



Veterans Affairs Media Summary and News Clips

27 April 2016

[1. Top Stories](#)

1.1 - The Washington Post (PowerPost): [House GOP conference chair: Wait time is up for VA fix](#) (26 April, Rep. Cathy McMorris Rodgers (R-Was.), 23.7M online visitors/mo; Washington, DC)

This is what a common sense, 21st century veterans' health care system should look like. After all, we're talking about the men and women who lay their lives on the line and sacrifice so that we may live free. To think they could be trapped in a broken system simply because of their service, and not have the same access to quality services available to private citizens, is outrageous.

[Hyperlink to Above](#)

1.2 - The Oregonian: [Consumer group files ethics complaint against Portland VA](#) (26 April, Lynne Terry, 9.6M online visitors/mo; Portland, OR)

A consumer advocacy group has filed an ethics complaint against the VA Portland Health Care System over a clinical trial involving kidney transplants. Public Citizen accused the Portland medical center and the University of California, San Francisco of violating the rights of kidney recipients by enrolling them in the study without their consent. The study was led by Dr. Darren Malinoski of the Portland VA and the university's Dr. Claus Niemann.

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1.3 - The Washington Times (AP): [Dayton VA Medical Center director to head Cincinnati VA](#) (26 April, 3.5M online visitors/mo; Washington, DC)

The medical director of the Dayton VA Medical Center will become acting director of the VA medical facility in Cincinnati, where investigators said this year that they had found misconduct related to some officials. Glenn Costie's move from Dayton to Cincinnati was one of four appointments of leaders for VA facilities in Ohio, Indiana and Pennsylvania announced Tuesday by the Department of Veterans Affairs.

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1.4 - The Washington Times (AP): [Another patient accuses former VA employee of sex abuse](#) (26 April, 3.5M online visitors/mo; Washington, DC)

Another patient has filed a lawsuit accusing a former physician assistant at the Veteran's Administration hospital in Kansas of sexual abuse. The complaint filed Tuesday in U.S. District Court of Kansas brings to at least four the number of civil lawsuits filed against Mark E. Wisner, and the federal government. Wisner also faces criminal charges of aggravated criminal sodomy, solicitation and sexual battery.

[Hyperlink to Above](#)

1.5 - Dayton Daily News: [Dayton VA chief sent to Cincinnati temporarily, A VA internal investigation found misconduct by former administrators](#) (26 April, Barrie Barber, 2.8M online visitors/mo; Dayton, OH)

Dayton VA Medical Center Director Glenn Costie will temporarily take over the embattled Cincinnati VA while a search for a new director is under way, the federal agency said Tuesday. It's not an unfamiliar role for Costie, who was interim director of the Phoenix VA Medical Center

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in Arizona when that medical center faced scrutiny about lengthy delays in scheduling appointments for veterans.

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1.6 - The Cincinnati Enquirer: [Cincinnati VA, in turmoil, gets new leader](#) (26 April, Anne Saker, 2.4M online visitors/mo; Cincinnati, OH)

The Cincinnati VA Medical Center, which has been embroiled in controversy this year over its governance and management, underwent yet another leadership shakeup Tuesday. The hospital's director, who had been on the job less than a year, was sent to another Veterans Affairs hospital, and a Dayton VA official was named acting director in Cincinnati. An 11-paragraph news release issued Tuesday afternoon offered only the barest details about the changes.

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1.7 - The Kansas City Star: [Lawsuit alleges sexual misconduct at Leavenworth VA hospital](#) (26 April, Tony Rizzo, 904k online visitors/mo; Kansas City, MO)

An Iraq War veteran filed suit Tuesday alleging he was the victim of sexual impropriety at the Veterans Affairs Medical Center in Leavenworth. Tuesday's suit is at least the fourth filed in recent weeks involving Mark E. Wisner, a former physician assistant at the facility. Wisner also faces criminal prosecution in Leavenworth County District Court.

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[2. Access to Benefits/Care](#)

2.1 - Primera Hora (Video): [Exmilitares cuestionan al secretario de Asuntos del Veterano](#) (26 April, Javier Colon Davila, 8.8M online visitors/mo; Guaynabo, Puerto Rico)

Veteranos puertorriqueños de diversos conflictos bélicos tuvieron hoy la oportunidad de hacer preguntas directas al secretario del Departamento de Asuntos del Veterano, Robert A. McDonald, quien visitó la ciudad de Guaynabo junto al comisionado residente en Washington, Pedro Pierluisi. McDonald aseguró a los veteranos presentes en el centro cultural Yolanda Guerrero que la agencia bajo su mando no desaparecerá, contrario a deseos de ciertos grupos de extrema derecha.

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2.2 - The Des Moines Register: [Iowa soldiers exposed to Agent Orange no longer forgotten](#) (26 April, Mike Kilen, 3.8M online visitors/mo; Des Moines, IA)

It's difficult to say how many Iowans could have suffered premature deaths because of the pesticides, VA officials say. Nearly 115,000 Iowans served in the Vietnam War and more than 77,000 are living in Iowa today. Many who died may have lived longer.

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2.3 - The Washington Times (AP): [House backs fee bill for Louisiana's veterans cemeteries](#) (26 April, 3.5M online visitors/mo; Washington, DC)

House lawmakers have agreed to authorize a \$745 fee for burials in Louisiana's veterans cemeteries, but veterans won't be expected to pay the price. The Department of Veterans

Affairs says the federal government has been paying the \$745 toward the cost of each burial. But the agency says a recent attorney general's opinion suggested the fee rate needed to be set by state lawmakers.

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2.4 - Washington Examiner: [Key Republican lawmaker: VA shifting directors 'only raises more questions'](#) (26 April, Anna Giaritelli, 3.1M online visitors/mo; Washington, DC)

The Department of Veterans Affairs appointed four senior leaders at facilities in Indiana, Ohio and Pennsylvania, though most are transfers and not promotions, the agency said Tuesday. The moves were quickly attacked by lawmakers outraged by the agency's years of scandals. "At VA, we are constantly seeking ways to improve, and these personnel moves make us better across the board," VA Under Secretary for Health Dr. David J. Shulkin said in a statement.

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2.5 - Truthout: [Dean Baker | Scamming US Veterans: Efforts to Privatize Veterans Administration's Health System](#) (25 April, Dean Baker, 1.8M online visitors/mo; Chicago, IL)

There are few areas where there is more bipartisan support than the need to provide adequate health care for the country's veterans. While many of us opposed the war in Iraq and other recent military adventures, we still recognize the need to provide medical services for the people who put their lives at risk. This is why it is especially annoying to see right-wing groups invent scandals around the Veteran Administration's (VA) hospitals in order to advance an agenda of privatizing the system.

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2.6 - WCPO (ABC-9): [The VA makes another management change in Cincinnati, Fourth leadership change since February](#) (26 April, Dan Monk, Mark Greenblatt, and Aaron Kessler, 940k online visitors/mo; Cincinnati, OH)

The Cincinnati VA Medical Center is undergoing its fourth leadership change since February, when a joint investigation by the Scripps News Washington Bureau and WCPO documented a series of problems involving cost cutting and quality of care. Cincinnati VA Director John Gennaro told employees in an early afternoon email that he has accepted a position as director of the Erie VA Medical Center in Pennsylvania, where he once served as associate director.

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2.7 - New Hampshire Union Leader: [NH's Vietnam veterans honored at VA Medical Center](#) (25 April, 485k online visitors/mo; Manchester, NH)

Ann Darby Reynolds of Exeter, one of the first women in the Navy to receive a Purple Heart in the Vietnam War, was among dozens of Vietnam veterans honored Monday at a breakfast commemorating the 50th anniversary of the war held at the Veterans Administration Medical Center. The commemoration extends from Memorial Day 2012 through Veterans Day 2025.

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2.8 - WXOW (ABC-19, Video): [Tomah V.A. completes 100-Day Plan](#) (26 April, Ginna Roe, 357k online visitors/mo; La Crescent, MN)

The Tomah V.A. Medical Center launches a major effort to repair its relationship with the public and rebuild trust with both veterans and staff members. The effort comes after allegations of

over prescription of over powerful prescription opioids to treat veterans. On Tuesday, the Tomah V.A. announced the completion of its 100-Day Plan. When Acting Medical Center Director Victoria Brahm took over in October, she said she knew she needed a strategic plan.

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2.9 - Sioux City Journal: [Disabled veteran's family seeks help to keep him at Sioux City care facility](#) (27 April, Dolly A. Butz, 345k online visitors/mo; Sioux City, IA)

For the past year, McKinley has been trying to challenge the Sioux Falls VA Health Care System's decision to stop paying for Michael's care at Opportunities Unlimited (OU), which serves individuals with disabilities, including traumatic brain and spinal cord injury. McKinley was devastated when she learned last April the VA had ended its contract with OU for Michael's care. She had less than a month to find another VA-approved and contracted facility for her son.

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2.10 - KTVZ (NBC-21): [Upcoming Bend town hall to address veterans' issues, VA leaders to be on hand as solutions sought](#) (26 April, 236k online visitors/mo; Bend, OR)

The MyVA Cascadia Board will hold a public town hall meeting on Monday, May 9 in Bend at the Hitchcock Auditorium of Central Oregon Community College from 6-8 p.m. for veterans, their families, and community leaders to brainstorm new strategies to existing veteran issues. Unlike many veteran forums, this event will focus on strategizing solutions and not address individual Veteran case issues.

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2.11 - WKBT (CBS-8): [Tomah VA officials unveil 100-day plan results, Officials highlight reduced opioid use among patients](#) (26 April, Eric Jacobson, 234k online visitors/mo; La Crosse, WI)

The results of a 100-Day plan by the Tomah VA were unveiled Tuesday. It's been more than a year since allegations of faculty over-prescribing prescription pain-killers at the Tomah VA Medical Center were made public. To address those concerns, the VA created a series of plans to improve patient care. One of those was the 100-day plan aimed at rebuilding lost trust with its patients, that was unveiled in November.

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2.12 - The Journal Gazette: [VA Northern Indiana gets new acting director](#) (26 April, 216k online visitors/mo; Fort Wayne, IN)

The U.S. Department of Veterans Affairs has named a new acting director for the VA Northern Indiana Health Care System. Jay Miller, the system's associate director, will take over for acting director Mark Murdock, who will return to the Dayton VA Medical Center as its acting director. Miller has 25 years of leadership experience at VA medical facilities in Michigan, Illinois and Alabama, the department said Tuesday in a news release.

