



Federal Update for March 5 – 18, 2016



Agent Orange Korea Update

Extend DMZ Time Frame Presumption

U.S. Senator Richard Blumenthal (D-CT), Ranking Member of the Senate Committee on Veterans' Affairs, is calling on the U.S. Department of Veterans Affairs (VA) to extend the presumption of exposure to Agent Orange to provide more veterans who served in the Korean Demilitarized Zone (DMZ) access to critical health care benefits. Currently, only veterans who served in the Korean DMZ during specific dates are granted a presumption of exposure to Agent Orange, which allows easier access to health care and benefits for conditions caused by the toxins. In a Senate Veterans Affairs Committee hearing, Blumenthal stood with the Veterans of Foreign Wars in calling on VA to extend the timeframe of the presumption to include veterans affected during the initial herbicide spraying.

During this testimony, Blumenthal referenced the case of Army veteran Eugene Clarke from Redding, Connecticut who has health conditions that could have resulted from Agent Orange exposure while serving in the Korean DMZ. You can read about Clarke's story at <http://www.courant.com/news/connecticut/hc-ct-vet-agent-orange-benefits-20160301-story.html>. In January, Blumenthal led a bipartisan letter with 14 Senators to VA Secretary Robert A. McDonald requesting the VA quickly change their policy to ensure all Vietnam veterans can easily access and receive the necessary health care for conditions resulting from chemical exposure. You can view Blumenthal's remarks from the hearing at <https://www.youtube.com/watch?v=FdqdhWnrJMQ&feature=youtu.be>. [Source: VFW Action corps Weekly | March 4, 2016 ++]

PTSD Punitive Discharges Update

DoD Policy Change

On September 3, 2014, then Secretary of Defense Chuck Hagel issued a memo instructing Boards for Correction of Military/Naval Records (BCM/NR) to grant "liberal consideration" to requests for discharge upgrades from veterans who may have been suffering from PTSD before it was a recognized diagnosis. Previously, those upgrade requests would have been denied, because veterans had no way of proving they had PTSD while still in service. The policy change was especially helpful for Vietnam veterans, whose post-service PTSD diagnoses had not been recognized by the BCM/NR up to that point. Unfortunately, the memo did not explicitly allow veterans who had been denied under the old rules to reapply under the new rules. To correct this error, DOD issued a memo on 24 FEB, clarifying that those veterans may reapply under the new policy. It also waives the statute of limitations in those cases. If you or someone you know wishes to apply for a discharge upgrade under this policy, go to the Pentagon website.

<http://arba.army.pentagon.mil/adrb-ptsd.cfm>. To read the February 24 DOD memo, do to the DoD website: http://www.defense.gov/Portals/1/Documents/pubs/Consideration_on_Discharge_Upgrade_Requests.pdf. [Source: [Source: VFW Action corps Weekly | March 4, 2016 ++]

Burn Pit Toxic Exposure Update

Burn Pit Registry

VA's Airborne Hazards and Open Burn Pit Registry allows eligible Veterans and Servicemembers to document their exposures and report health concerns through an online questionnaire. In total, 61,338 Veterans and Servicemembers completed and submitted the registry questionnaire between April 25, 2014 and February 28, 2016. Eligible Veterans and Servicemembers include those who served in:

- Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn
- Djibouti, Africa on or after September 11, 2001
- Operations Desert Shield or Desert Storm
- Southwest Asia theater of operations on or after August 2, 1990

Check your eligibility and sign up at <https://veteran.mobilehealth.va.gov/AHBurnPitRegistry> . It takes about 40 minutes to complete the questionnaire. You can do it in one sitting or save it and come back later. You can print and use your completed questionnaire to discuss concerns with your provider. VA providers can also access an online copy of your questionnaire. Some important points about the Burn Pit Registry are:

- No cost to participate
- Not a disability compensation questionnaire or required for other VA benefits
- Enrollment in VA's health care system not necessary
- Based on Veterans'/Servicemembers' recollection of service, not on their military records
- Veterans'/Servicemembers' family members are not eligible to participate

Data from the burn pit registry are available in the following reports:

- Report (1.68 MB, PDF) highlighting health conditions and physical limitations experienced by Veterans and Active Duty Servicemembers who filled out the registry survey between April 25, 2014 and December 31, 2014 (<http://www.publichealth.va.gov/docs/exposures/va-ahobp-registry-data-report-june2015.pdf>).
- Report (1.48 MB, PDF) on the health effects of exposures, including burn pits and other environmental hazards, experienced by Veterans and Active Duty Servicemembers who filled out the registry survey between April 25, 2014 and September 30, 2014 (<http://www.publichealth.va.gov/docs/exposures/va-ahobp-registry-data-report-april2015.pdf>).

If you have health concerns, talk to your health care provider or local VA Environmental Health Coordinator who can be located at <http://www.publichealth.va.gov/exposures/coordinators.asp>. [Source: Veterans Health | <http://www.publichealth.va.gov/exposures/burnpits/registry.asp> | March 14, 2016 ++]

VA SSN Use

Vet Identity Theft Concern

A lawmaker on the Senate Appropriations Committee plans to introduce legislation that will force the Department of Veterans Affairs to transition from using Social Security numbers as the identifying numbers within the agency. "We don't want to put our veterans and their families at the risk of fraud and identity theft, and that's the concern that we are trying to address," Sen. Tammy Baldwin (D-WI) told FCW on 10 MAR after a budget hearing before the committee. At issue is a complaint of a leak of hundreds of veterans' Social Security numbers by a state agency in Wisconsin. In a 29 OCT letter to Linda Halliday, acting Inspector General at VA, Baldwin and Sen. Richard Blumenthal (D-CT) requested an investigation of the matter, noting that the state agency "utilizes VA systems, including software and email servers, which include tools to protect veterans' [personal information] from unintended disclosure."

Baldwin got the investigation. But she's also looking to minimize the risk in the future, and planning legislation to change the way the VA uses personally identifiable information in its systems. "We hope to transition away from using Social Security numbers as the identifying number with the VA," Baldwin told FCW after an Appropriations hearing with VA leadership. VA Secretary Robert McDonald said that the agency was working toward a data architecture that would make such a move possible. "We do not have a single data backbone," McDonald said. "One of the things we have taken on is creating that single data backbone. And that would be a great opportunity to move from Social Security." Baldwin told FCW she was "encouraged" by the VA's response. "As you can imagine, a shift like this would be a huge undertaking, so to hear at least encouraging signs from the secretary is helpful," she said. "We want to work with the department do this, not against the department." [Source: FCW | Aisha Chowdhry | March 10, 2016 ++]

PTSD Update 204

Depression or PTSD | Symptoms Overlap

Telling the difference between depression and PTSD can be difficult, because many symptoms of depression overlap with symptoms of PTSD. For example, with both PTSD and depression, you may not feel pleasure or interest in things you used to enjoy. Both can also lead to feeling emotionally numb and detached, which can cause you to avoid people. Depression is a common problem that can occur following trauma. It involves feelings of sadness or low mood that last more than just a few days. Unlike a blue mood that comes and goes, depression is longer lasting. Depression can get in the way of daily life and make it hard to function. It can affect your eating and sleeping, how you think, and how you feel about yourself.

In any given year, almost 1 in 10 adult Americans has some type of depression. Depression often occurs after trauma. For example, a survey of survivors from the Oklahoma City bombing showed that 23% had depression after the bombing. This was compared to 13% who had depression before the bombing. PTSD and depression are often seen together. Results from a large national survey showed that depression is nearly 3 to 5 times more likely in those with PTSD than those without PTSD. Depression is more than just feeling sad. Most people with depression feel down or sad more days than not for at least 2 weeks. Or they find they no longer enjoy or have interest in things anymore. If you have depression, you may notice that you're sleeping and eating a lot more or less than you used to. You may find it hard to stay focused. You may feel down on yourself or hopeless. With more severe depression, you may think about hurting or killing yourself.

Depression can sometimes seem to come from out of the blue. It can also be caused by a stressful event such as a divorce or a trauma. Trouble coping with painful experiences or losses often leads to depression. For example, Veterans returning from a war zone may have painful memories and feelings of guilt or regret about their war experiences. They may have been injured or lost friends. Disaster survivors may have lost a loved one, a home, or have been injured. Survivors of violence or abuse may feel like they can no longer trust other people. These kinds of experiences can lead to both depression and PTSD. For example, with both depression and PTSD, you may have trouble sleeping or keeping your mind focused. You may not feel pleasure or interest in things you used to enjoy. You may not want to be with other people as much. Both PTSD and depression may involve greater irritability. It is quite possible to have both depression and PTSD at the same time.

There are many treatment options for depression. You should be assessed by a healthcare professional who can decide which type of treatment is best for you. In many cases, milder forms of depression are treated by counseling or therapy. More severe depression is treated with medicines or with both therapy and medicine. Research has shown that certain types of therapy and medicine are effective for both depression and PTSD. Since the symptoms of PTSD and depression can overlap, treatment that helps with PTSD may also result in improvement of depression. Cognitive behavioral therapy (CBT) is a type of therapy that is proven effective for both problems. CBT can help patients change negative styles of thinking and acting that can lead to both depression and PTSD. A type of medicine that is effective for both depression and PTSD is a selective serotonin reuptake inhibitor (SSRI).

