussion also have a hard time establishing a consistent pattern of sleep. Another issue may be frequent or loud snoring during sleep. The research shows people who experience such symptoms should avoid caffeinated food or drinks, such as chocolate, energy drinks and sodas for at least six hours before bedtime. Other measures or “stimulus controls” include sleeping in a quiet, dark place that is cool and comfortable. It is the importance of keeping a regular sleep schedule. “Go to bed at the same time every day, and get up at the same time, regardless of how much sleep you get.” Taking a short-term sleep medication may also be necessary to reduce or eliminate these symptoms. The National Center for Telehealth and Technology smart phone apps like CBT-I (Cognitive Behavioral Therapy for Insomnia) Coach and interactive websites, such as afterdeployment.org, provide educational tools to help patients manage symptoms. [Source: NAUS Weekly Watchdog | March 27, 2015 ++]

Medicare Reimbursement Rates 2015

After decades of last-minute deals to patch the Medicare payments system, the House of Representatives passed a bill 26 MAR that would insure that Medicare doctors continue to be paid at current rates. “This relentless return to this issue was creating a sense of anxiety around Medicare, so this permanent solution may provide some peace of mind to both people in the program, and their physicians,” says Tricia Newman, senior vice president and director of the Program on Medicare Policy at the Kaiser Foundation. It appears that the bill will get approval from both the Senate when it returns from a two-week recess, and President Obama. The plan adds \$141 billion to the federal deficit in the first decade, with costs rising more sharply after that. But it will also offset some of its costs by pushing some of the expenses onto Medicare customers.

Here’s how it will affect seniors:

- Higher Medicare premiums for the wealthiest: The bill will require wealthier patients to shoulder a larger percentage of the cost of their insurance starting in 2018. Those with a modified adjusted gross income of \$133,500-\$160,000 (\$267,000-\$320,000 for a couple) per year would pay 65 percent of their premium costs for Part B (outpatient services) and Part D (prescription drugs), up from 50 percent now. Those earning \$160,000-

\$214,000 per year (\$320,000-\$428,000 for couples), would see their share of the premiums increase from 65 percent to 75 percent. The Kaiser Family Foundation estimates this change would affect 2 percent of current enrollees. Individuals making \$133,500-\$160,000 currently pay \$272.20 per month, while those making \$320,000-\$428,000 pay \$313.90.

- Higher premiums: Even those individuals making less than \$133,500 per year will see their premiums rise. Since all enrollees pay a set percentage of premiums as doctor fees rise, those premiums are expected to increase as well. The Congressional Budget Office estimates that those premiums will increase under this bill by about \$10 by 2025 to \$181 per month.
- Higher Medigap deductibles: About 20 percent of Medicare enrollees buy a supplemental Medigap plan, which helps with out-of-pocket costs and typically pays the deductible for outpatient services. The new Doc Fix plan would block Medigap plans from paying the deductible cost, currently capped at \$147 per year, starting in 2020. “The idea is for people to have some exposure to healthcare expenditures when they’re making treatment decisions,” Neuman says.
- More competitive Medicare Advantage plans: Most Medicare enrollees who don’t use Medigap opt for a Medicare Advantage (Part C) plan, which is typically either an HMO or a PPO and provides extra coverage for things like prescription drugs and vision or dental. Such plans offer the convenience of having just one plan and sometimes cost less than combining a Medigap Plan with Part D coverage, but they often have narrower networks and require co-payments. Plan operators may see the proposed Doc Fix changes as a way to grab market share by offering prices that can beat the higher premiums in traditional Medicare plans. “Medicare Advantage plan sponsors may try to absorb some of those premium increases in order to grow their enrollment,” says Paul Keckley, the managing director of the NavigantCenter for Healthcare Research and Policy Analysis.

[Source: The Fiscal Times | Beth Braverman | March 30, 2015 ++]

VA Expands Choice Program Eligibility, Effective Immediately

WASHINGTON – In order to expand eligibility for the Veterans Choice Program, the Department of Veterans Affairs (VA) today announced that it will determine eligibility for the Veterans Choice Program based on the distance between a Veteran’s place of residence and the nearest VA medical facility using driving distance rather than straight-line distance. This change has been published in the *Federal Register* and is effective immediately.

“VA is pleased to announce the distance calculation change from straight-line to driving distance for the Veterans Choice Program,” said Secretary Robert McDonald. “This update to the program will allow more Veterans to access care when and where they want it. We look forward to continued dialogue with Veterans and our partners to help us ensure continued improvements for Veterans’ to access care.”