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2.13 - Cape Gazette: [Veterans Administration breaks ground on outpatient building](#) (26 April, Steven Billups, 214k online visitors/mo; Lewes, DE)

A groundbreaking ceremony was held on site at College Park Center in Georgetown April 15 for the construction of a new 14,006-square-foot outpatient building for the Veterans Administration.

Representatives from the Veteran's Administration as well as dignitaries and local representatives were in attendance for the event. The VA building will be built on a parcel of the larger 108-plus-acre mixed-use site...

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2.14 - The Daily Sentinel: [Veterans vent about care, Town hall meetings designed to give feedback to health administrators](#) (26 April, Amy Hamilton, 187k ovm; Grand Junction, CO)
A packed room of military veterans on Tuesday night released a barrage of complaints, but also lobbed a few compliments at officials with the Grand Junction's Veteran's Affairs Medical Center and the Veterans Affairs medical network, in general. American Legion officials, some of whom traveled from Washington, D.C. to hear the input at Palisade Community Center, hosted the forum in an attempt to funnel veterans' frustrations to the correct VA official.

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2.15 - WEAU (NBC-13, Video): [Tomah VA completes 100 day plan](#) (26 April, Erin O'Brien, 177k online visitors/mo; Eau Claire, WI)
The Tomah VA Medical Center says it's made big changes to the way it prescribes pain killers to patients. Acting Director Victoria Brahm announced Tuesday the completion of their 100 day plan, a set of goals aimed at improving employee trust and patient care after reports last year of over-prescribing opiates to veterans.

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2.16 - WJAX (CBS-47): [Study will look at effects of medical marijuana for veterans with PTSD](#) (26 April, Samantha Manning, 147k online visitors/mo; Jacksonville, FL)
A new study, the first of its kind, will look at the effects of medical marijuana as treatment for veterans with post-traumatic stress disorder. The nonprofit Multidisciplinary Association for Psychedelic Studies said the Drug Enforcement Administration gave approval for the study, which will look at the use of medical marijuana for 76 veterans with PTSD. Pvt. 1st Class Thomas White is one of more than 2,200 veterans in Duval County with PTSD.

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2.17 - Dayton Business Journal: [Dayton VA leader tapped for new temporary role](#) (26 April, Tristan Navera, 144k online visitors/mo; Dayton, OH)
The director of the Dayton VA Medical Center has been tapped for another temporary assignment. Glenn Costie will be acting director of the Cincinnati VA Medical Center, replacing its current director, John Gennaro, who will lead lead the Erie VA Medical Center in Pennsylvania, the U.S. Department of Veterans Affairs announced Tuesday.

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2.18 - La Crosse Tribune: [Tomah VA on track, officials say](#) (26 April, Steve Rundo, 136k online visitors/mo; La Crosse, WI)
Officials at the Tomah Veterans Administration Medical Center said Tuesday they are happy with results of a 100-day plan to improve operations, but are still looking for personnel to reopen the psychiatric unit and to take over as director. Tomah VA interim director Victoria Brahm said the hospital has made significant progress since it was shaken by reports of patients being prescribed excessive dosages of painkilling drugs.

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2.19 - MedCity News: [4 Ways Healthcare is Getting a Return on Telehealth](#) (26 April, David Plummer, 111k online visitors/mo; Cleveland, OH)

A study by the Commonwealth Fund examining the Veterans Administration's (VA) telehealth program, Care Coordination/Home Telehealth (CCHT), saw a 20 percent reduction in patients seeking hospital services for diabetes. On the behavioral health side, the VA saw a 56 percent reduction in hospital services for depression and a 40 percent drop in hospitalizations for other mental health issues. Together, these results translate to \$2,000 in per-patient annual savings.

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2.20 - Cincinnati Business Courier: [VA replaces director of Cincinnati medical center](#) (26 April, Barrett J. Brunsman, 108k online visitors/mo; Cincinnati, OH)

The Cincinnati VA Medical Center is getting a new chief executive less than a year after the top spot was last filled. John Gennaro, who became executive director of Cincinnati's seventh-largest hospital in July, has been reassigned to lead the Erie VA Medical Center in Pennsylvania. He got his start with the VA system in 1997 as a budget analyst in the research program at the Cincinnati medical center.

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2.21 - Virgin Islands Daily News: [U.S. Veterans Affairs Secretary presents Congressional medals to V.I. members of the Borinqueneers](#) (26 April, Joy Blackburn, 89k online visitors/mo; St. Thomas, VI)

U.S. Secretary of Veterans Affairs Robert McDonald on Monday honored five Virgin Islands veterans, surviving members of the 65th Infantry Regiment, which was also known as the Borinqueneers. The Congressional Gold Medal recently was awarded to the 65th Infantry Regiment in ceremonies in Washington, D.C., and in Puerto Rico.

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2.22 - WJET (ABC-24, Video): [New VA leader named, served in Erie before](#) (26 April, 52k online visitors/mo; Wrie, PA)

A familiar face is coming back to Erie to run the VA Center. John Gennaro has been selected to fill the vacancy at the top of the VA Medical Center in Erie. He is currently the director of the VA Medical Center in Cincinnati. In his roll Gennaro will oversee more than 700 providers giving care to 22,000 area vets with a budget of \$144 million.

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2.23 - FierceHealthIT: [VA's David Shulkin: Million Veterans Program a boon to Precision Medicine, Moonshot initiatives](#) (26 April, Dan Bowman, 42k online visitors/mo; Washington, DC)

Health technology and information pulled from individuals involved in the Million Veterans Program (MVP) will help to propel both President Barack Obama's Precision Medicine Initiative and Vice President Joe Biden's National Cancer Moonshot Initiative, according to David Shulkin, of the Department of Veterans Affairs.

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3. Ending Veterans' Homelessness – No coverage

4. Ending the Claims Backlog – No coverage

5. Veteran Opportunities for Education/GI Bill

5.1 - Inside Higher ED: A University, Veterans and \$35 Million Fraud Allegation (26 April, 657k online visitors/mo; Washington, DC)

Federal authorities last week charged a Pennsylvania man with creating a scheme that resulted in \$35 million in fraudulent payments for the education of veterans, NJ.com reported. The man's company told veterans that they were being educated by faculty members at Caldwell University, a private institution in New Jersey...

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6. Women Veterans

6.1 - Inforum: New U.S. military casualties: Vets sickened by base burn pits, including Fargo woman (26 April, Julio Ojeda-Zapata, 196k online visitors/mo; Fargo, ND)

Melissa Gillett recalls the sickly sweet, nearly vomit-inducing smell during her runs around Bagram Airfield in Afghanistan, where she served as a member of the Minnesota National Guard. The revolting odor emanated from a large "burn pit," one of many the U.S. military has used over the years in Iraq, Afghanistan and other places to dispose of trash, chemicals and more.

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7. Other

7.1 - Government Executive: Employees Can Be Involved in Armed Robberies as Long as It's On Their Own Time, VA Says (25 April, Eric Katz, 2.2M online visitors/mo; Washington, DC)

Perhaps David Shulkin just assumed a Veterans Affairs Department employee would be fired for playing a role in an armed robbery. VA's undersecretary for health told the House Veterans' Affairs Committee last week that Elizabeth Rivera, a worker at a facility in Puerto Rico who was involved in an armed robbery last year, was no longer with the department.

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7.2 - Pacific Daily News: VA inspector general offers rewards (26 April, Bill Cundiff, 229k online visitors/mo; Hagatna, GU)

There is a Veterans Affairs Office of Inspector General Rewards Program that people may participate in. The rewards program states that a source of information may receive an Office of Inspector General Investigations Reward in cash for disclosing information concerning criminal or unlawful activities involving VA programs and personnel. Types of criminal or unlawful activity

include, but are not limited to, false or fraudulent claims for benefits, medical care, services, or payment from VA to beneficiaries...

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7.3 - West Central Tribune: [Bahl retiring from St. Cloud VA system](#) (26 April, 76k online visitors/mo; Wilmar, MN)

After 40 years of federal service, Barry Bahl will be retiring as the director of the St. Cloud VA Health Care System. Bahl was appointed director of the Veterans Affairs health care system in 1999. Bahl leads a health care system which covers 27 counties and includes the VA medical center in St. Cloud and the VA clinics in Brainerd, Montevideo and Alexandria.

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7.4 - MeriTalk: [Veterans Affairs Formally Appoints New Deputy CIO](#) (26 April, Dan Verton, 5.6k online visitors/mo; Alexandria, VA)

Department of Veterans Affairs Chief Information Officer LaVerne Council announced Monday that Susan McHugh-Polley, the official who led the development of the VA's enterprise cybersecurity strategy, is now the permanent deputy assistant secretary for Service, Delivery, and Engineering. McHugh-Polley had served as the executive director for field operations since 2014 under Art Gonzalez, who stepped down from his post in the Office of Information and Technology...

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1. Top Stories

1.1 - The Washington Post (PowerPost): [House GOP conference chair: Wait time is up for VA fix](#) (26 April, Rep. Cathy McMorris Rodgers (R-Was.), 23.7M online visitors/mo; Washington, DC)

Imagine a veterans' hospital with no waiting list to see a doctor.

One where veterans can book their appointments online 24 hours a day, seven days a week.

Where the red carpet is rolled out for our heroes to receive world-class care for their world-class service the very next day — before it's too late.

And where the men and women who accepted the call of duty can choose to continue seeing the doctor they've seen their entire lives.

This is what a common sense, 21st century veterans' health care system should look like. After all, we're talking about the men and women who lay their lives on the line and sacrifice so that we may live free.

To think they could be trapped in a broken system simply because of their service, and not have the same access to quality services available to private citizens, is outrageous.

Unbelievably, as we approach two years since the scandal broke out at the VA with secret wait lists, patients dying waiting for appointments, and an overwhelming feeling of hopelessness, we're finding that our veterans still aren't even coming close to that vision for 21st century care.

In fact, according to recent reports, the situation is even worse.

An audit released last week by the Government Accountability Office (GAO) found that the VA still hasn't fixed the wait times that plagued the system two years ago; schedulers at half the reviewed centers had falsified wait times, and scheduling was done improperly a quarter of the time. An earlier report revealed that as of January, more than 30,000 veterans were waiting longer than one month for health care than they were the year before.