What can you do about feelings of depression? Depression can make you feel worn out, worthless, helpless, hopeless, and sad. These feelings can make you feel as though you are never going to feel better. You may even think that you should just give up. Some symptoms of depression, such as being tired or not having the desire to do anything, can also get in the way of your seeking treatment. It is very important for you to know that these negative thoughts and feelings are part of depression. If you think you might be depressed, you should seek help in spite of these feelings. You can expect them to change as treatment begins working. In the meantime, here is a list of things you can do that may improve your mood:

- Talk with your doctor or healthcare provider.
- Talk with family and friends.
- Spend more time with others and get support from them. Don't close yourself off.
- Take part in activities that might make you feel better. Do the things you used to enjoy before you began feeling depressed. Even if you don't feel like it, try doing some of these things. Chances are you will feel better after you do.
- Engage in mild exercise.

- Set realistic goals for yourself.
- Break up goals and tasks into smaller ones that you can manage.

One type of treatment for depression is Behavioral Activation. This treatment was developed in the 1970s for depressed mood and is safe and effective. It introduces new activities into your life, which are based on important values and personal goals, that helps create an increased sense of happiness and satisfaction. Apps that have been developed to assist in this treatment are discussed at <http://www.ptsd.va.gov/public/materials/apps/index.asp>. One such App is Mood Coach which helps you to learn and practice Behavioral Activation. This app is designed to help you boost your mood by doing positive activities. You can make a plan with positive activities, rate and customize your activities, and track your progress. This app provides:

- Scheduling of positive activities for your selected values
- An activity log for tracking your progress
- A daily mood rating tool
- Education about depression, posttraumatic stress disorder, and Behavioral Activation
- The PHQ-9 assessment for tracking symptoms of depression

Mood Coach can be used on its own by those who would like mood management tools, or to augment face-to-face care with a healthcare professional. It is not intended to replace therapy for those who need it. For more on availability and use refer to <https://itunes.apple.com/us/app/mood-coach/id1060947437?mt=8>.

If you think you may be depressed, talk to your doctor or see Where to Get Help for more mental health resources at <http://www.ptsd.va.gov/public/where-to-get-help.asp>. [Source: PTSD Monthly Update | March 2016 ++]

Agent Orange IOM Panel

Bladder Cancer & Hypothyroidism Link

A new review of Agent Orange research found evidence that bladder cancer and hypothyroidism are more strongly linked to exposure to the herbicide than previously thought, but the science does not support a previously held belief that spina bifida occurs in the offspring of exposed veterans at higher rates. A report released 11 MAR by the Institute of Medicine on the health effects of Agent Orange also recommended the Veterans Affairs Department grant service-connected presumption to veterans with "Parkinson's-like symptoms," not just those diagnosed with Parkinson's disease related to Agent Orange exposure. "There is no rational basis for exclusion of individuals with Parkinson's-like symptoms from the service-related category denoted as Parkinson's disease," members of the IOM panel wrote in the report.

The 1,115-page review is the final in a series conducted by the IOM on health problems related to Agent Orange and other herbicide use during the Vietnam War. "There is no rational basis for exclusion of individuals with Parkinson's-like symptoms from the service-related category denoted as Parkinson's disease." The panel, chaired by Kenneth Ramos, professor of medicine at the Arizona Health Sciences Center, University of Arizona, reviewed the scientific literature on Agent Orange released between October 2012 and September 2014 for its review. The decision on bladder cancer and hypothyroidism was tied to results of a large study of Korean War veterans who served in the Vietnam War suggested an association, while the choice to downgrade spina bifida was based on a lack of data, panel members said.

"[The inclusion of] spina bifida in the limited or suggestive category of association was based on preliminary findings from [an ongoing Air Force study]. However, to date, a complete analysis of the data from that study for neural tube defects has not been published ... [and] no subsequent studies have found increases in spina bifida with exposure to components of the herbicides sprayed in Vietnam," they wrote. The upgrade for bladder cancer and hypothyroidism from the category "inadequate or insufficient evidence" to "limited or suggestive evidence," of a link, as well as the recommendation to include Parkinson's-like symptoms to the service-connected list could pave the way for thousands of veterans to receive health care and disability compensation from VA. The downgrading of spina bifida marks only the second time the IOM Agent Orange committee has demoted a health outcome related to the herbicide.

Roughly 2.6 million U.S. veterans served in Vietnam, many of whom may have been exposed. The herbicide, named for the color of the metal containers used to store it, was sprayed over 20 percent of the country to strip the jungle of its vegetation where enemy troops could hide. Veterans who served in Vietnam on the ground or on boats that patrolled the country's inland waterways are eligible for health care and compensation for certain conditions presumed to be connected to their service. Other groups of veterans, including those who served after the war on aircraft that had been used to spray Agent Orange, have won recognition for illnesses they say are related to exposure to chemical residue.

Some veterans continue to seek recognition and presumption for exposure to the herbicide, including those who served on ships in the bays, harbors and territorial seas of Vietnam. Attorneys for Military-Veterans Advocacy and the Blue Water Navy Vietnam Veterans Association on Thursday presented oral arguments to the U.S. Court of Appeals for the District of Columbia to recognize that the court has jurisdiction to decide whether the VA should not have excluded these veterans from the presumption. Retired Navy Cmdr. John Wells, executive director of Military-Veterans Advocacy, said the sailors who served on these ships should be included because the vessels' distillation systems used water contaminated with Agent Orange to produce drinking water as well as water used for their boilers. "There was no magic, invisible Agent Orange filter at the mouth of the rivers," Wells said. "We have documented proof of its presence in Nha Trang Harbor, 20 years after the war. That evidence has been presented to the VA. The distillation system which produced drinking water and water for the boilers did not remove the dioxin — it enriched it."

In their report, the IOM panel made several recommendations to VA to address illnesses in Vietnam veterans, to include recommending that VA continue to study their health, develop protocols to investigate transmission of adverse effects to offspring by exposed fathers and design a study on the health consequences of dioxin exposure on humans. They also recommended that the Defense Department and VA monitor potential service-related health effects in military personnel, to include creating and maintaining rosters of individuals deployed on missions and linking DoD and VA databases to identify, record and monitor trends in diseases. [Source: Military Times | Patricia Kime | March 10, 2016 ++]

VA VISTA Update

Future in Question

The Veterans Affairs Department said 2 MAR that it is now reassessing whether its existing VistA system still has a place in the long-term future of VA electronic health records, and has paused certain elements of VistA's ongoing modernization. Members of Congress were not happy, seeing the move as one more setback on the arduous path to integrate military and veteran health data. As recently as 2014, VA was so confident in VistA's long-term viability that it was publicly lobbying the Defense Department to adopt it as the military health system's own EHR.

But times have changed. Almost all of VA's senior leadership positions have switched hands since Robert McDonald became VA secretary, and a business case analysis ordered last year by LaVerne Council, the new assistant secretary for information and technology, and Dr. David Shulkin, the new undersecretary for health, called VistA's future into question. "We want to take a step back and look at what we really need an EHR and a health care system to do," Council told the House Appropriations Committee. "There are multiple needs that are different than in 2014 around the area of women's health, the Internet of things and how we manage private sector care." Those factors, Council said, led VA to request \$40 million less for VistA modernization in its 2017 budget compared to what the department had planned to spend one year ago. The funding plan will focus more resources on making VA's existing systems interoperable with DoD than investing in VistA's long-term future. She said the department will request more funding for electronic health records once it's finished devising a new long-term strategy.

Several lawmakers expressed displeasure at yet another shakeup in the long saga involving DoD and VA's plans to modernize their EHRs. In 2013, the two departments abandoned their joint strategy to build a single, integrated record. DoD later decided to purchase a commercial-off-the-shelf system, eventually awarding a \$4.3 billion contract to a vendor team led by Leidos last year. "We've been at this for 10 years and we've given you billions of dollars," said a visibly agitated Rep. Hal Rogers (R-KY), the chairman of the House Appropriations Committee. "I'm hearing muckety-muck here. I don't know what you're saying. Apparently, you've not made your mind up yet about whether you're going to replace VistA with something off the shelf. Is that right or wrong? Yes or no?"

VA has not made up its mind, Council said, and blamed the current indecision on what she said was the lack of an adequate long-term plan for health records prior to her appointment as assistant secretary and chief information officer. “The fact is we need to ensure we have laid out the plan and strategy so that everyone can understand exactly what we’re doing and why we’re doing it,” she said. “There was no plan laid out before Dr. Shulkin and I came into these roles. If we’re going to say that we’re good stewards of millions of taxpayer dollars, we need to have a plan in place and that’s what we’re going to do. It’s not going to stop anything that’s currently being done, none of that’s being done in a wasteful manner, but we’re going to lay things out in a manner that allows Congress to see exactly what OIT is spending their dollars on.”