The change from straight-line to driving distance roughly doubles the number of eligible Veterans. Letters are being sent to the newly eligible Veterans to let them know they are now eligible for the Veterans Choice Program under this expansion. If a Veteran does not remember receiving a Veterans Choice Card or has other questions about the Choice Program, they can call (866) 606-8198.

Effective immediately, VA is also changing the mileage calculation for beneficiary travel. The change will ensure consistency in VA's mileage calculations across the two programs. The beneficiary travel calculation will now be made using the fastest route instead of the shortest route.

For more details about the department's progress and related information, see www.va.gov/opa/choiceact/factsheets_and_details.asp.

Group of Respected Medical Experts to Advise VA on Health Care for 9 Million Veterans

WASHINGTON – The Department of Veterans Affairs (VA) today announced a new 11-member Special Medical Advisory Group (SMAG) composed of leading medical experts to assist the Department in delivering health care to the 9 million Veterans enrolled in the Veterans Health Administration.

The SMAG is a reconstituted [federally-chartered](#) committee that advises the Secretary of Veterans Affairs, through the Under Secretary for Health, on matters related to health care delivery, research, education, training of health care staff and planning on shared care issues facing VA and the Department of Defense.

“We want the best of the best to work on behalf of our nation's Veterans,” said VA Secretary Robert A. McDonald. “We are honored these respected leaders from the private, non-profit and government sectors have agreed to join in our mission improve how we provide the quality health care our nation's Veterans need and deserve.”

The appointment of the new members of the SMAG comes at a time when VA is experiencing increased demand for its health care services. Nationally, VA completed more than 51 million appointments between May 1, 2014, and March 31, 2015. This represents an increase of 2.4 million more completed appointments than during the same time period in 2013-2014. In March 2015, VA completed 97 percent of appointments within 30 days of the Veteran's preferred date.

Serving as SMAG Committee Chair is Dr. Jonathan Perlin, who previously served as VA Under Secretary for Health from 2004-2006. Dr. Perlin is currently Chief Medical Officer and President of Clinical Services for the Nashville, Tennessee-based Hospital Corporation of America (HCA).

In this capacity, Dr. Perlin provides leadership for clinical services and improving performance for HCA's 166 hospitals and more than 800 outpatient centers and physician practices. Recognized perennially as one of the most influential physician executives in the United States by Modern Healthcare, Dr. Perlin is a recipient of numerous awards.

Other Committee members:

Karen S. Guice, MD, M.P.P.

Dr. Guice serves as Principal Deputy Assistant Secretary of Defense for Health Affairs and Principal Deputy Director, TRICARE Management Activity. In these two roles, Dr. Guice assists in the development of strategies and priorities to achieve the health mission of the Military Health System (MHS), and participates fully in formulating, developing, overseeing and advocating the policies of the Secretary of Defense. The Office of Health Affairs is responsible for providing a cost effective, quality health benefit to 9.6 million active duty uniformed Service Members, retirees, survivors and their families. The MHS has a \$50 billion annual budget and consists of a worldwide network of 59 military hospitals, 360 health clinics, private-sector health business partners, and the Uniformed Services University.

Joy Ilem, Deputy National Legislative Director, DAV

Ms. Ilem, a U.S. Army service-connected disabled Veteran, was named Deputy National Legislative Director of the of the 1.2 million-member Disabled American Veterans (DAV), in June 2009. In this capacity, Ms. Ilem directs the advancement of DAV's public policy objectives.

Thomas Lee, MD

Dr. Lee serves as Chief Medical Officer for Press Ganey, which advises and consults with healthcare businesses to help identify the best practices for the organization and the patient. Dr. Lee joined Press Ganey in 2013, bringing more than three decades of experience in health care performance improvement as a practicing physician, a leader in provider organizations, researcher and health policy expert. As Chief Medical Officer, Dr. Lee is responsible for developing clinical and operational strategies to help providers across the nation measure and improve the patient experience, with an overarching goal of reducing the suffering of patients as they undergo care and improving the value of that care. In addition to his role with Press Ganey, Dr. Lee is an internist and cardiologist, and continues to practice primary care at Brigham and Women's Hospital in Boston.

Ralph Snyderman, MD

Dr. Snyderman is former president and CEO of the Duke University Health System and director of Duke's Center for Research on Personalized Health Care. He currently serves as Chancellor Emeritus for the Duke University Department of Medicine. He is former Chair of the Association of American Medical Colleges (AAMC).