This doesn't mean a 21st century VA isn't possible, but it will require a comprehensive overhaul of the agency we know today, starting with the way health centers schedule appointments, and continuing until the culture and focus of the agency's bureaucrats places veterans before themselves.

The VA is centered on the status quo and the problems at the agency are deeply rooted at every level of this obsolete government model built for the previous century. And it's failing our veterans.

For example, despite assertions from the agency that several dozen employees lost or would lose their jobs over the manipulated wait times, in reality, only a handful have been fired — not even enough to qualify as a slap on the wrist.

Veterans died while on VA waiting lists, and it is unconscionable that there has been little effort on the part of the agency to reform its own culture, rectify this situation, or hold those responsible accountable.

Delivering timely, quality care for these brave men and women has to be more than just lip service—it has to be a priority.

This means taking seriously the long wait times, insufficient care, and unresponsive management.

It is estimated that 18 percent of VA appointments are wasted due to last-minute cancellations and no-shows. In these instances, VA personnel failed to refill the cancelled appointments.

In June of last year, an internal audit found more than 120,000 veterans waited at least 90 days for appointments for medical care, or they didn't receive appointments at all.

These slots could be filled by the countless other veterans stuck on the wait-list using real-time updates available through existing technology.

The VA recently told Congress that it is putting on hold its overhaul of its scheduling system that was supposed to fix the problem, meaning the agency is still relying on archaic technology systems and phone calls to get the job done.

We can do better.

I believe we should open up the scheduling process to the same technologies being used in doctors' offices by private citizens across the country, which is why I've introduced legislation with Rep. Seth Moulton (D-Mass.) that incorporates self-scheduling so veterans can schedule and confirm medical appointments online and immediately.

But the scheduling system is not enough. Across the board, whether it's how appointments are scheduled, or the quality of health services provided, our veterans should have access to the same technology and services as private patients across the country.

If we don't clean house at the VA and overhaul its culture, we're just biding time until another — potentially worse— scandal surfaces.

Over the coming months, we will focus on legislation that demonstrates to the VA how innovative ideas already being used in the private sector can also work for them to cut back on red tape, stay within budget, and, most importantly, get our veterans the care they earned and need.

The time has run out for the VA to address its issues on its own.

If this administration cannot follow through on the fundamental duty and solemn obligation to serve our veterans with the VA as-is, then it's time to try something different.

No more waiting. No more sitting by the phone hoping that someone follows up.

Self-scheduling is only one example of the endless possibilities for a 21st century VA — one that treats our veterans with dignity and respect, and ensures our heroes' sacrifices don't continue after their tours end.

It just takes the imagination and willpower to make it happen.

A founder of the Congressional Military Family Caucus, Cathy McMorris Rodgers has represented Fairchild Air Force Base in Washington's 5th Congressional District since 2005. McMorris Rodgers is chair of the House Republican Conference.

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1.2 - The Oregonian: [Consumer group files ethics complaint against Portland VA](#) (26 April, Lynne Terry, 9.6M online visitors/mo; Portland, OR)

A consumer advocacy group has filed an ethics complaint against the VA Portland Health Care System over a clinical trial involving kidney transplants.

Public Citizen accused the Portland medical center and the University of California, San Francisco of violating the rights of kidney recipients by enrolling them in the study without their consent. The study was led by Dr. Darren Malinoski of the Portland VA and the university's Dr. Claus Niemann.

"A review of the New England Journal of Medicine article presenting the trial's results reveals that the trial, as conducted, was unethical and failed to materially comply with key requirements of (Department of Health and Services) and VA regulations for the protection of human subjects," the Public Citizen letter said.

The group has demanded that Veterans Affairs and the U.S. Department of Health and Human Services investigate and sanction the institutions.

A spokesman for Veterans Affairs in Portland declined to comment. He referred questions to Veterans Affairs in Washington, D.C., which did not immediately comment.

The study involved the transplantation of kidneys from 370 brain-dead donors to about 570 recipients between March 2012 and October 2013. About half of the donor bodies were cooled slightly to 93 to 95 degrees while the others were kept at 98 to 100 degrees, which is the standard renal transplant protocol.

The study aimed to test whether kidneys from cooler bodies helped the transplants take more quickly. Transplanted kidneys don't work immediately in about 50 percent of the cases, requiring the recipients to undergo dialysis the first week. That increases health care costs and curtails the longevity of the donor kidney.

The trial was evaluated by the institutional review board at the University of California, San Francisco before it was conducted, according to standard protocol.

The review noted that the donors were at least 18 years old when they died and had signed an authorization allowing their bodies to be used for research. It said donor consent wasn't needed because the trial involved dead people. Recipients weren't informed that they were enrolled in the trial, however. The report in the New England Journal of Medicine said their consent wasn't needed because the study posed minimal risks to the recipients.

But Public Citizen disagreed. It said "the human subjects enrolled in the trial were not afforded the important protections that they deserved."

The trial was ended sooner than expected because the results showed that transplantation from cooler bodies was more successful. Seventy-nine recipients of kidneys from the cooler group had to go through dialysis in the first week compared with 112 in the other group.

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1.3 - The Washington Times (AP): [Dayton VA Medical Center director to head Cincinnati VA](#) (26 April, 3.5M online visitors/mo; Washington, DC)

The medical director of the Dayton VA Medical Center will become acting director of the VA medical facility in Cincinnati, where investigators said this year that they had found misconduct related to some officials.

Glenn Costie's move from Dayton to Cincinnati was one of four appointments of leaders for VA facilities in Ohio, Indiana and Pennsylvania announced Tuesday by the Department of Veterans Affairs.

Costie will become acting director of the Cincinnati VA Medical Center until a permanent director is hired, the VA said. The department in February ousted the head of its Ohio-based regional network headquartered in Cincinnati and disciplined the then-acting chief of staff of the Cincinnati hospital in connection with a probe of the hospital's management and veterans' care.

The VA said then that a site visit didn't substantiate impropriety in the quality of care for veterans or in community care referrals, but that the investigative team found misconduct related to the then-acting chief of staff's provision of prescriptions and other medical care to family members of the ousted head of the regional network.

The Cincinnati hospital delivers medical care to more than 43,000 veterans annually from southwest Ohio, northern Kentucky and Indiana. John Gennaro, director of the Cincinnati VA, will fill the vacant director's job at the Erie VA Medical Center in Pennsylvania that serves about 22,000 veterans.

U.S. Sen. Sherrod Brown said Tuesday that alleged reported management problems in Cincinnati "are unacceptable." The Ohio Democrat said he and his team will work closely with the VA to ensure that a new permanent director addresses the reported challenges.

Costie will be replaced in Dayton by Mark Murdock, who will become acting director at the Dayton VA. Murdock has been on temporary assignment as acting director at the Northern Indiana Health Care System, which has campuses in Fort Wayne and Marion.

The associate director at the Northern Indiana system, Jay Miller, will become acting medical center director there until a permanent director is chosen.

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1.4 - The Washington Times (AP): [Another patient accuses former VA employee of sex abuse](#) (26 April, 3.5M online visitors/mo; Washington, DC)

Another patient has filed a lawsuit accusing a former physician assistant at the Veteran's Administration hospital in Kansas of sexual abuse.

The complaint filed Tuesday in U.S. District Court of Kansas brings to at least four the number of civil lawsuits filed against Mark E. Wisner, and the federal government. Wisner also faces criminal charges of aggravated criminal sodomy, solicitation and sexual battery.

Wisner did not return a phone message. The hospital in Leavenworth, Kansas, reiterated that once accusations were brought to the attention of its leadership Wisner was immediately removed from patient care and an investigation initiated.

The Iraq war veteran alleges that Wisner conducted improper genital examinations and comments. He contends Wisner suggested he would withhold pain medications if the patient did not allow the examinations.

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1.5 - Dayton Daily News: [Dayton VA chief sent to Cincinnati temporarily, A VA internal investigation found misconduct by former administrators](#) (26 April, Barrie Barber, 2.8M online visitors/mo; Dayton, OH)

Dayton VA Medical Center Director Glenn Costie will temporarily take over the embattled Cincinnati VA while a search for a new director is under way, the federal agency said Tuesday.

It's not an unfamiliar role for Costie, who was interim director of the Phoenix VA Medical Center in Arizona when that medical center faced scrutiny about lengthy delays in scheduling appointments for veterans.

Costie will replace John A. Gennaro, the current Cincinnati VA director, who served in the top post since last July. He will become the director of the Erie (Pa.) VA Medical Center, where he was an associate director prior to coming to Cincinnati.

Costie was out of the office and unavailable for comment Tuesday, according to Dayton VA spokeswoman Kimberly Frisco.

The VA also declined an interview request Tuesday with Gennaro.

VA officials have offered no additional information on the reason for the leadership change in Cincinnati, but the Cincinnati VA was under scrutiny in recent months after the federal agency took action against two senior leaders following dozens of whistleblowers reportedly stepping forward with concerns.

In February, Jack G. Hetrick, director of the Veterans Integrated Service Network covering Ohio, retired when faced with a notice of pending removal, and Dr. Barbara Temeck, then Cincinnati VA acting chief of staff, was reassigned to non-patient duties, according to the VA.

A VA internal investigation earlier this year substantiated misconduct by Temeck and Hetrick in connection with prescriptions that Temeck provided to members of Hetrick's family. Other allegations that cost-cutting measures impacted quality of care for veterans were not substantiated by the VA.

An attorney for Temeck has said the VA made her a "scapegoat" while she tried to fix a broken system at the VA, according to media reports.

U.S. Sen. Sherrod Brown, D-Ohio, said Tuesday he would meet with Cincinnati VA leadership and employees next week. Brown, a member of the Senate Veterans Affairs Committee, had been in contact with VA Secretary Robert McDonald about concerns at the medical center, his office said.

"Nothing is more important than taking care of our veterans and the problems reported in Cincinnati are unacceptable," he said in a statement. "My team and I have been working closely with Secretary McDonald and the VA to demand accountability, and today's news is another big step toward making sure Cincinnati area veterans receive the top quality care they deserve."