Both DoD and VA have argued strenuously that health record interoperability between the two departments is a separate topic from the individual technologies each department is using in their respective hospitals and clinics. Indeed, DoD declared last year that it’s now in full compliance with congressional mandates to become interoperable with VA, and VA expects to make a similar certification by August 2016. That’s due in part to projects like the Joint Legacy Viewer, which allows clinicians in both departments to view most patient records for any individual patient encounter, whether that patient was seen in a DoD facility or VA clinic. “The interoperability is about the data,” Council said. “We’ll continue to build on JLV and our enterprise health management platform, which is what we’re using to pull data from the DoD record and align their data with ours as an integrated grouping so that our data is fully interoperable. By the end of this month, we’ll have well over 35,000 users and well ahead of our goal. But anytime anybody needs a record at this point, they can get it and understand how that veteran was treated outside of the VA system.”

Council said it’s possible that VA’s ultimate decision on its way forward for electronic health records could still include VistA. She also sought to reassure lawmakers that the billions of dollars they’ve already approved to improve the existing VistA system has not gone to waste. “Those funds included some critical investments in systems and infrastructure, supporting not only interoperability but networking, infrastructure sustainment, security and ensuring that we had standardization of our clinical terminology,” she said.

Separately, VA may also revise its plans for a new patient scheduling system. The current Medical Appointment Scheduling System (MASS), first deployed in 1985, is entirely text-based, doesn’t let scheduling staff look for appointments at more than one facility at a time and was one factor in the waiting time scandal that ultimately led to the resignation of the previous VA secretary, Eric Shinseki. The department has been working on a \$690 million replacement for MASS, but as a quick fix to its most immediate problems, it’s been deploying a more user-friendly graphical user interface that layers on top of the current system.

That interface, called VistA Scheduling Enhancement (VSE), is scheduled for deployment to all of VA’s medical centers by April, and Shulkin said it’s possible that it will lead to the cancellation of the MASS procurement. Initial plans to pilot the updated version of MASS at the first test site in Boise, Idaho have been put on hold. “Our schedulers are in such desperate need of trying to meet veterans’ needs that we want to get them tools right now,” he said. “We don’t want to hold that up. If it turns out that VSE meets the majority of needs of our schedulers, probably the right decision is to not spend another \$663 million on MASS. The pilot we’re doing right now is going to be very, very important for us to understand that.” [Source: Federal News Radio | Jared Serbu | March 3, 2016 ++]

VA Hepatitis C Care Update

FY 2016 Funded for All Vets

The Department of Veterans Affairs (VA) on 9 MAR announced that it is now able to fund care for **ALL** Veterans with hepatitis C for Fiscal Year 2016 regardless of the stage of the patient’s liver disease. The move follows increased funding from Congress along with reduced drug prices. “We’re honored to be able to expand treatment for Veterans who are afflicted with hepatitis C,” says VA Under Secretary for Health Dr. David Shulkin. “To manage limited resources previously, we established treatment priority for the sickest patients. Additionally, if Veterans are currently waiting on an appointment for community care through the Choice Program, they can now turn to their local VA facility for this treatment or can elect to continue to receive treatment through the Choice Program.”

VA has long led the country in screening for and treating hepatitis C. VA has treated over 76,000 Veterans infected with hepatitis C and approximately 60,000 have been cured. In addition, since the beginning of 2014, more than 42,000 patients have been treated with the new highly effective antivirals. In fiscal year 2015, VA allocated \$696 million for new hepatitis C drugs (17 percent of the VA's total pharmacy budget) and in fiscal year 2016, VA anticipates spending approximately \$1 billion on hepatitis C drugs. VA expects that with the expansion, many more Veterans will be started on hepatitis C treatment every week this fiscal year. In addition to furnishing clinical care to Veterans with hepatitis C, VA Research continues to expand the knowledge base regarding the disease through scientific studies focused on effective care, screening, and healthcare delivery including to female Veterans and Veterans with complicated medical conditions in addition to hepatitis C. For additional information on Hepatitis C treatments Veterans can log onto <http://www.hepatitis.va.gov/patient/hcv/index.asp>. [Source VA News Release | March 9, 2016 ++]

VA Adaptive Sports Program

PGA REACH Partnership

The Department of Veterans Affairs (VA) is partnering with PGA REACH, the philanthropic arm of PGA of America, to bring a specialized golf program to disabled Veterans. The program, PGA HOPE – Helping Our Patriots Everywhere - is a therapeutic program to aid in the rehabilitation process for disabled Veterans. The purpose of PGA HOPE is to help Veterans assimilate back into their communities through the social interaction the game of golf provides. Led by PGA professionals certified in golf instruction for Veterans with disabilities, Veterans will learn the rules of the game, and for those already familiar with it, the professionals will help them refine their skills.

“We are grateful to PGA REACH for their commitment to our nation’s disabled Veterans,” said VA Secretary Robert McDonald. “When you think of rehabilitation, golf is not always the first thing you think of, but it can play an integral role in the healing process through social interaction, mental stimulation and exercise. This is a great complement to the care many Veterans receive at VA. I am confident that our Veterans will use this introduction as a platform to reenergize their competitive spirit, as well as to reengage back into their communities.”

PGA HOPE is a two-step program, beginning with an introductory, “Down Range Clinic.” There are currently 50 programs across 20 PGA sections, enhancing the lives of more than 2,000 Veterans nationwide. “As many Veterans struggle with the transition back into civilian life, the game of golf delivers camaraderie and a new level of enjoyment that provides them with hope,” said PGA President Derek Sprague. “We are thrilled to collaborate with VA to offer PGA HOPE programming nationwide, as the PGA of America is committed to making a more meaningful impact on the lives of America’s Veterans.” For more information about VA’s adaptive sports program, visit www.va.gov/adaptivesports/index.asp. For information about PGA REACH or the PGA HOPE program, visit <http://www.pgareach.com>. [Source: VA News Release | March 8, 2016 ++]

Traumatic Brain Injury Update

VA Data Collection Improvements

The Veterans Health Administration has a Polytrauma System of Care to treat and care for Veterans with Traumatic Brain Injury (TBI). Depending on their health care needs, Veterans with TBI can receive treatment at one of the specialized rehabilitation programs in the Polytrauma System of Care (i.e. <http://www.polytrauma.va.gov/index.asp>), or they can seek treatment through their local VA Medical Center or community healthcare providers.

VA maintains a “Traumatic Brain Injury Registry” to monitor Veterans, who may have sustained a brain injury, in order to provide early medical intervention and to prevent long term health problems. “The Traumatic Brain Injury (TBI) Registry software application collects data on Veterans who participated in Operation Enduring Freedom and Operation Iraqi Freedom,” according to Joel Scholten, Director, VA Physical Medicine and Rehabilitation. “These individuals need to be seen within 30 days of a positive TBI screening result for a comprehensive evaluation and development of a plan of care, as indicated.” The “TBI Instruments” are a set of comprehensive evaluation questionnaires and templates designed to let rehabilitation professionals assess patients and collect standardized patient information. The information collected from these instruments is electronically transferred and stored as a medical progress note in the patient’s electronic

record and can be retrieved through the Computerized Patient Record System. “Highly trained clinicians develop an individualized care plan for each Veteran to best meet their needs.”

Prior to release of the Comprehensive TBI Evaluation (CTBIE) template, evaluations were documented through traditional text notes and local templates. The CTBIE was developed by clinical and research subject matter experts, and established a consistent format and content for VA TBI evaluations. The online evaluation template was originally released in October 2007 with periodic updates to improve data collection and accuracy of TBI diagnosis.

Dr. Micaela Cornis-Pop adds that, “The availability of a national template ensures that patients and family members are evaluated using the same approach across VA medical centers. The use of electronic templates ensures that VA provides a standardized approach to diagnosis while still allowing our highly trained clinicians to develop an individualized care plan for each Veteran to best meet their needs.” Cornis-Pop is a VA Speech Pathologist and program manager of the Polytrauma System of Care.

VHA has now screened over one million Veterans for TBI. Screening Veterans for TBI and helping them to deal with the condition is one of the central programs of the Polytrauma System of Care. VA’s Concussion Coach Mobile Application (i.e. <http://www.polytrauma.va.gov/ConcussionCoach.asp>) is enabling Veterans to assess symptoms and also provides coping strategies. The app was developed to meet the needs of Veterans and others who have suffered mild to moderate concussion associated with TBI. Go to <http://www.polytrauma.va.gov/understanding-tbi/index.asp> to learn more about TBI. [Source: Veteran Health Administration Update | March 8, 2016 ++]

VA Suicide Prevention Update

9 New Steps Announced

The Department of Veterans Affairs (VA) announced 8 MAR new steps it is taking to reduce Veteran suicide. The steps follow a 2 FEB Summit, “Preventing Veteran Suicide – A Call to Action,” that brought together stakeholders and thought leaders to discuss current research, approaches and best practices to address this important subject. “We know that every day, approximately 22 Veterans take their lives and that is too many,” said VA Under Secretary for Health, Dr. David Shulkin. “We take this issue seriously. While no one knows the subject of Veteran suicide better than VA, we also realize that caring for our Veterans is a shared responsibility. We all have an obligation to help Veterans suffering from the invisible wounds of military service that lead them to think suicide is their only option. We must and will do more, and this Summit, coupled with recent announcements about improvements to enhance and accelerate progress at the Veterans Crisis Line, shows that our work and commitment must continue.”