Jennifer Daley, MD

Dr. Daley is a Senior Adviser for the consulting firm, Cambridge Management Group. She is nationally recognized for her expertise in operational improvement, patient safety, quality and

service excellence. Dr. Daley is a past recipient of a U.S. Naval Academy-Harvard Business Review Ethical Leadership Award in July 2007.

James Henry Martin, MD

Dr. Martin has been practicing emergency medicine and primary care medicine in the Chicago area since 1978 and is currently on the medical staffs of Captain James A. Lovell Federal Health Care Center, North Chicago; and Metro South Medical Center, Blue Island, IL. He has extensive clinical research experience in the area of nasal insulin studies. Dr. Martin is currently developing a nasal mupirocin spray foam to eradicate nasal MRSA, and a nasal foam medication formulation. He has had 14 US patents issued and over 40 foreign patents issued, including a patent in 2014 covering the formulation above.

Melvin Shipp, OD, MPH, DrPH

Dr. Shipp serves as Dean Emeritus, College of Optometry for The Ohio State University. He has served as a consultant, panelist and reviewer for several federal institutions –notably, the Food and Drug Administration, the Health Resources and Services Administration and in several capacities with the National Eye Institute (NEI) of the National Institutes of Health. Dr. Shipp also has assumed leadership and membership roles within a variety of non-federal, national health-related organizations. He is a Fellow of the American Academy of Optometry, and a Diplomate and former Chair of the Public Health and Environmental Optometry Section. Dr. Shipp is only the second optometrist to receive the DrPH degree; he is the first to do so through the highly competitive Pew Health Policy Doctoral Fellowship Program at the University of Michigan.

James Weinstein, DO, MD

Dr. Weinstein serves as Chief Executive Officer and President of Dartmouth Hitchcock, a nonprofit academic health system that serves a patient population of 1.2 million in New England. Anchored by Dartmouth-Hitchcock Medical Center in Lebanon, NH, the system includes the Norris Cotton Cancer Center; the Children's Hospital at Dartmouth-Hitchcock; affiliate hospitals in New London, NH, and Windsor, VT; and 24 Dartmouth-Hitchcock clinics that provide ambulatory services across New Hampshire and Vermont. Under Dr. Weinstein's leadership, Dartmouth-Hitchcock is working to create a "sustainable health system" for patients, providers, payers and communities. Dr. Weinstein also is a member of the Institute of Medicine (IOM) of the National Academy of Sciences. He serves on the IOM Committee on advising the Social Security Administration on Disability. Most recently, Dr. Weinstein was one of four members appointed to the IOM Board on Population Health and Public Health Practice.

Deborah Trautman, PhD, RN

Ms. Trautman is Chief Executive Officer for the American Association of Colleges of Nursing (AACN), a role she assumed in 2014. At AACN, she oversees strategic initiatives, signature programming and advocacy efforts led by the organization known as the national voice for baccalaureate and graduate nursing education. She has authored and coauthored publications on health policy, intimate partner violence, pain management, clinical competency, change

management, cardiopulmonary bypass, the use of music in the emergency department and consolidating emergency services.

Bruce Siegel, MD, MPH, President and CEO, America's Essential Hospitals

Dr. Siegel serves as President and Chief Executive Officer of America's Essential Hospitals (formerly the National Association of Public Hospitals and Health Systems). Dr. Siegel has an extensive background in health care management, policy and public health. Before joining NAPH, he served as Director of the Center for Health Care Quality and Professor of Health Policy at the George Washington University School of Public Health and Health Services. He also previously served as President and CEO of two NAPH members: Tampa General Healthcare and the New York City Health and Hospitals Corporation. In addition, Dr. Siegel has served as Commissioner of Health of the State of New Jersey. Among many accomplishments, Dr. Siegel has led groundbreaking work on quality and equity for the Robert Wood Johnson Foundation, as well as projects for the Commonwealth Fund, the California Endowment and the Agency for Healthcare Research and Quality. He also was ranked as one of the "50 Most Influential Physician Executives" and one of the "100 Most Influential People in Healthcare" in 2011 by Modern Healthcare. Currently, he chairs the National Advisory Council for Healthcare Research and Quality.

The announcement of the Special Medical Advisory Group follows the introduction of the Veterans Health Administration's "[Blueprint for Excellence](#)," which lays out strategies for transformation to improve the performance of VA health care now —making it more Veteran-centric by putting Veterans in control of their VA experience.

The SMAG Committee is scheduled to conduct its first meeting on May 13, 2015. More information about SMAG may be found at www.va.gov/ADVISORY/SMAG.asp.