U.S. Rep. Mike Turner, R-Dayton, said in a written statement: "This development is a testament to Director Costie's expertise and his over 30 years of experience in this field. His leadership at multiple VA Medical Centers is expansive and I look forward to having him back at the Dayton VA soon."

With Costie's temporary reassignment, Mark Murdock will become acting director of the Dayton VA Medical Center. Murdock had been on temporary assignment as acting director of the Northern Indiana Health Care System since last October. Jay Miller, associate director of the Northern Indiana Health Care System, will take over as acting director at that facility, which covers the Fort Wayne and Marion VA areas, the VA said.

Costie is expected to assume full-time duties in Cincinnati by May 16, although the transition begins next week. He will return to Dayton within four months once his role as acting director is over, according to the VA. Murdock will arrive in Dayton at the end of May.

Dayton VA Chief of Staff Dr. James T. Hardy, and Anna Monnett, associate director of patient care services in Dayton, will fill in the leadership role until Murdock arrives.

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1.6 - The Cincinnati Enquirer: [Cincinnati VA, in turmoil, gets new leader](#) (26 April, Anne Saker, 2.4M online visitors/mo; Cincinnati, OH)

The Cincinnati VA Medical Center, which has been embroiled in controversy this year over its governance and management, underwent yet another leadership shakeup Tuesday. The hospital's director, who had been on the job less than a year, was sent to another Veterans Affairs hospital, and a Dayton VA official was named acting director in Cincinnati.

An 11-paragraph news release issued Tuesday afternoon offered only the barest details about the changes. Cincinnati VA spokeswoman Amanda Eisenlohr said VA officials were not available Tuesday to offer more explanation for the realignment.

Glenn Costie, director of the Dayton VA Medical Center, will become acting director in Cincinnati. He brings more than 30 years of experience to the post, having worked at VA hospitals in Chicago; West Haven, Connecticut; Cleveland; Baltimore; and Poplar Bluff, Missouri.

Costie will stay in the job at the Cincinnati VA until a permanent director is hired. The VA announcement said the agency has started nationwide recruitment for the position.

Costie steps in for John A. Gennero, a Xavier University graduate who arrived in late July at the Cincinnati VA to be director. Tuesday, the VA announced that Gennero would now be director of the Erie VA Medical Center in Pennsylvania, where Gennero had worked before as associate director.

The Cincinnati VA is a 248-bed nine-story hospital in Corryville, a satellite facility in Fort Thomas and six clinics in Ohio, Kentucky and Indiana. Nearly 45,000 veterans in the Cincinnati region get medical care through the Cincinnati VA.

Gennero arrived in Cincinnati as the facility was undergoing federal investigation for whether veterans were delayed in getting care. But almost immediately upon taking the director's chair, Gennero sank hip deep into an internal war within the hospital. In September, 34 doctors and other care providers wrote an unsigned letter to VA Secretary Bob McDonald, complaining to the former Procter & Gamble CEO about Dr. Barbara Temeck, then the acting chief of staff, or second in command at the hospital.

The people who joined the letter complained that Temeck was demanding changes in the Cincinnati VA that compromised patient care. In February, when the letter became public, the VA demoted Temeck from acting chief of staff to a data-entry job in the basement of the Corryville hospital.

VA officials from Washington have been investigating the letter's claims, but the review is not complete. Eisenlohr referred questions about the investigation to the VA in Washington.

After her demotion, Temeck, a Georgetown-trained thoracic surgeon and a 35-year VA employee, hired lawyers who say Temeck had been offered up as "a scapegoat" for problems at the Cincinnati VA. They said she was trying to fix a bloated, inefficient system but was blocked by doctors at the hospital.

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1.7 - The Kansas City Star: [Lawsuit alleges sexual misconduct at Leavenworth VA hospital](#) (26 April, Tony Rizzo, 904k online visitors/mo; Kansas City, MO)

An Iraq War veteran filed suit Tuesday alleging he was the victim of sexual impropriety at the Veterans Affairs Medical Center in Leavenworth.

Tuesday's suit is at least the fourth filed in recent weeks involving Mark E. Wisner, a former physician assistant at the facility.

Wisner also faces criminal prosecution in Leavenworth County District Court.

The suit was filed Tuesday in U.S. District Court in Kansas City, Kan., on behalf of a man identified as John Doe D.P.

Wisner subjected Doe to inappropriate sexual comments and examinations, according to the suit.

He "repeatedly" fondled Doe's genitals and suggested that pain medication would be withheld if Doe didn't submit to the examinations, the suit alleges.

Wisner voluntarily surrendered his license last year, admitting that he was an "impaired practitioner."

The suit alleges that officials at the medical center failed to properly supervise Wisner and "knew or should have known" about his improper conduct.

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2. Access to Benefits/Care

2.1 - Primera Hora (Video): [Exmilitares cuestionan al secretario de Asuntos del Veterano](#)
(26 April, Javier Colon Davila, 8.8M online visitors/mo; Guaynabo, Puerto Rico)

Veteranos puertorriqueños de diversos conflictos bélicos tuvieron hoy la oportunidad de hacer preguntas directas al secretario del Departamento de Asuntos del Veterano, Robert A. McDonald, quien visitó la ciudad de Guaynabo junto al comisionado residente en Washington, Pedro Pierluisi.

McDonald aseguró a los veteranos presentes en el centro cultural Yolanda Guerrero que la agencia bajo su mando no desaparecerá, contrario a deseos de ciertos grupos de extrema derecha.

"No sólo la Administración de Veteranos (VA, por sus siglas en inglés) es necesaria para los veteranos, sino que también es necesaria para la medicina americana y para la gente. Hacemos investigaciones al punto que estamos logrando que veteranos paralizados puedan caminar", afirmó McDonald.

"Entrenamos el 70% de los doctores en el país (Estados Unidos) y nadie emplea tantas enfermeras en la nación", destacó el funcionario federal.

Una de las interrogantes repetidas en el conversatorio giró en torno al futuro de las clínicas de Ponce y Arecibo.

El propio Pierluisi, quien recordó que el Congreso federal autorizó el desembolso de \$400 millones durante los próximos 20 años para la construcción y mantenimiento de una nueva

clínica en Ponce, le dijo a McDonald que el tiempo de espera para el inicio de la obra, preliminarmente pautado para el 2021, es "demasiado tiempo".

"El dinero de Ponce y Arecibo está aprobado y están en etapa de diseño. Seguimos trabajando para ver si se puede acelerar eso lo más posible", dijo McDonald, quien fue ayudado en varias de las respuestas al público por DeWayne Hamlin, director del Hospital Veteranos de Puerto Rico.

En cuanto a la clínica de Arecibo, la misma será movida al centro comercial Galería Pacífico de manera temporal en lo que se encuentra otro local permanente, según se informó.

"Hay proyectos de que esto?y pendiente y necesitamos una facilidad mucho más grande en Ponce y en Arecibo. Son proyectos pendientes", insistió Pierluisi.

Según datos oficiales, alrededor de 140,000 veteranos reciben servicios de la Administración de Veteranos y se desembolsan sobre \$500 millones anuales en beneficios de compensación y/o pensión. En agosto del de 2014 se inauguró una clínica en Mayagüez y luego una clínica en San Juan, a un costo de \$47 millones. Igualmente se invirtieron \$48 millones en el nuevo edificio de la Administración de Veteranos en la Isla y se inauguró el cementerio para veteranos de Aguadilla, también en el 2014.

Pierluisi también recordó a McDonald sobre la gran cantidad de veteranos que sufren lesiones cerebrales o tienen problemas mentales. A fines de atenderlos adecuadamente existe una autorización de fondos para habilitar 40 camas nuevas en una instalación privada aquí, pero aún no se ha completado la negociación para conseguir el proveedor de servicio.

"Ese es un tema muy importante para nosotros. Las lesiones traumáticas del cerebro son las lesiones insignes de las guerras de Irak y Afganistán. No estamos produciendo suficientes doctores y enfermeras para lesiones cerebrales", sostuvo McDonald al indicar que las ofertas recibidas hasta el momento para identificar el local para las camas han sido muy altas.

"Necesitamos esas camas. Estoy abierto a posibilidades sobre dónde ponerlas pero tenemos que hacerlo", insistió Pierluisi.

McDonald participará mañana con Pierluisi en la ceremonia local de presentación de la Medalla de Oro del Congreso de Estados Unidos al Regimiento 65 de Infantería, conocidos como los "Borinqueneers". La actividad se llevará a cabo en los predios del Castillo San Felipe del Morro.

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2.2 - The Des Moines Register: [Iowa soldiers exposed to Agent Orange no longer forgotten](#) (26 April, Mike Kilen, 3.8M online visitors/mo; Des Monies, IA)

Dan Gannon, of Ankeny, fielded the questions with a heavy heart.

"What about my husband?"

Last year, he led an effort to add a forgotten soldier's name to the Iowa Vietnam War Monument on the Iowa state Capitol grounds. Douglas Peterson had died of combat wounds many years after the war ended.

But all he could tell callers whose own loved ones had also died after the war was that the black granite wall engraved with 867 names was for Iowa soldiers who died from combat.

He was convinced others should be honored for their sacrifice. What about all the Vietnam vets who died prematurely from fighting in the war, whether from diseases caused by chemicals used in the war or suicide related to post-traumatic stress disorder or other aftereffects?

On May 6, a new memory plaque that he helped create will be unveiled at an official ceremony. It flanks the winding sidewalk approach to the wall and is engraved with a message — those who served in the Vietnam War and later died as a result of their services will be honored and remembered. The stone is cut from the same style of Minnesota granite as the original wall that was dedicated in 1984.

Gannon has a personal connection to this effort. He suffered with PTSD. He got to a low point in 2003, when he wanted to end it all, followed by a diagnosis of prostate cancer that has presumed links to exposure to pesticides widely sprayed in Vietnam to kill the dense foliage, commonly called Agent Orange. He survived by helping others and didn't want us to forget all those soldiers who didn't.

"That's what drove me to do this," he said.

Vicki Swarts, of West Des Moines, will speak at the ceremony. Her husband, Tony Swarts, died in 2013 at age 67 after suffering for years with 26 medical problems of the heart, liver and other conditions that she said were linked to exposure to Agent Orange.

"It just really makes my heart and soul happy," she said, looking at the memorial that had just been set in concrete last week. "This is long overdue, just something simple that says, 'Thank you.'"