Several changes and initiatives are being announced that strengthen VA’s approach to Suicide Prevention because even one suicide is one too many. They include:

- Elevating VA’s Suicide Prevention Program with additional resources to manage and strengthen current programs and initiatives;
- Meeting urgent mental health needs by providing Veterans with the goal of same-day evaluations and access by the end of calendar year 2016;
- Establishing a new standard of care by using measures of Veteran-reported symptoms to tailor mental health treatments to individual needs;
- Launching a new study, “Coming Home from Afghanistan and Iraq,” to look at the impact of deployment and combat as it relates to suicide, mental health and well-being;
- Using predictive modeling to guide early interventions for suicide prevention;
- Using data on suicide attempts and overdoses for surveillance to guide strategies to prevent suicide;
- Increasing the availability of naloxone rescue kits throughout VA to prevent deaths from opioid overdoses;
- Enhancing Veteran Mental Health access by establishing three regional tele-mental health hubs; and
- Continuing to partner with the Department of Defense on suicide prevention and other efforts for a seamless transition from military service to civilian life.

Visit www.mentalhealth.va.gov/suicide_prevention for information about VA initiatives to prevent Veteran suicide. [Source: VA News Release | March 8, 2016 ++]

VA National Stand Down

Successful 2nd National Event

As part of a large-scale and immediate effort to assess the urgent health care needs of Veterans and reduce patient wait times, the Department of Veterans Affairs conducted a second “Access Stand Down” 27 FEB. That countrywide, one-day event resulted in VA reviewing the records of more than 80,000 Veterans to get those waiting for urgent care off wait lists. Newly released results of the Access Stand Down show that 93 percent of Veterans waiting for urgent care have been contacted, with many receiving earlier appointments. “VA’s ability to meet the primary and urgent health care needs of our Veterans is a priority for us, and why we established MyVA, which focuses all that we do around our Veterans,” said VA Secretary Robert McDonald. “The Access Stand Down is just another way we are changing VA’s culture, processes and capabilities to put the needs, expectations and interests of Veterans and their families first.”

In determining priority of need for the stand down, VA broke down the urgent care requests into four categories:

- Important and Acute, clinical concerns with highest impact on patient outcome and more time-sensitive such as cardiology;
- Important and Chronic, services that address primarily long-term problems with medium risk and time sensitivity such as primary care or audiology;
- Routine, clinical activities judged to have low relative risk and time sensitivity or focusing on non-medical matters such as genomic medicine or telephone case management; and
- Support Services, which contribute to Veteran well-being such as nutrition and dietetics.

“We know that in order to best serve Veterans, we should be prioritizing those who need care most urgently,” said Dr. David Shulkin, VA Under Secretary for Health, who continues to see patients. “That was the focus of this Access Stand Down: to look at the patients who needed our help the most and were waiting too long. As a result of this nationwide effort with that attention to urgency in mind, I’m proud that our physicians, nurses, other health care professionals and administrative support personnel all came together on a Saturday to work to find earlier appointments for 93 percent of our Veterans with urgent-care needs.”

INCREASING ACCESS TO CARE

We are making lasting improvements in access to VA care expanding capacity by focusing on staffing, space, productivity and VA Community Care. Of note:

- Staffing in the Veteran Health Administration is up more than 14,100 net — to include over 1,400 more physicians and 4,100 more nurses.
- We’ve activated over 3.9 million square feet in the past two years.
- We’ve increased authorizations for care in the community 46 percent in the past two years.
- Clinic production is up 10 percent as measured by the same productivity standard used by many private-sector healthcare systems. This increase translates into roughly 20 million additional hours of care for Veterans.
- As we improve access to care, more and more Veterans are choosing VA care — for the quality, for the convenience, or for the cost-savings so even though we’re completing millions more appointments, we continue to have more work to do.
- VA facilities across the nation completed a second Access Stand Down to connect with Veterans that have urgent health care needs, address their needs and reduce the number of Veterans waiting greater than 30-days for urgent care. This event also aimed to improve our employee experience by streamlining access to care processes.

For more information about the Access Stand Down along with images from the daylong event, visit www.blogs.va.gov/VAntage/26195/2nd-national-access-stand-down-reinforces. [Source: VA News Release | March 7, 2016 ++]

Board of Veterans' Appeals Update

Racist and Sexist BVA Emails

Two judges and three attorneys for Department of Veterans Affairs who handle appeals of benefits claims were found to have repeatedly sent racist and sexist emails, the department announced 3 MAR. All five worked for the Board of Veterans' Appeals, where veterans can appeal decisions to deny claims for benefits. According to a news release, the VA is conducting a review of appeals handled by the attorneys and judges but has yet to find any indication any appeals decisions were "unjustly influenced" by the conduct.

VA did not name the accused, but said it had proposed disciplinary action against the lawyers and filed a complaint against the judges with the Merit Systems Protection Board, which is solely responsible for discipline against judges. One attorney resigned and one retired while the disciplinary actions were pending. A third faced less punishment, though the VA did not immediately say whether the attorney is still on the job. The case against the judges is still pending before the Merit Systems Protection Board. VA officials declined to specify the disciplinary action proposed. "These actions are reprehensible and completely counter to our values," VA Deputy Secretary Sloan Gibson said in a statement. "It undermines the trust the American people place in the VA to serve our veterans and has no place in this department. We will not tolerate it. Taking action as quickly as we did was simply the right thing to do."

The VA Office of Inspector General first tipped off the VA to the emails. Neither the VA nor the Office of Inspector General would provide the emails or specify what was contained within the emails that triggered the discipline. "In September 2015, during the course of other work, the Office of Inspector General discovered a series of emails between a small group of (Board of Veterans' Appeals) staff that needed attention," VA Office of Inspector General spokeswoman Catherine Gromek said in an email. "At that time, since it was outside the scope of our review and in our view needed immediate attention, we advised and provided VA the related email documentation so that they could take appropriate action."

The VA has been criticized for a growing backlog of veterans' appeals and VA Secretary Bob McDonald has called for the system to be reformed so no veteran has to wait more than one year for their appeal to be adjudicated. There are 445,000 pending appeals, according to the VA. "The appeals process set by statute is archaic, unresponsive, and not serving veterans well," McDonald said in testimony to a Senate committee in late February. [Source: Stars and Stripes | Heath Druzin | March 03, 2016 ++]

VA Health Care Access Update

VA OIG Releases 11 of 77 Reports

Reports documenting scheduling problems and wait-time manipulation at the Department of Veterans Affairs are being made public, as the agency's internal watchdog bows to pressure from members of Congress and others to improve transparency. The VA's Office of Inspector General released 11 reports Monday outlining problems at VA hospitals and clinics in Florida. The reports are the first of 77 investigations to be made public over the next few months. The reports detail chronic delays for veterans seeking medical care and falsified records covering up the long waits. Intentional misconduct was substantiated in 51 of 77 completed investigations. A scandal over veterans' health care emerged in Phoenix nearly two years ago following complaints that as many as 40 patients died while awaiting care at the city's VA hospital.

A 2014 report by the inspector general's office said workers at the Phoenix hospital falsified waiting lists while their supervisors looked the other way or even directed it, resulting in chronic delays for veterans seeking care. Similar problems were discovered at VA medical centers nationwide, affecting thousands of veterans and prompting an outcry in Congress that continues as lawmakers and agency leaders struggle over how to improve the VA. Lawmakers have directed some of their ire at the inspector general's office, saying the agency's acting chief has not moved fast enough to make its reports public.

Sen. Tammy Baldwin (D-WI) has placed a hold on President Barack Obama's nominee to be the agency's next inspector general because she is concerned the IG's office is keeping Congress and the public in the dark about the VA's problems. "We can provide better care to veterans if the VA inspector general's office is willing to partner with Congress to address the problems at VA that prevent timely, high-quality care," Baldwin said in a statement. She vowed to hold up Obama's nomination of Michael Missal to serve as inspector general until she receives a commitment that the office "will change business as usual and start releasing these reports publicly" in a timely manner.

The IG's office said 29 FEB it will release the investigative reports on a state-by-state basis over the next few months. Reports released Monday were all completed in 2014. The VA said in a statement that it requested the investigations almost two years ago, adding that numerous steps have been taken since then to increase accountability and improve training. "Since 2014, VA has been working diligently to increase access to care and improve scheduling processes. We have increased capacity, both inside VA and by relying on more community care resulting in almost 20 million additional hours of care for veterans," the statement said. [Source: Associated Press | Matthew Daly | February 29, 2016 ++]

VA Health Care Access Update

Former Senior Exec Pleads Guilty

The former career senior executive who ran the Veterans Affairs Department's Phoenix health care system when the scandal over falsifying wait lists erupted in 2014 has pleaded guilty to lying on her government financial disclosure form about gifts she received from a lobbyist. Sharon Helman, who ultimately lost her job over improperly accepting thousands of dollars in gifts from Dennis "Max" Lewis, a former vice president of Jefferson Consulting Group, will get probation with no prison time as part of a plea deal, the Arizona Republic reported. Making a false financial disclosure to the government is a felony that can carry a maximum of five years in prison. Helman failed to report more than \$50,000 in gifts, travel expenses and trips from Lewis, according to the news report, including a trip to Disneyland for her and her family, and tickets to a Beyonce concert. Helman ran the Carl T. Hayden VA Medical Center in Phoenix from 2012 to 2014, the epicenter of the scandal over employees' manipulation of appointment waiting lists to conceal excessive delays for vets seeking health care.

The VA fired Helman in November 2014 under its new expedited authority, arguing that her lack of oversight contributed to the falsification of the waiting lists. The agency also claimed Helman ignored the situation when she became aware of it, failed to notify senior leadership about the issue, and retaliated against department whistleblowers. Helman appealed her removal to the Merit Systems Protection Board, which upheld her firing but not because of misconduct related to the wait times, or whistleblower retaliation, but because she improperly accepted Lewis' gifts and failed to honestly report them to the government. "In the context of the appellant's position, as an SES director of a sizable health care system with a large budget, one must be scrupulous to avoid even the appearance of a conflict of interest and to correctly report the things of monetary value one receives from others," Chief Administrative Judge Stephen C. Mish wrote in his 2014 decision. "The higher ranking one is, the more important those things become."

House Veterans' Affairs Committee Chairman Jeff Miller (R-FL) said that while he was "pleased" that Helman was facing some consequences for her behavior, he was also "extremely puzzled as to why the Department of Justice chose to coddle her with a sweetheart plea deal that amounts to nothing more than a weak slap on the wrist." Miller said "such extraordinary leniency is an insult to the many veterans who suffered from the malfeasance and mismanagement of the Phoenix VA health care system." Miller shepherded the 2014 law that allows the VA to fire or demote SES employees immediately, with paychecks getting cut off the day of termination. The affected executive has seven days to issue an appeal to MSPB, which in turn has 21 days for an expedited adjudication. The House last summer passed Miller's bill that would make it easier to fire all VA employees -- not just senior executives -- accused of misconduct or poor performance. A similar bill, sponsored by Republican presidential contender Sen. Marco Rubio of Florida, is pending in the Senate. The Obama administration, which supported the 2014 Choice Act making it easier to fire senior executives, has threatened to veto Miller's bill extending that authority to the department's entire workforce.

Helman isn't finished with the legal system just yet. She is challenging her removal under the 2014 Choice Act in the U.S. Court of Appeals for the Federal Circuit, arguing that the law, which VA used to fire her, violated her due process rights. The outcome of the Helman case, which is awaiting a trial date, could determine how future disciplinary actions against

VA senior executives are handled under the 2014 Choice Act. The MSPB's recent reversals of the demotions of Diana Rubens and Kimberly Graves, and its overturning of Linda Weiss' firing, has made waves among lawmakers, senior executives, VA leadership and the veteran community. [Source: GovExec.com | Kellie Lunney | March 2, 2016 ++]

VA Vet Choice Program Update

More Timely Provider Payments

To enhance Veterans' access to care and eliminate delays in Choice provider payment, the Department of Veterans Affairs (VA) is eliminating administrative burdens placed on VA community providers. Previously, payments to Choice providers were not allowed until a copy of the Veteran's medical record was submitted. Now, community providers, under the Choice program, will no longer be required to submit medical records prior to payment being made. To facilitate the change, VA has modified the Choice Program contract making it easier for Health Net and TriWest to promptly pay providers. VA continues to require pertinent medical information be returned to ensure continuity of care; however, it is no longer tied to payment. VA is taking these steps to more closely align with industry standards. "This administrative step just makes sense," said VA Under Secretary for Health Dr. David J. Shulkin. "It ensures Veteran access, timely payments and strengthens our partnerships with our Choice providers. We know that providing Veterans access to high-quality, timely healthcare would be impossible without collaboration with our community providers."

VA's Plan to Consolidate Community Care Programs outlines additional solutions to improving timely provider payment [http://www.va.gov/opa/publications/VA_Community_Care_Report_11_03_2015.pdf]. VA is moving forward on two paths to further improve timely payment. First, VA is working toward a single community care program that is easy to understand, simple to administer and meets the needs of Veterans, community providers and VA staff. Secondly, VA plans to pursue a claims solution that moves to a more automated process for payment. VA envisions a future state where it is able to auto-adjudicate or process a high percentage of claims, enabling the Department to pay community providers promptly and correctly, while adopting a standardized regional fee schedule to promote consistency in reimbursement.

VA has established a phone number, 877-881-7618, for veterans to call if their credit has been adversely impacted by private sector health care providers improperly billing them for care VA is required to pay. The VFW urges any veteran being pursued by collection agencies to seek VA's assistance. However, veterans who were sent a bill from a Choice Program provider should contact the Choice Program call center, 866-606-8198, to determine if VA is liable for the cost of the care. This number can also be used by vets wanting to:

- Confirm their eligibility.
- Schedule an appointment.
- Ask questions about the program.

[Source: VA News Releases | March 1, 2016 ++]

VA Vet Choice Program Update

Community Care Call Center | Billing

Veterans can now work directly with the Department of Veterans Affairs (VA) to resolve debt collection issues resulting from inappropriate or delayed Choice Program billing. In step with MyVA's efforts to modernize VA's customer-focused, Veteran-centered services capabilities, a Community Care Call Center has been set up for Veterans experiencing adverse credit reporting or debt collection resulting from inappropriately billed Choice Program claims. Veterans experiencing these problems can call 1-877-881-7618 for assistance. "As a result of the Veterans Choice Program, community providers have seen thousands of Veterans. We continue to work to make the program more Veteran-friendly," said Dr. David Shulkin, Under Secretary for Health. "There should be no bureaucratic burden that stands in the way of Veterans getting care."

The new call center will work to resolve instances of improper Veteran billing and assist community care medical providers with delayed payments. VA staff are also trained and ready to work with the medical providers to expunge adverse credit reporting on Veterans resulting from delayed payments to providers. VA is urging Veterans to continue

working with their VA primary care team to obtain necessary health care services regardless of adverse credit reporting or debt collection activity. VA acknowledges that delayed payments and inappropriately billed claims are unacceptable and have caused stress for Veterans and providers alike. The new call center is the first step in addressing these issues. VA presented The Plan to Consolidate Community Care in October of 2015 that outlines additional solutions to streamline processes and improve timely provider payment.

For more details about the Veterans Choice Program and VA's progress, visit: www.va.gov/opa/choiceact. Veterans seeking to use the Veterans Choice Program can call 1-866-606-8198 to find out more about the program, confirm their eligibility and schedule an appointment. [Source: VA News Release | March 14, 2016 ++]

VA Performance Update

Shutting Down Not the Magic Bullet

Mike Connolly, Director of Military and Veteran Services at the University of Nebraska and a member of the Truman National Security Project's Defense Council, believes shutting down the Department of Veterans Affairs is not the magic bullet to improving veterans' health care. The U.S. Department of Veterans' Affairs is an unyielding, unresponsive mess. Recent findings have shown that not only has the unethical and inappropriate culture of VA healthcare employees not improved since passage of legislation aimed to address deficiencies, it has actually continued. When compared to the promises made to provide high-quality and timely care for veterans, this is obviously unacceptable and in need of drastic repair.

Yet ironically, VA health care is still among the best options available for most veterans, offering care ranked comparably in patient satisfaction to the private sector, and for little to no cost to most veterans. According to an American Customer Satisfaction Index for 2013, VA's health system earned satisfaction indexes of 84 for overall inpatient care and 82 for outpatient care, while the broader U.S. hospital industry received scores of 80 and 83 in the same categories, respectively. While there is clearly a gap between our expectations of VA health care and the reality of care veterans are currently receiving, the solution is not to get rid of the department altogether, but to improve it. Though some have called for the disbanding of the entire department the transferring of VA responsibilities, and the sale of VA assets — most recently, the editorial board of the Colorado Springs Gazette — such steps would drastically reduce the ability of the federal government to honor its promise to our veterans.

To start, it's helpful to examine how we got here. From 1930 to 1989, the Veterans Administration was an independent government agency, which was then reorganized into the cabinet-level Department of Veterans Affairs. Much of the justification for that legislation was to elevate the importance of the organization to equal the importance of its mission, and to better establish lines of authority and oversight. By the 1990s, VA health care was in a period of crisis and undertook substantial reforms to better meet patient need. Much of these reforms will sound very familiar to problems veterans are experiencing today. Over reliance on hospital care and limited service locations forced patients into long wait times and poor outcomes. Through reorganization and effective leadership, VA massively increased the use of primary care and deemphasized hospital care, resulting in enormous improvements in patient outcomes. Similar reforms are in desperate need today. Both halves of VA — the Veterans Benefit Administration and Veterans Health Administration — have been caught completely unprepared by the massive influx of veterans needing services since the start of the wars in Afghanistan and Iraq. Reports showing overwhelming backlogs of benefits claims and excessive wait times for healthcare appointments undermines the confidence citizens and veterans have in the department.