Tony Swarts' job in the Air Force in the late 1960s was to spot enemy encampments in the Vietnam jungles. But the foliage was so dense, he often couldn't. He was glad when the area was sprayed with Agent Orange.

But soon after he returned and his daughter was born in 1971, he was diagnosed with Crohn's disease. Every few years after that for the rest of his life, new health problems surfaced. He had bypass surgery and an organ transplant. He had circulation problems and asthma.

One day while watching TV with his wife in the late 1970s, they saw a show on the potentially damaging effects of exposure to Agent Orange.

"Is there any chance it could have affected you?" Vicki asked him.

"There's no chance that it didn't," he told her.

The U.S. Department of Veterans Affairs has recognized that certain cancers and other health problems are associated with exposure to Agent Orange and other herbicides used during military service, and veterans and their survivors may be eligible for benefits. Last weekend in

Des Moines, the Faces of Agent Orange Symposium gathered stories of veterans' families to make a case that it also affects children and grandchildren of soldiers.

"That deadly dioxin that we carry in our system yet today we believe is passed on genetically. We are quite upset our children would suffer the long-term affects," said Maynard Kaderlik, who heads the Agent Orange Committee of the Vietnam Veterans of America, which has organized the symposiums across the country.

While there is little research evidence to support those claims, their organization's goal is to convince Congress to pass a bill that allows for more research into the effects on veterans' offspring.

"A lot of these vets and families weren't aware that it was causing birth defects," said Mokie Porter, the VVA's director of communications. "At the first town hall meeting a lot of light bulbs were going off."

It's difficult to say how many Iowans could have suffered premature deaths because of the pesticides, VA officials say. Nearly 115,000 Iowans served in the Vietnam War and more than 77,000 are living in Iowa today.

Many who died may have lived longer had they not suffered from aftereffects of the war and are not honored as war deaths.

"They are excluded from the casualties of the war. This monument will close that void," said Col. Robert King, executive director of the Iowa Department of Veterans Affairs, which spearheaded the effort paid for by veterans' license plates.

Vicki Swarts said her husband didn't sit around and mope after he became ill. He rarely spoke of Vietnam. The war didn't surface in conversation until Desert Storm in the 1990s, when he saw television footage. She was shocked by the stories of what he endured and watched him suffer through the nightmares that followed. But he continued to work in real estate, even mowing the lawn in the final year before he died.

"He was a very strong and brave person, and he endured a lot of pain, but always with the hope that he could live and survive," she said. "He didn't give up, not to the last."

On Dec. 24, 2013, Swarts had what she called her husband's "rally day" upon a visit from their grandson, who claimed he was the "grandpa whisperer" because he was doing so well. Two days later he died. But she is sure that their daughter and grandchildren are still living with the genetic legacy of Vietnam.

Gannon's only solace is to honor those who have already died from fighting a war nearly half a century ago or those still living with toxins that may run through their families.

"We feel it doesn't leave us," he said.

Dedication

The Iowa Department of Veterans Affairs will host the 2016 Vietnam Veterans Day Recognition Ceremony at 11 a.m. Friday, May 6, at the Vietnam War Monument located south of the Capitol building in Des Moines. Gov. Terry Branstad, who was governor in 1984 when the monument

was dedicated, will officiate the ceremony. This year's ceremony includes the unveiling of a new Iowa Vietnam War In-Memory Memorial Plaque dedicated to the honor of the many Americans and Iowans who served in Vietnam and Southeast Asia who have for many years suffered from the effects of their duty.

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2.3 - The Washington Times (AP): [House backs fee bill for Louisiana's veterans cemeteries](#) (26 April, 3.5M online visitors/mo; Washington, DC)

House lawmakers have agreed to authorize a \$745 fee for burials in Louisiana's veterans cemeteries, but veterans won't be expected to pay the price.

The Department of Veterans Affairs says the federal government has been paying the \$745 toward the cost of each burial. But the agency says a recent attorney general's opinion suggested the fee rate needed to be set by state lawmakers.

The same charge would be set for a veteran's spouse or relative to be buried in the veterans cemetery. That fee, too, already has been charged by the state veterans department. The department could waive the fee if the family member can't afford it.

The bill by Rep. Jerry "Truck" Gisclair was sent to the Senate with an 87-2 vote Monday.

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2.4 - Washington Examiner: [Key Republican lawmaker: VA shifting directors 'only raises more questions'](#) (26 April, Anna Giaritelli, 3.1M online visitors/mo; Washington, DC)

The Department of Veterans Affairs appointed four senior leaders at facilities in Indiana, Ohio and Pennsylvania, though most are transfers and not promotions, the agency said Tuesday. The moves were quickly attacked by lawmakers outraged by the agency's years of scandals.

"At VA, we are constantly seeking ways to improve, and these personnel moves make us better across the board," VA Under Secretary for Health Dr. David J. Shulkin said in a statement. "Each individual is a proven leader who will be a strong advocate for veterans."

But House Veterans Affairs Committee Chairman Jeff Miller told the Washington Examiner that shuffling officials among facilities does not end the need for reform.

"This announcement only raises more questions regarding VA's handling of the scandal at the Cincinnati VA Medical Center. Chiefly, why is the Cincinnati VAMC director departing after less than a year on the job and why is the facility's chief of staff still employed even though a VA investigation found she engaged in serious misconduct by providing improper medical care and prescriptions to members of another VA employee's family?" Miller wrote.

John Gennaro will leave his position as director of the Cincinnati VA Medical Center to fill the same slot at the Erie VA Medical Center in Pennsylvania. The move — though technically a

lateral one — is a downgrade for Gennaro, who goes from managing a \$387 million facility and 43,000 veterans to overseeing \$144 million center and 22,000 veterans.

Gennaro has been at the Cincinnati location for about eight months, and Shulkin said the facility thrived under his leadership. But two months ago, the VA announced the dismissals of two senior leaders at the facility due to a major scandal regarding patient care. That was followed by Gennaro's exit.

In addition, three other leaders were transferred to new locations.

Glenn Costie was transferred to the medical center in Dayton, Ohio, where he will serve as interim director. The move comes a year and a half after Costie, while acting director of the Phoenix VA Healthcare System in 2014, sent an email to staffers about a veteran's suicide, which was later highlighted in a political ad by Rep. Kyrsten Sinema, D-Ariz.

Mark Murdock, who had been on a temporary assignments as acting director of the Northern Indiana Health Care System for the past six months, will go back to the Dayton center as acting director.

Jay Miller, the associate director of the Northern Indiana Health Care System, will serve as interim director at that facility.

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2.5 - Truthout: [Dean Baker | Scamming US Veterans: Efforts to Privatize Veterans Administration's Health System](#) (25 April, Dean Baker, 1.8M online visitors/mo; Chicago, IL)

There are few areas where there is more bipartisan support than the need to provide adequate health care for the country's veterans. While many of us opposed the war in Iraq and other recent military adventures, we still recognize the need to provide medical services for the people who put their lives at risk.

This is why it is especially annoying to see right-wing groups invent scandals around the Veteran Administration's (VA) hospitals in order to advance an agenda of privatizing the system. If there was a real reason to believe that our veterans would be better cared for under a privatized system, then it would be reasonable to support the transition.

But this is the opposite of the reality. All the evidence suggests that a privatized system would make worse any problems veterans now face in getting care -- and it is likely to cost more money.

To back up a step, we actually have a great deal of evidence on the quality of care provided by the VA system. In an outstanding book, *The Best Care Anywhere*, Washington Monthly editor Phillip Longman documents how the VA's system of integrative care outperforms the models used by private insurers. The key point was that the VA system effectively tracks patients through their various contacts with doctors and other health care professionals.

This reduces the likelihood that they will get unneeded treatment, but more importantly, ensures that the patient's doctors are aware of the other treatments their patient is receiving. A major

problem for patients seeing multiple doctors is that none of them may have full knowledge of the set of conditions afflicting the patient or the drugs they might be taking. By keeping a central system and having a general practitioner assigned to oversee the patient's care, the VA system minimizes this source of mistakes. In fact, this model is so successful that most providers have tried to move in the same direction in recent years.

Longman was writing about the VA system of the 1990s, which had undergone a remarkable turnaround under the leadership of Kenneth Kizer who President Clinton had appointed to head up the health care system as under secretary of veterans affairs. The quality of care established by Kizer deteriorated somewhat under President Bush. This was partly a result of the large inflow of new veterans associated with the administration's wars. It was also partly due to the fact that Bush's political appointees showed the same sort of commitment to veterans' health as his appointees to the Federal Emergency Management Agency did to preparing for disasters like Hurricane Katrina.

Nonetheless, as Alicia Mundy points out in a recent Washington Monthly piece, the VA system still did quite well by most measures. An analysis done for the VA in 2010 found that nearly all the studies comparing the quality of VA care with its counterparts in the private and public sector found that the VA provided care that was as good or better than what was available in its competitors.

Given this reality, the proponents of privatization had to invent a scandal to push their case, and they got one. They found evidence of substantial waiting lists at the VA hospital in Phoenix. According to accounts promoted in the media, 40 patients died while they were waiting to see a doctor. This of course sounds horrible.

In reality, a report by the VA's Inspector General found that six, not 40 patients had died while waiting for appointments. And it wasn't clear that in any of these cases the death was related to lack of treatment. But the reality didn't matter, the right had their story and they were determined to push it everywhere they could.

The Koch brothers funded a new veterans organization, Concerned Veterans of America, which made attacking the VA health care system the major goal of its work. While full-fledged privatization is clearly a step too far at this point (most veterans really value the health care they get through the VA system), their goal is to piecemeal privatization through a process of gradually outsourcing more and more services.

As this process gains momentum, full-scale privatization may look like less of a lift. The outsourcing is likely to undermine the quality of care, most importantly by making the VA system's practice of integrative care more difficult. It is also likely to increase costs, since the privatized services will almost invariably cost more than the services provided through the VA.

In short, the practice of outsourcing more services from the VA and eventually privatizing it is likely to be a really bad deal from the standpoint of the country's veterans. It is also likely to be a bad deal from the standpoint of taxpayers, who will be getting a larger bill for lower quality care. But, it is likely to be a very good deal for the contractors making profits on VA business, and for that reason privatization of the VA is a very real threat.

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2.6 - WCPO (ABC-9): [The VA makes another management change in Cincinnati, Fourth leadership change since February](#) (26 April, Dan Monk, Mark Greenblatt, and Aaron Kessler, 940k online visitors/mo; Cincinnati, OH)

The Cincinnati VA Medical Center is undergoing its fourth leadership change since February, when a joint investigation by the Scripps News Washington Bureau and WCPO documented a series of problems involving cost cutting and quality of care.

Cincinnati VA Director John Gennaro told employees in an early afternoon email that he has accepted a position as director of the Erie VA Medical Center in Pennsylvania, where he once served as associate director.

"I am grateful for having the opportunity to have made a difference as a member of the Cincinnati VAMC team," Gennaro wrote to staffers.

Gennaro's announcement was sent about an hour before the U.S. Department of Veterans Affairs announced in a press release that four VA management changes were afoot:

- Gennaro will fill a vacant director's position at the Erie VA, the notice explained.
- Dayton VA Director Glenn Costie will become the acting director in Cincinnati May 2.
- Costie will be replaced by Mark Murdock, currently the acting director of the VA's Northern Indiana Health Care System.
- Murdock will be replaced by Northern Indiana's associate director, Jay Miller.

"At VA, we are constantly seeking ways to improve, and these personnel moves make us better across the board," said Dr. David Schulkin, the VA under secretary for health, in the Congressional notice. "Each individual is a proven leader who will be a strong advocate for veterans."

The VA statement said Gennaro will move from a center that cares for 43,000 veterans with a \$387 million budget to Erie, with a \$144 million budget and 22,000 veterans under its care. The VA credited Gennaro with restoring a five-star quality rating at the Cincinnati medical center, where the Xavier University graduate arrived in August 2015.

U.S. Sen. Sherrod Brown, D-Ohio, welcomed the change.

"New blood means the focus can return to the days when Cincinnati was known as one of the best VA centers in the country," said Brown, a member of the Senate Veterans Affairs Committee. "Most of the work force is competent and good and caring and empathetic. There have been management problems. We think of most of those are fixed."

Gennaro told staffers in his farewell email that the VA "built strong relationships with key stakeholders" during his tenure, adding:

"We have seen a tremendous transformation in the state of the art facilities in which we deliver care through the construction of our new Community Living Center and new (outpatient clinics) in Georgetown, Ohio and Florence, Kentucky that will open in 2016."

Gennaro is the fourth Cincinnati-based VA leader to leave his job since February when a group of 34 current and former VA staff members alleged a pattern of cost cutting that forced out experienced surgeons, reduced access to care and put patients in harm's way.

The VA launched two investigations in response to issues raised by whistleblowers and reassigned the hospital's chief of staff, Dr. Barbara Temeck, to a paperwork position. The VA's former regional director, Jack Hetrick, retired after being told the VA was taking steps to fire him. On April 14, Dr. Elizabeth Brill was announced as the hospital's next chief of staff, starting May 2. The board-certified obstetrician/gynecologist is a former Army Lieutenant who most recently worked as chief operating officer at Riverside Methodist Hospital in Columbus.

Dr. Brill will replace Dr. Ralph Panos, who replaced Dr. Temeck as acting chief of staff in February.

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2.7 - New Hampshire Union Leader: [NH's Vietnam veterans honored at VA Medical Center](#) (25 April, 485k online visitors/mo; Manchester, NH)

Ann Darby Reynolds of Exeter, one of the first women in the Navy to receive a Purple Heart in the Vietnam War, was among dozens of Vietnam veterans honored Monday at a breakfast commemorating the 50th anniversary of the war held at the Veterans Administration Medical Center.

The commemoration extends from Memorial Day 2012 through Veterans Day 2025. One of its objectives is to thank Vietnam veterans, including prisoners of war and those listed as missing in action, for the service and sacrifice on behalf of the United States.

Reynolds, a 1961 St. Anselm College graduate, was working at the U.S. Navy Hospital in Saigon, living at the Brink Bachelor Officers Quarters and hoping for a glimpse of Bob Hope when the building she lived in was bombed on Christmas Eve, 1964.

Suffering a leg wound, Reynolds assisted other victims and took some patients to the Navy hospital where she served, six miles away.

At the hospital, she immediately went to work seeing to the wounded.

"I was going on adrenaline. I was focused and went right down to the operating room with those two patients," she said. The rest of the hospital staff came in behind her and all went to work.

Reynolds didn't know she was injured until a corpsman told her. She had a deep cut right below her knee, one that had to be sutured.

As she was being treated, another patient, who she knew from mealtimes in the cafeteria, was put beside her.

"He didn't survive," she said, her eyes tearing up. "I still remember his last words - 'Don't let me die.' That was Christmas morning. That was not a good Christmas."

Reynolds, now 76, served 26½ years in the Navy, retiring in 1988 as a captain.

Samir Habiby, 83, now of the Keene area, received two Purple Hearts and two Bronze Stars for his Vietnam service. He retired from the Navy after 28 years.

He said he vividly remembers being pelted with tomatoes upon his return from the war by California students.

"I thanked them," he said, of the students who splattered him. "I thanked them that they had the freedom to do it."

"They laughed and shook my hand and apologized," he said. "They were kids. They didn't really know."

Also recognized Monday were Ray and June Dionne of Hooksett. She served in the Navy as a secretary at the Pentagon, while he served four tours in Vietnam, working as a welder repairing destroyers, he said.

"It was a long time coming," he said of the recognition.

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2.8 - WXOW (ABC-19, Video): [Tomah V.A. completes 100-Day Plan](#) (26 April, Ginna Roe, 357k online visitors/mo; La Crescent, MN)

The Tomah V.A. Medical Center launches a major effort to repair its relationship with the public and rebuild trust with both veterans and staff members. The effort comes after allegations of over prescription of over powerful prescription opioids to treat veterans.

On Tuesday, the Tomah V.A. announced the completion of its 100-Day Plan.

When Acting Medical Center Director Victoria Brahm took over in October, she said she knew she needed a strategic plan. She wanted to accomplish small, attainable goals to let both staff and veterans know of Tomah VA's commitment to patient service.

By November, the 100-Day Plan was underway, dealing with over 45 different initiatives to mark progress.

That included boosting employee satisfaction and improving open access to care.

"When we did the all employee surveys, Tomah VA, in terms of employee satisfaction, was at the very bottom, if not second to last in almost all of the categories," Brahm said.

"This is highly concerning to us because the literature does support that employees that are fully engaged and happy, what will result is veterans that are engaged and happy and receive better care," she said.

Over the past few months Brahm has hosted listening sessions, town halls, leadership training, even came in at 4 a.m. to observe the early shift. Now, 5 out of the 10 categories surveyed are

above the national average. Brahm said her goal is to get 10 out 10 categories above that average.

Another major accomplishment, Brahm said, is the Opioid Safety Initiative. Under this initiative, the V.A. launched what's called "Pain University." The program is set up like a school, veterans can take classes and graduate with a plan to help them manage their pain, hopefully without narcotics.

"Some of the things that the pain school supports are physical therapy, occupational therapy, healing touch, aromatherapy, acupuncture, those types of things that are more integrative medicine," Brahm said. She added many veterans have expressed interest in the program.

"I've seen over 50 veterans that have met with me and actually requested to be part of this programming.... especially the younger ones that want to not be on narcotics and have another way to deal with their pain," she said.

Also under the Opioid Safety Initiative, the V.A. is now giving out Naloxone kits. Naloxone, also known as Narcan, is a reversal agent. If a veteran overdoses on narcotics, Naloxone could help save their life. Brahm said they started administering the drug about two months ago. Now, every veteran that is on 100 mg of morphine a day, or has any other risk factors is given a kit and trained on how to use it.

Another part of the 100-Day Plan is to address recurring issues with the Veteran Choice Program. That program allows veterans already enrolled in VA health care to receive care within their community without having to travel to a VA facility. They must either live over 40 miles away or have been waiting for VA care for more than 30 days.

In previous town hall meetings, veterans expressed frustration with the Choice Program's paperwork problems and month-long waits before they could even schedule an appointment.

Brahm said the V.A. is working to address those issues.

"We've hired staff specifically trained in choice that work with veterans that are having problems in choice, because sometimes it is taking an hour or two hours to resolve problems. So they are totally dedicated to those veterans like case managers and help them through their issues," Brahm said.

The Tomah V.A. also has plans to open a specialized clinic, solely focused on the Choice Program.

"Veterans can come and spend a couple hours right face-to-face for us to make sure we work through their problems and they leave with problems fixed," she said.

No word yet on when that clinic will be opened. Brahm said they are working on shifting around employees, and that it should open shortly.

Congressman Ron Kind, (D-WI) 3rd District, said he's encouraged by the progress that's been made.

"They're implementing the recommendations of the Inspector General's investigations. We are starting to see statistically the number of patients that decline that are on high doses of opiate

dosage in the past, anywhere from 23 to 26 percent decline. And they are exploring more alternative and complementary forms of medicine so they're not just loading our veterans up with a cocktail of drugs," Kind said.

Senator Tammy Baldwin said the action taken in the 100-Day Plan show progress, but more needs to be done at the V.A.

"These are positive steps but there are ongoing investigations and the unfinished business of holding people accountable for the problems at the Tomah V.A. There is still a lot of work to do and I expect more from the V.A. to make sure the problems and tragedies at the Tomah V.A never happen again," Baldwin said.

Brahm agreed and said rebuilding the Tomah V.A.'s reputation is a work in progress.

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2.9 - Sioux City Journal: [Disabled veteran's family seeks help to keep him at Sioux City care facility](#) (27 April, Dolly A. Butz, 345k online visitors/mo; Sioux City, IA)

Michael McKinley smiled with an open mouth as he clutched a framed photo of a naval ship.

His mom, Carol McKinley, and two of his three sisters, Karen Chapin and Kristin Mantell, huddled around his wheelchair in his room in a residential home on Opportunities Unlimited's Sioux City campus, where the 54-year-old veteran has lived for the last 15 years.

Light poured through a window. A globe rested on a dresser near an entertainment center packed with comedy and action flicks. A photo of a stockier, bearded Michael standing with his family hung on a beige wall above his bed. The photo was taken more than 30 years ago -- before Michael was shocked while serving in the Navy aboard the aircraft carrier USS Kitty Hawk. He suffered severe brain trauma as a result of the incident. He can't walk; and his short-term memory is impaired.