The solutions advocated by those who want to shutter the department are actually worse problems in disguise, like the Colorado Springs Gazette suggests, "Congress should defund the bureaucracy, close it and transfer veterans services to agencies that function better." Pushing programs like VA's Vocational Rehabilitation to the Department of Labor, VA home loans to the Federal Housing Administration, and VA education benefits to the Department of Education would simply make systemic problems harder to identify when spread across multiple agencies. One of the greatest problems veterans experience in dealing with VA is in understanding the dizzying array of programs and services available. Who would clearly understand that if they want to use their Post-9/11 G.I. Bill then they must apply with the Department of Education, but if they receive a service-connected disability rating, they can change over that program to Vocational

Rehabilitation with the Department of Labor? If there are such problems with communication among one cabinet-level agency like VA, why would anyone believe communications will be better when involving multiple agencies?

Rather than spread veterans across multiple agencies to hide the problem, true cultural change is needed at VA through every level of staffing.

- **First**, strong leadership is needed to reform the unethical culture surrounding the hiding of wait times and manipulation of data. While this is easier said than done, cultural norms need to shift to more of an acceptance of errors and failure and an all-hands-on-deck approach to fixing problems, rather than a zero-tolerance approach to any excessive wait times. Such pressure only helps to incentivize unethical behavior in hiding mistakes, rather than actually bringing issues to light so veterans can receive faster care. Bringing these issues to light in a constructive way also provides valuable information that can be used to fix the underlying problems, rather than treat the symptoms alone.
- **Second**, that zero-tolerance approach needs to be applied with a heavy hand toward anyone found manipulating data. While the Veterans Choice Act does contain increased flexibility in penalizing employees found falsifying data or involved in misconduct, this needs to be expanded to an on-the-spot termination for ethical violations of any kind.
- **Third**, VA needs to invest heavily in technology to enable more efficient appointment scheduling practices. While VA has focused in large part on more efficient scheduling from its end, veterans still face an unwieldy and inefficient set of options for scheduling or changing appointments. Proposals like Rep. Seth Moulton's Faster Care for Veterans Act would help VA utilize smartphones apps and easy-to-use websites to quickly schedule and change appointments. This would allow for both faster and easier scheduling and could substantially reduce wait times, as new time slots become available through veterans changing their appointments through these methods.

These commonsense approaches could go a long way in ushering in a new period of reform and enhancement at VA, similar to the enormous improvements made in VA health care in the 1990s. They would also help ensure the survival of one of the most important tools available in our national commitment to keeping our promises to veterans and their loved ones. [Source: Task & Purpose | Mike Connolly | March 3, 2016 ++]

GI Bill Update

VA's Lack of Institutional Oversight

The Obama administration's crackdown on for-profit colleges has escaped the notice of one federal agency with an already poor management record: The Veterans Affairs Department takes little or no action when these colleges are punished by federal and state regulators for serious misdeeds, allowing them to continue reeling in millions in Post-9/11 GI Bill dollars. The VA has no formal process to track allegations or consider whether they warrant cutting off the flow of GI Bill dollars to the targeted schools. The VA told POLITICO that it's not an "investigative agency," and a VA official acknowledged that educational and financial forensics is a weakness. Some senators and veterans advocates have said the compliance reviews the VA oversees aren't even asking all the right questions. And the VA has no apparent plans for a major overhaul of its GI Bill oversight. To read more on this issue, refer to the attachment to this Bulletin titled, "GI Bill Funds Still Flow to Troubled For-Profit Colleges". [Source: POLITICO | Kimberly Hefling | February 25, 2016 ++]

VA Accountability Update

Actions Taken Against BVA Personnel

The Department of Veterans Affairs (VA) on 1 MAR announced it proposed disciplinary action against three Board of Veterans' Appeals (Board) attorneys, and has filed a Complaint against two Board Veterans Law Judges. Accountability actions against the Board judges have been referred to the Merit Systems Protection Board (MSPB), which has direct jurisdiction over cases concerning administrative law judges. Deputy Secretary of Veterans Affairs Sloan D. Gibson filed a Complaint against two Board Veterans Law Judges with the MSPB and VA proposed actions against three board

attorneys for reasons of misconduct based on information received as part of an Office of Inspector General (OIG) investigation that revealed a pattern of inappropriate emails that were racist and sexist in tone. The OIG proactively brought the information to VA early in their investigation and VA acted immediately by assigning the Board employees to non-adjudicative duties pending the disciplinary actions that have now been taken to protect Veterans appellate rights.

“These actions are reprehensible and completely counter to our values,” said Gibson. “It undermines the trust the American people place in the VA to serve our Veterans and has no place in this Department. We will not tolerate it. Taking action as quickly as we did was simply the right thing to do.” VA proposed disciplinary actions in mid-January against two attorneys. One attorney retired, and one resigned from Federal service while the actions were pending. VA proposed a lesser administrative penalty against one attorney. VA is conducting a review of appeals handled by these individuals while also examining comparative statistical data from internal quality review processes and appeals of Board decisions to the federal courts. At this time, we have no indication that any Veterans’ appeal was unjustly influenced by their conduct. [Source: VA News Release | March 1, 2016 ++]

VA Health Care Enrollment Update

Incomplete Application Extension

The Department of Veterans Affairs (VA) announced 7 MAR it will extend the healthcare enrollment application period for one year to approximately 545,000 living Veterans that have pending incomplete enrollment applications. “Fixing the Veterans enrollment system is a top priority for VA. This is an important step forward to regain Veterans’ trust and improve access to care as we continue the MyVA Transformation,” said VA Deputy Secretary Sloan D. Gibson. “We’ve got a lot of work left to do, but this is a big step in the right direction to restore the data integrity of our enrollment system,” Gibson said.

The National Enrollment Improvement team conducted a detailed analysis of the pending applications in VA’s enrollment system and identified approximately 545,000 living Veterans whose applications were incomplete and in a pending status. The team also validated that approximately 288,000 pending enrollment system records were for deceased Veterans. VA has segregated deceased records from living Veteran records and, as part of the Veteran Enrollment Rework Project (VERP), will review each incomplete application to determine if any should have been enrolled in VA health care. VA is required by law to provide notice to Veterans of incomplete applications. The VERP team could not verify that VA’s mailing system used to contact Veterans about their incomplete applications was able to notify the 545,000 Veterans identified above. VA will contact living Veterans to confirm their continued interest in enrolling in VA health care and ask them for the necessary information to complete their application. Veterans will have one year from the notice to provide this information. After a year, VA will close the record. A Veteran may reapply for enrollment at any time.

As Veterans choose to enroll, VA offers an enhancement to their enrollment experience through “Welcome to VA” (W2VA). Veterans enrolled since July 1, 2015 have received a personal introduction to VA health care services, programs and resources to help them become more familiar with VA’s services. In addition, VA sends each new enrollee an introductory letter and personalized handbook in the mail. W2VA enhances communication by reaching out to newly enrolled Veterans through personal phone calls upon enrollment, providing assistance with health care inquiries and assisting with their initial appointment at their preferred VA healthcare facility. [Source: VA News Release Blog | March 7, 2016 ++]

VAMC Minneapolis Update

50 TBI Cases Diagnosed Incorrectly

The Veterans Administration has been using unqualified medical personnel to do examinations – and deny benefits - for traumatic brain injuries (TBI) at the Minneapolis VA Medical Center, according to records obtained during a KARE 11 News investigation. VA data from a new Freedom of Information Act (FOIA) filed by KARE 11 revealed the number of

veterans affected. Instead of being examined by a traumatic brain injury (TBI) specialist, records reveal 321 cases in which a veteran was examined by a doctor VA policy shows was not qualified to diagnose traumatic brain injuries.

To date, the Minneapolis, VA has re-examined 181 of those veterans and determined the unqualified doctors made quite a few mistakes. In 50 cases, an exam by a TBI specialist revealed the veterans did in fact have brain injuries and should be getting treatment and benefits previously denied. "I wrote a check for my life saying hey I'm here to serve my country now it's your turn to take care of me," said U.S. Navy veteran Anton Welke. "Give me the medical attention I need." Welke is one of the Minnesota veterans now receiving the TBI treatment and benefits he was denied for three years after an unqualified doctor in the Minneapolis VA's Compensation and Pension unit misdiagnosed him.

After a blow to the head while serving on an aircraft carrier, Anton received a TBI exam in 2012 by a doctor in the Compensation and Pension Department at the Minneapolis VA. Records show Dr. Wanda Blaylark did not do any "neuropsychological testing" and diagnosed Anton as not having a TBI. "Literally the doctor that did it, she was like, 'Oh where did you get hit in the head?' I pointed to it, she ran her fingers a little bit like this, she says, 'Oh I guess I don't see the scar,'" Anton recalls. After KARE 11 began investigating in early 2015, the VA began notifying veterans like Anton they were eligible for a new TBI exam with a specialist. Anton and 49 other veterans who received the new exams have now been positively diagnosed which opens a number of doors for them to receive treatment.

KARE 11 and their parent company TEGNA are still fighting with the Department of Veteran Affairs to release records that will allow them to determine whether other VA hospitals across the country have also been using unqualified doctors to diagnose brain injuries. So far that's a secret the VA has been unwilling to part with. Meanwhile a nation-wide review mandated by Congress into how the VA has handled traumatic brain injury benefits exams is currently underway. [Source: KARE-TV Channel 11 | March 2, 2016 ++]

GI Bill Update

NDAAs Eliminated Unemployment Checks for Users

Department of Labor officials are moving to cut off unemployment checks for veterans attending college on the GI Bill after lawmakers quietly approved the cost-cutting move last December. But exactly when and how the change will take place remains a frustrating mystery to federal and state officials and to veterans advocates who unsuccessfully argued against the idea. Language inserted in the final draft of last year's National Defense Authorization Act specifies that veterans receiving Post-9/11 GI Bill education payouts should not also be eligible for unemployment insurance. An exception was carved out for veterans involuntarily separated from the military under honorable conditions.

The Post-9/11 GI Bill pays not only tuition for student veterans but also a living stipend, equal to the Basic Allowance for Housing regional payouts for an E-5 with dependents. That ranges from around \$1,100 in areas around Ohio State University to more than \$4,000 a month for individuals living near San Francisco State University. That, coupled with 26 weeks or more of unemployment benefits, can lead to a substantial sum of government payouts headed to a veteran each month. Federal officials aren't sure how many veterans may be taking advantage of the dual benefits now, but anecdotal evidence was enough for lawmakers to move to end the practice. But doing so will be complicated.

In a statement, Employment and Training Administration officials within the Department of Labor said they are working with various state and federal agencies to "develop an approach" for how to identify which veterans are receiving unemployment checks, GI Bill checks or both. No such central information system exists, in part because unemployment benefits are handled differently in each state. The language passed by Congress last year did not include any funding for new databases or instructions on how to handle that information sharing. "That has proved to be more challenging" than expected, Labor officials acknowledged. "ETA will be issuing guidance on that as well once issues are resolved." It's also unclear who will be blocked from receiving the unemployment payouts once the new rules and processes are developed. The NDAA language appears to cover individuals who collect unemployment after leaving the military but not those who work somewhere else between leaving uniform and using their GI Bill benefits.

Labor officials said they believe the new rules "will only apply to a small segment of transitioning military who get Post-9/11 GI Bill benefits" but could not offer more specifics as their process continues. Confusion over the parameters and

process led veterans advocates to argue against the provision last fall, and the language was successfully dropped in the House version of the annual authorization act. But Senate lawmakers included it in subsequent versions, and the final draft signed by the president included the new prohibition. The new law did not specify any timeline for enforcing the unemployment check changes. States are not required to enforce it until the new guidance from the Labor Department is released. [Source: Military Times | Leo Shane | March 14, 2016 ++]

Vet Charity Watch Update

Two WWP Top Execs Fired

The two top executives of Wounded Warrior Project were fired 10 MAR by the board of directors. Americans donate hundreds of millions of dollars each year to the charity, expecting their money will help some of the 52,000 wounded in Iraq and Afghanistan. But CBS News found Wounded Warrior Project spends 40 to 50 percent on overhead, including extravagant parties. Other veterans charities have overhead costs of 10 to 15 percent. Wounded Warrior Project's Chief Executive Officer, Steven Nardizzi, and Chief Operating Officer, Al Giordano, were fired after a Board meeting Thursday afternoon in New York. By appealing to America's generosity, Wounded Warrior Project raised more than a billion dollars in donations since 2003 -- \$300 million in 2014 alone. But while the money was pouring in, it was also flowing out on lavish employee conferences -- \$26 million in 2014.

"Let's get a Mexican mariachi band in there, let's get maracas made with the WWP logo put them on every staff member's desk. Let's get it catered, have a big old party," said Eric Millette, a retired army staff sergeant. He took a job with Wounded Warrior as a motivational speaker, but after two years he quit. "I'll be damned if you're gonna take hard-working Americans' money and drink it and waste it, instead of helping those brave men and women who gave you the freedom to walk the face of this earth." More than 40 former employees told CBS News that spending by the charity was out of control. Two former employees were so fearful of retaliation they asked us not to show their faces.

"It was extremely extravagant. Dinners and alcohol and and, just total excess," one said. "I mean, it's what the military calls fraud waste and abuse." Former employees also told CBS the excessive spending began when Nardizzi took over as CEO in 2009. They point to the 2014 annual meeting at a luxury resort in Colorado Springs as typical of his style. "He rappelled down the side of a building. He's come in on a Segway. He's come in on a horse."

Nardizzi has defended the charity's spending. "If your only fixation is spending the most on programs, that's feeling good, but not necessarily doing good," he said. But many major donors were outraged, including Fred and Dianne Kane. They raised \$325,000 with golf tournaments, and are not pleased with allegations that only a little over half of donations went to help wounded vets. "I feel like I am representing all these people who have donated over the years, all these seniors over 65 sending \$19 month, all these people on fixed incomes," Fred said. "If no one is going to talk about this right now and it has to be me, then it has to be me." Fred continued, saying he is done with WWP except for his new mission of trying to see change within the organization. Sources tell CBS News the board has received preliminary results of a financial audit. And there are discussions under way about retired senior military officers who are being considered to take over leadership of the organization. [Source: CBS News | Chip Reid & Jennifer Janisch | March 10, 2016 ++]

Vet Unemployment Update

Near-Historic Low In Feb 2016

The unemployment rate for post-9/11 veterans fell to a near-historic low in February, hitting 4.7 percent, government data show. That figure, down a full point from the January rate of 5.7 percent, matches the unemployment rate for the youngest generation of veterans charted in August, which was the all-time low at the time it came out. Since then, the October rate set a new all-time low, then the November rate beat October's number. The nation as a whole tacked on 242,000 jobs in February, according to the Bureau of Labor Statistics, with the unemployment rate at 4.9 percent, identical to January's number.

Post-9/11 veterans were hit hard during the depths of the recession in 2010 and 2011, with monthly unemployment rates climbing as high as 14 percent and 15 percent and annual average unemployment figures in double digits. The

unemployment picture began to slowly improve in 2012 and 2013. And over the last couple of years, it's caught fire, setting one record after another. The first two rates of 2016 offer reason to think the hot streak is continuing this year. For veterans of all generations, the unemployment rate fell to 4.1 percent in February, down from January's 4.7 percent mark. [Source: Military Times | George R. Altman | March 4, 2016 ++]

Wounded Warrior Project Update

Charity's Spending Practices Criticized

A San Diego nonprofit that evaluates military charities and recommends them for support is criticizing at the Wounded Warrior Project. The Patriots Initiative, which relies on both qualitative and quantitative research to judge the effectiveness of charities that serve veterans and members of the armed forces, said there is no excuse for certain spending by Wounded Warrior officials, recently reported in the media. "We saw the need to simplify the philanthropic process for military donors and focus on connecting Americans with the most trustworthy, impactful and accountable nonprofits," said Greg Hillgren, Patriots Initiative chairman. "Unfortunately, the Wounded Warrior Project consistently failed to satisfy many of the required criteria we consider necessary for donor engagement and success."

The Wounded Warrior Project did not respond to questions about its removal from the Patriots Initiative list of accredited charities. The Florida nonprofit, which raised hundreds of millions of dollars over the past decade to serve injured and traumatized veterans and servicemembers, was the subject of a widely circulated CBS News investigation last month. Among other things, organization spending on travel and conferences climbed from \$1.7 million in 2010 to \$26 million in 2014, CBS News reported. In 2014, the Wounded Warrior Project was included in a U-T Watchdog report about spending practices at charities dedicated to serving veterans. That report showed Wounded Warrior spent \$31.7 million on fundraising in the same year it spent \$17.7 million on grants to needy veterans. The charity defended the spending at the time. "When you limit your growth in infrastructure and fundraising, you may have a lot of good intentions but you're not going to help a lot of people," spokeswoman Jessie Gueterman said.

Hillgren, of The Patriots Initiative, said the Wounded Warrior Project's intent is good but its execution has been lacking. "We hope that WWP will take immediate steps to redirect its operational metrics and begin to adhere to 'best practices' in the years ahead," he said. [Source: San Diego Union Tribune | Jeff McDonald | February 12, 2016 ++]

WWII Vets

Gordon Neslund

During the final days of World War II, Gordon Neslund played a role in capturing one of Japan's most top-secret weapons. While serving aboard the USS Proteus in the South Pacific, his ship was called from its regular duty of supporting and supplying U.S. submarines to help capture a Japanese vessel. The Japanese had surrendered unofficially four days earlier, on Aug. 15, 1945, but some onboard the Proteus worried the Japanese sub's sailors would continue to fight. The vessel raised a black flag -- the naval sign of surrender -- after U.S. destroyers followed the sub for hours. As U.S. sailors approached the submarine and began boarding, its size became more apparent. "It was a monster," said Neslund, a retiree living in Roseville. "Most of us didn't even know what it was when we first saw it." Without knowing it, they had captured Japan's super-weapon project.