When asked to recall his rank, Michael struggled to retrieve the words, "third class," and spit them out.

He was suddenly distracted by the reporter and photographer in the room. He bit his fist with his right hand and yelled at the top of his lungs inaudibly. McKinley looked into her son's eyes and said, "I love you." Michael calmed down.

"They always say, 'He's a unique situation. We just don't know what to do,'" Mantell said of the Veterans Administration.

For the past year, McKinley has been trying to challenge the Sioux Falls VA Health Care System's decision to stop paying for Michael's care at Opportunities Unlimited (OU), which serves individuals with disabilities, including traumatic brain and spinal cord injury.

McKinley was devastated when she learned last April the VA had ended its contract with OU for Michael's care. She had less than a month to find another VA-approved and contracted facility for her son.

"They said, 'It's not listed as long-term. It's listed as acute rehab,'" McKinley recalled what the VA said of OU. "Since Michael doesn't get the rehabilitation that he used to get, they feel that he can just go to a (nursing) home."

The Sioux Falls VA declined to comment specifically about Michael's case citing privacy concerns.

Lori Thomas, extended care and rehab service line director for the VA, said OU is classified as an acute care rehab facility. She said the VA hasn't made any changes to its facility classification system, nor has it changed how it classifies OU.

"They're the same facility that they were a year ago," she said.

Jennifer McCabe, president and CEO of OU, said she couldn't say whether other veterans are living in residential homes at OU and if they're in situations similar to Michael's. She said nothing has changed at the facility in terms of licensing or the care that staff provide. OU is licensed by the state of Iowa as an intermediate care facility for individuals with intellectual disability.

"We do our darnedest to take care of veterans as we would any other client," McCabe said.

Desperate to find a new living arrangement for Michael, McKinley and her daughters visited 30 licensed long-term care facilities in Iowa and Nebraska last summer. The VA recommended some of those facilities, which had waiting lists ranging from 11 to 250 patients.

Unable to care for her son herself or find a suitable facility that was fairly close to her Council Bluffs, Iowa, home that would accept Michael and a VA contract, McKinley decided to keep Michael at OU and pay the \$395 a day cost out of pocket. As of late March, she had spent more than \$120,000 of her son's savings on his care.

"It's awful. The government should be taking care of him," she said.

VETERAN'S CARE IMPROVES

McKinley contacted the Journal after reading a story about Dave Hunt, a Vietnam veteran from Sergeant Bluff, who was struggling to get care through the VA system for breathing problems and shrapnel embedded in his body.

Since the story about Hunt's plight was published in the Journal's Feb. 28 edition, a number of veterans with a variety of ailments, including heart disease, lung cancer, hearing loss and macular degeneration, have expressed their frustrations accessing VA care.

Two years ago, employees at the Phoenix, Arizona, VA hospital were accused of canceling and rescheduling appointments for the same date, effectively creating a zero-day wait time. At least 40 veterans died waiting for care. Congress passed legislation that allows veterans who are unable to schedule appointments within 30 days to receive care from an outside provider through the Veterans Choice Program.

The program was supposed to fix the VA's health care system, but patients and advocates say reports of lengthy wait times -- often more than 30 days -- persist nationwide.

Hunt's situation with the VA dramatically changed as a result of the Journal's story. After the story ran, he received calls from the offices of U.S. Rep. Steve King, R-Iowa, and U.S. Sen. Mike Rounds, R-South Dakota. Iowa and Nebraska veterans advocates also offered help and support.

The VA assigned Hunt a new primary care doctor at the Sioux City VA Clinic. Before, he was traveling 80 miles to Royal C. Johnson Veterans Memorial Medical Center in Sioux Falls.

The VA agreed to cover Hunt's pulmonary rehabilitation sessions in Sioux City and any future visits he might make to local emergency rooms. Hunt said the VA won't cover costs associated with a local hospital admission.

Michael's family wants him to have a good home and be treated with respect for the sacrifice he made for his country.

The boiler technician was stationed on the USS Kitty Hawk in the Persian Gulf on Sept. 9, 1985 when he was shocked while drinking from a water fountain.

"They hot-wired a portable welder. When Michael was getting a drink of water, his hand was on the water fountain and his leg was touching the welder," McKinley said.

The 440 volts of electricity surging through Michael's body caused his heart to stop beating for 35 minutes.

"Between his fingers, between his toes, his tongue -- everything was burnt," Chapin said.

Michael was in a deep coma when he arrived at Landstuhl Regional Medical Center in Germany. A week later, he was transferred to the National Naval Medical Center in Bethesda, Maryland, where he spent five weeks. It was in Bethesda that McKinley said her son opened his eyes and spoke for the first time since he was shocked.

"It was like a miracle. He said, 'Mom,'" she recalled.

From Bethesda, Michael was transferred to Omaha VA Medical Center. When the facility could no longer provide the services he needed, he was taken to a hospital in Knoxville, Iowa, where he spent seven months. Then McKinley brought her son home to Council Bluffs, Iowa, to care for him with the help of her daughters. For five years they waited for the VA to secure a permanent placement for Michael at a facility near McKinley's home.

In 1990, the VA relocated Michael to a facility in a Denver, Colorado, suburb, where he lived for 10 years. After noticing bruising on his body during a visit and seeing the parallel bars he used for physical therapy abandoned in a garage, McKinley asked the VA for permission to move her son to another facility.

She selected OU in Sioux City. The residential setting allows Michael to have his own room and bathroom; and he shares a living room and kitchen with three other residents.

NOT GIVING UP

After notifying McKinley it would no longer cover Micheal's care at OU, she said the VA proposed some options.

She could take her son home again to live with her. The VA's Omaha facility would provide care for two hours in the morning and two hours in the evening. But McKinley, who is 75 years old, wouldn't be able to handle the daily demands of lifting Michael, who is 6 feet tall and weighs 170 pounds.

The VA suggested transferring Michael to the Sioux Falls VA Community Living Center, where he would share a hospital room with other patients.

Because of his brain injury, McKinley said her son has strong vocal outbursts when stimulated by changing environments. His short-term memory loss, she said, would prevent him from ever becoming comfortable living with anyone other than a long-term roommate.

"This is his home. This is his everyday life. We didn't want it to be cold and sterile," Chapin said.

An arrangement at the living center, social workers assured, wouldn't be permanent. The VA would actively look for a new facility for Michael. He could be re-evaluated, which could improve his chances of acceptance at more facilities. McKinley said last August was the last time VA social workers called her to discuss her son's living situation.

Fearing a move to the Sioux Falls VA Living Center could span years if not the rest of Michael's life, McKinley chose to keep Michael at OU.

McKinley has called and written to legislators asking for help. She said state Rep. Charlie McConkey, D-Council Bluffs, U.S. Rep. David Young, R-Iowa, and U.S. Sen. Charles Grassley, R-Iowa, back her efforts, but as of yet, they haven't taken any substantial action.

After emailing and calling U.S. Sen. Joni Ernst's office, McKinley attended the Iowa Republican's March 24 town hall meeting in Glenwood, Iowa. She spoke with Ernst, the first female combat veteran in the Senate who campaigned on veteran issues.

Days later, McKinley received a letter from Ernst, a retired officer in the Iowa Army National Guard, stating Ernst had initiated an inquiry with the VA concerning Michael and she would update McKinley as soon as information was available.

A spokeswoman for Ernst told the Journal in an April 17 email that Ernst's office is working closely with the McKinleys. "Because this is a personal casework matter and out of respect for their privacy, we do not comment on the specifics to media," she wrote.

McKinley said she hasn't heard from Ernst's office since she received the letter. She said she won't stop fighting for her son.

"I won't give up. I just won't," she said.

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2.10 - KTVZ (NBC-21): [Upcoming Bend town hall to address veterans' issues, VA leaders to be on hand as solutions sought](#) (26 April, 236k online visitors/mo; Bend, OR)

The MyVA Cascadia Board will hold a public town hall meeting on Monday, May 9 in Bend at the Hitchcock Auditorium of Central Oregon Community College from 6-8 p.m. for veterans, their families, and community leaders to brainstorm new strategies to existing veteran issues.

Unlike many veteran forums, this event will focus on strategizing solutions and not address individual Veteran case issues. Veterans with individual issues will be able to address those issues with VA and other advocates before the town hall event.

In addition, VA leadership will be in attendance, including VA Portland Health Care System Acting Director Dr. Todd Burnett, Veterans Benefits Administration Portland Regional Office Acting Deputy Director Kevin Kalama, and Willamette National Cemetery Director George Allen.

"What we're really doing is holding a work session during these forums," MyVA Cascadia Co-Chair Tom Mann explained. "Our goal is to identify gaps in services and resources and then determine how best to solve them, as well as determine who else we need to invite to the table as partners."

MyVA Cascadia plans to hold regular public town hall meetings throughout the VA Portland Health Care System catchment area, which includes 26 counties across Southwest Washington, the Portland Metro area, the coast from Astoria to Newport, south to Corvallis/Philomath, and east to Central Oregon.

The MyVA Cascadia Board is a 21-member board dedicated to helping facilitate solutions to the myriad of Veteran and family issues facing communities throughout the VAPORHCS catchment area.

The MyVA Cascadia Board was formed in late 2015 based on the Veterans Affairs MyVA Community model outlined in its MyVA Transformation Plan but it is not an official VA organization.

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2.11 - WKBT (CBS-8): [Tomah VA officials unveil 100-day plan results, Officials highlight reduced opioid use among patients](#) (26 April, Eric Jacobson, 234k online visitors/mo; La Crosse, WI)

The results of a 100-Day plan by the Tomah VA were unveiled Tuesday.

It's been more than a year since allegations of faculty over-prescribing prescription pain-killers at the Tomah VA Medical Center were made public.

To address those concerns, the VA created a series of plans to improve patient care.

One of those was the 100-day plan aimed at rebuilding lost trust with its patients, that was unveiled in November.

Acting Tomah VA Director Victoria Brahm has only been on the job for a few months, but already knows improving the public trust in the VA will be a long-term project.

"One of the biggest focus of the 100-day plan was to find short wins, if you will, to show the staff visibly that we can do this," said Brahm.

According to the VA, many of the improvements during the last 100 days address how the facility's staff treats

One of those plans includes the forming of the "Veteran Pain School."