The submarine, called the I-400, was longer than a football field at about 400 feet. It was armed with guns and torpedoes. Unlike normal subs, the I-400 also carried three fighter planes to be launched from a catapult on its deck. "Nothing like this exists today -- nothing that big," said Gary Nila, a retired FBI agent and author of the book "I-400: Japan's Secret Aircraft-Carrying Strike Submarine: Objective Panama Canal." In an upcoming documentary, Japanese television network Nippon TV interviewed Neslund about the I-400. The documentary is set to air in January.

Just as the Germans worked on long-range missiles while the United States, with more success, developed the atomic bomb, Japan had the I-400-class submarine, Nila said. The I-400 was one of only three of its kind completed during the war. Japan had planned to use the subs to attack U.S. coastal cities and had set its sights on destroying the Panama Canal, which would have disrupted U.S. shipping from Europe to the Pacific after the Nazis surrendered. "All through

the war, we knew nothing about them," Nila said. Had the war continued, he said, the aircraft bombers on the subs might have caused more casualties than did the Pearl Harbor attack.

Neslund, now 92, had been working on a farm in Balsam Lake, Wis., during the war. He was deferred from serving due to farm labor shortages. But at 21, he decided to enlist in the Navy anyway. "All my buddies were going," he said. "It just didn't feel right by staying home." He became a third-class motor machinist mate aboard the USS Proteus and spent three years in Guam, where he worked on American subs. After the tense moments during the I-400's capture, Neslund said worries about Japanese hostilities vanished as sailors from both countries exchanged photos of their homes and families and attempted to communicate with each other. The Japanese soldiers were just as happy to be done with the war as the Americans were, he said. "It's terrible shooting at each other, and killing each other," Neslund said. "War is terrible."

When American sailors boarded the I-400 to speak with the commanding officer during its capture, they quickly turned back because of the smell inside. The submarine had a rat infestation and only one toilet for its 200-man crew. "It was hard to breathe," Neslund said, adding that the sailors looked healthy despite the foul conditions. The I-400 agreed to follow the Proteus into Tokyo Bay. When they arrived, both ships tied up next to the USS Missouri, where Japan signed its official surrender a few weeks later. With the war over, Neslund volunteered to bring the I-400 to Pearl Harbor, Hawaii, so it could be inspected. The 27-day trip from Tokyo was a pleasant one, he recalled. The crew was happy to be sailing without fear of attack. On a moonlit night, Neslund said he recalled standing on the sub's tower when he heard someone shout that a torpedo was coming. A porpoise swam up to the side of the ship, creating a white wake behind it. It was the only scare Neslund recalled.

After reaching Hawaii, the crew members went their separate ways. Neslund returned home to Wisconsin, where he met his future wife and eventually moved to the Twin Cities to work as a mechanic. The Cold War began shortly thereafter, and the U.S. sunk the I-400 in 1946, fearing the Soviet Union would want to inspect it. "It was quite a piece of machinery. Why put something like that on the bottom (of the ocean)?" Neslund asked. "I thought it was not only a waste, it was history." Of the handful of men who brought the sub back to U.S. shores, only Neslund and the ship's cook are still alive. Neslund said he lost contact with the other crew members after the Navy discharged him. He took a few trinkets from the sub, including a Japanese war flag and a clock from the engine room. "They're souvenirs from the time I was in the war," he said. "Now I've got something to talk about, to show my family and friends and children." [Source: Pioneer Press | Youssef Rddad | December 20, 2015 ++]

VA Peer Specialist

S.2210 | Veteran Peer Act

Senators Richard Blumenthal, Tammy Baldwin, and Ed Markey introduced S. 2210, the Veteran Partners' Efforts to Enhance Reintegration Act, also known as the "Veteran PEER Act." If enacted into law this bill would require the Department of Veterans Affairs (VA) to establish a pilot program of peer specialists to work as members of VA's patient-aligned care teams, for the purpose of promoting the integration of mental health services in VA primary care settings. Overall and ultimately, the bill would authorize the establishment of this pilot program in 25 VA sites, including no less than five of VA's polytrauma centers. The bill would require a series of reports, including a final report to recommend whether the program should be expanded beyond the pilot program sites.

Peer specialists are VA employees who promote recovery by sharing their own histories as consumers of mental health services. They provide encouragement and teach skills to other veterans to aid in their recoveries from mental health challenges. Peer specialists also serve as case management assistants, help others to gain access to the right mental health services, and teach coping and self-advocacy skills. The VA currently employs peer specialists in its mental health programs, and in VA's Readjustment Counseling Centers (Vet Centers). These specialists have proven to be highly successful in aiding in veterans' recoveries and in reducing the stigma that dissuades veterans from seeking services.

DAV strongly supports this bill based on DAV National Resolution No. 103. This resolution urges improved outreach through general media for stigma reduction and suicide prevention; sufficient staffing to meet demand for mental health services; and enhanced resources for VA mental health programs, including Vet Centers, to achieve readjustment

of new war veterans and continued effective mental health care for all enrolled veterans needing such services. This bill is consistent with the intent of Resolution 103. They are requesting vets to write their Senators to urge them to cosponsor and work for passage of S.2210. DAV has provided a preformatted editable letter at <https://www.dav.org/can/?vsrc=%2fCampaigns%2f45199%2fRespond> via their DAV Commander's Action Network to assist veterans in submitting a letter with the intent of getting Congress to pass this legislation. [Source: DAV National Commander | March 11, 2016 ++]

VA Vet Choice Program Update

S.2633 Needed to Fix Program

During a hearing on the VA budget on 4 MAR, Senate appropriators reproached the VA for the botched rollout of Veterans Choice, which has been beset by access problems and delays in payments and care. Sen. Lisa Murkowski, (R-AK) said Veterans Choice destroyed a carefully built system of community care for Alaska veterans and she implored Shulkin to fix it. "[The term you used to describe Veterans Choice], 'somewhat problematic,' is not what I'm hearing from veterans," Murkowski said. "They are saying it is fouled up, it is screwed up. It is unacceptable. ... We had corrected it and you came in and created chaos."

"The intent of the Choice act was to give veterans more opportunities to seek timely care in their communities, but as we all know, in practice, it simply is not happening," said Sen. Jon Tester (D-MT) who placed the blame on the VA, the original legislation and Health Net Federal Services, the contractor overseeing VA Choice appointments and the provider network in his state. "Health Net is inept, and until they step up and do the job they were hired to do, and paid to do, I'm going remain being very, very critical of the work they do," Tester said. The VA has made several changes to the program, to include hiring more claims processing staff and establishing new productivity standards. It also asked Congress for legislation to allow VA to streamline several community care programs into a single entity that will have better defined eligibility rules and smoother access to appointments and medical care — legislation introduced Thursday by Tester and co-sponsored by four other Democratic senators.

The legislation **S.2633**, a bill to improve the ability of the Secretary of Veterans Affairs to provide health care to veterans through non-Department health care providers, and for other purposes, would consolidate seven VA community care programs and include physician and contractor participation requirements. Tester said he would work with the Senate Veterans' Affairs Committee to get the legislation, which has the VA's support, passed. Shulkin said the legislation is needed to fix a program that has good intentions for veterans. "The Choice program is not working the way anyone wanted. ... We are going to stick at this until we can get this working better for veterans," Shulkin said. [Source: Military Times | Patricia Kime | March 4, 2016 ++]

VA Pain Management Update

Congressional Hearing Testimony

Veterans Administration officials from New Hampshire and Vermont say the VA is making progress in reducing opioid use among its patients, but members of Congress studying the issue remain concerned that successful approaches aren't being widely shared. A U.S. House subcommittee heard testimony at a field hearing 4 MAR in Concord about innovative pain management practices at VA medical centers in Manchester, New Hampshire, and White River Junction, Vermont. Rep. Mike Coffman, a Republican from Colorado, questioned whether the VA is doing enough to evaluate the effectiveness of alternative treatments and promote their use across the country. "The department can't simply introduce well-intentioned programs and then fail to manage them properly," said Coffman, chairman of the Veterans' Affairs Subcommittee on Oversight and Investigations. "If these alternative treatments really work, they need to be implemented rapidly."

Coffman was joined by New Hampshire's U.S. House members, Democrat Annie Kuster and Republican Frank Guinta. In New Hampshire, drug overdose deaths are four times more common than car crash fatalities, and veterans have been particularly hard hit, Kuster said. She said she hoped the VA could be on the cutting edge in developing better treatment models that could be shared with the civilian health care system. Dr. Julie Franklin said that in Vermont, she oversaw the

creation of an Opioid Renewal Clinic and led efforts to reduce the number of veterans taking high doses of opioids. Both at her center and in New Hampshire, interdisciplinary pain teams work with patients to explore other options, including lower doses, acupuncture and chiropractic care.

When Kuster asked Dr. Franklin how the VA is ensuring that veterans with chronic pain get the services they need if their doses are reduced, she said the problem isn't likely to be solved with an across-the-board rule or policy. "Hiring good people and ensuring they have time to do work they need to do is a good step," she said. Asked why alternative treatments aren't more widespread, Dr. Grigory Chernyak from the Manchester center noted that acupuncturists are hired as health technicians at low salaries, and while medical doctors can practice acupuncture, not many are trained in it. Opioid addiction has become a significant public health and safety problem across the country. [Source: Associated Press | Holly Ramer | March 4, 2016 ++]