"We've launched a pain university, and that university has a curriculum just like your local college has a curriculum where you can take classes, and you can graduate into a successful plan," said Brahm.

Those plans include alternative ways to manage patients' chronic pain.

"(There are) physical therapy, occupational therapy, healing touch, aroma therapy, acupuncture, those types of things that are more integrative medicine," said Brahm.

Additional changes in the last 100 days include adding staff and prescribing kits for all opioid patients receiving more than the equivalent of 100 milligrams of morphine a day that prevent them from overdosing.

"Now it's a process that we automatically have, so any Veterans that are on that dosages, gets one," said Brahm.

According to the Tomah VA, the number of patients on painkillers has decreased. Those on doses equivalent to greater than 200 or 400 milligrams of morphine daily have been reduced by 23 percent and 24 percent respectively.

U.S. Sen. Ron Johnson says he's optimistic with the results.

"I think the reason these improvements are being made is because we are shining some sunlight on this issue," said Johnson.

For Brahm, there has been a lot of improvement, but more needs to be done.

"I'm hoping that getting this information out will help them to have more trust in us and more confidence that we can do this, and we can be the VA that they want us to be," said Brahm.

Senator Tammy Baldwin wasn't available for comment but did release a statement to News 8 that reads:

"These are positive steps but there are ongoing investigations and the unfinished business of holding people accountable for the problems at the Tomah VA. There is still a lot of work to do and I expect more from the VA to make sure the problems and tragedies at the Tomah VA never happen again.

I will continue my work in the Senate advancing legislative reforms that will strengthen protections for whistleblowers and provide stronger oversight of the VA's prescribing practices because we need to ensure our veterans are receiving the services and care they deserve.”

Some of the other plans that were talked about Tuesday include the use of the state's drug monitoring program, which prevents veterans from getting prescription pain-killers from other sources.

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2.12 - The Journal Gazette: [VA Northern Indiana gets new acting director](#) (26 April, 216k online visitors/mo; Fort Wayne, IN)

The U.S. Department of Veterans Affairs has named a new acting director for the VA Northern Indiana Health Care System.

Jay Miller, the system's associate director, will take over for acting director Mark Murdock, who will return to the Dayton VA Medical Center as its acting director.

Miller has 25 years of leadership experience at VA medical facilities in Michigan, Illinois and Alabama, the department said Tuesday in a news release.

The Northern Indiana system consists of medical centers in Fort Wayne and Marion and outpatient clinics in Goshen, South Bend, Peru and Muncie.

Murdock had been the associate director of the Dayton medical center before he became acting director of the Northern Indiana system last October. He was chosen to temporarily replace former director Denise Deitzen, who had been promoted to director of VA's Chicago-based Veterans Integrated Service Network 11.

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2.13 - Cape Gazette: [Veterans Administration breaks ground on outpatient building](#) (26 April, Steven Billups, 214k online visitors/mo; Lewes, DE)

A groundbreaking ceremony was held on site at College Park Center in Georgetown April 15 for the construction of a new 14,006-square-foot outpatient building for the Veterans Administration.

Representatives from the Veteran's Administration as well as dignitaries and local representatives were in attendance for the event. The VA building will be built on a parcel of the larger 108-plus-acre mixed-use site that is located the intersection of routes 113 and 404, across from the Del Tech Community Campus.

The new construction project will be completed by Grayson Grayson and Associates out of Middletown and is expected to be completed by fall of 2016. The single story building will include dedicated exam rooms, imaging area, social service support areas and administrative space.

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2.14 - The Daily Sentinel: [Veterans vent about care, Town hall meetings designed to give feedback to health administrators](#) (26 April, Amy Hamilton, 187k ovm; Grand Junction, CO)

A packed room of military veterans on Tuesday night released a barrage of complaints, but also lobbed a few compliments at officials with the Grand Junction's Veteran's Affairs Medical Center and the Veterans Affairs medical network, in general.

American Legion officials, some of whom traveled from Washington, D.C. to hear the input at Palisade Community Center, hosted the forum in an attempt to funnel veterans' frustrations to the correct VA official. VA officials promised follow up on a local level and the body of complaints will be compiled to determine how the local VA can better operate.

Stories from the town hall meeting told tales of shoddy attempts at health care, long waits for appointments or surgeries and veterans attempting to navigate a complex, and seemingly uncaring, system.

Chris Kornkven, a Gulf War veteran from Whitewater, relayed a story of having knee surgery and waking up to the doctor still pounding on his leg. Kornkven said his experience went downhill from there with no nurse to help him leave the facility and being discharged with a port for the IV still in his arm. He said the local VA then billed his private insurance, which took him a long time to straighten out.

"Is this a system worth saving?" Kornkven repeated several times after describing a number of mishaps he experienced. "If you want to fix your system let the patient advocate do their job."

One veteran, who uses a prosthetic leg, said a lien was being placed on his home today by the builder of an adaptive home for him and his wife. The man said he was experiencing the trouble because his VA claim was tied up in bureaucracy.

Another veteran said he knew his veteran friend desperately needed some kind of help, but he couldn't find the correct intervention program through the VA and the man killed himself. A nurse, who also is a veteran, cited she was unfairly terminated from the hospital and local VA officials would not discuss it with her. Several veterans said they were told by health care workers that the veterans would receive the results of tests or follow up by phone, but the follow up calls never came.

Many other veterans voiced deep frustration with the Choice Program. They claimed long wait times to talk to a person on the phone and months' long wait times for appointments and even more waiting for treatment.

Under the Choice Program, if veterans cannot get services at their facility within 30 days, or if they live more than 40 miles away, they can use a Choice card to go to authorized providers and get service.

Marc Magill, medical center director of the Grand Junction Veterans Health Care System, agreed with veterans that the Choice Program is inefficient. He said that issue is one veterans

should take up with politicians because the program was devised as a fix by Congress but it was unveiled too quickly, in about three months time.

"I share your frustration," Magill said. "It's about something I have no control over."

Ralph Bozella of the American Legion said testimony from the town hall meeting can actually head to Washington, D.C., and may work create change.

"We're here to work together to fix problems," Bozella said. "If you have claims issues you should be talking to the VA."

Bozella said a report with information from 15 similar town hall visits will be compiled in a book that will given to officials in Washington D.C., including the president.

"When you're in a room and you see that book (being held up and referred to), you know this work is important," Bozella said of the meeting.

The effort by the American Legion to connect veterans with services at VA facilities comes on the heels of a number of accusations of poor treatment for veterans at several of the nation's VA facilities.

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2.15 - WEAU (NBC-13, Video): [Tomah VA completes 100 day plan](#) (26 April, Erin O'Brien, 177k online visitors/mo; Eau Claire, WI)

The Tomah VA Medical Center says it's made big changes to the way it prescribes pain killers to patients.

Acting Director Victoria Brahm announced Tuesday the completion of their 100 day plan, a set of goals aimed at improving employee trust and patient care after reports last year of over-prescribing opiates to veterans.

She says their new program called "Pain University" gives patients the opportunity to learn about alternative ways to treat pain rather than with the use of narcotics.

She also says that clinicians have gone through special training to respond to emergencies and that all patients using narcotics are given naloxone, which reverses an opioid overdose.

"We had about 45 initiatives that we deemed important to take Tomah forward, and we knew we could win and we went forward and won them and that gave the staff the confidence that we could move forward in more of a long-term strategic direction," said Brahm.

Brahm says that they've also improved on employee engagement and satisfaction.

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2.16 - WJAX (CBS-47): [Study will look at effects of medical marijuana for veterans with PTSD](#) (26 April, Samantha Manning, 147k online visitors/mo; Jacksonville, FL)

A new study, the first of its kind, will look at the effects of medical marijuana as treatment for veterans with post-traumatic stress disorder.

The nonprofit Multidisciplinary Association for Psychedelic Studies said the Drug Enforcement Administration gave approval for the study, which will look at the use of medical marijuana for 76 veterans with PTSD.

Pvt. 1st Class Thomas White is one of more than 2,200 veterans in Duval County with PTSD.

White has been getting his life back on track with the help of the Five Star Veterans Center, but he said he has had a tough road since returning from deployment in Iraq in 2010.

“I got blown up,” White said. “Best friend died in my arms.”

White said he suffered a traumatic brain injury after he was hit by an improvised explosive device and has had to deal with PTSD .

“It eats at you,” White said. “You live all these bad dreams and it’s just awful.”

According to the Department of Veterans Affairs, more than 56,000 veterans in Florida have been diagnosed with PTSD and are receiving care through the VA.

Dr. Timothy Sternberg specializes in pain management and has closely monitored the effects medical marijuana can have on cancer patients and people with epilepsy but he said the effects medical marijuana can have on PTSD are still unknown.

“We want to see if the benefits outweigh the risk,” Sternberg said. “We’ll be looking at the patients’ global response to that, if their symptoms of anxiety, of avoidance behavior, nightmares and insomnia improve with the use of marijuana or not.”

White said he’s hoping medical marijuana will mean the end of the dozens of prescription medications he has been given to cope with his physical injury and PTSD.

“I think it would help,” White said. “It would take away my meds right now. Finally, I got it down to four meds but at one time I was on a bunch.”

The treatment in the study will be given to veterans at a facility in Phoenix and a facility in Baltimore.

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2.17 - Dayton Business Journal: [Dayton VA leader tapped for new temporary role](#) (26 April, Tristan Navera, 144k online visitors/mo; Dayton, OH)

The director of the Dayton VA Medical Center has been tapped for another temporary assignment.

Glenn Costie will be acting director of the Cincinnati VA Medical Center, replacing its current director, John Gennaro, who will lead the Erie VA Medical Center in Pennsylvania, the U.S. Department of Veterans Affairs announced Tuesday.

Glenn Costie, CEO and director of the Dayton VA Medical Center, has a new temporary assignment.

In that role, Costie will oversee a staff of 2,000 and a budget of \$387 million, the VA said. He will hold that position until a permanent director is hired, which will come after a national search, the VA said.

“At VA, we are constantly seeking ways to improve, and these personnel moves make us better across the board,” said VA Under secretary for Health Dr. David Shulkin. “Each individual is a proven leader who will be a strong advocate for Veterans.”

While Costie is in Cincinnati, Mark Murdock will be acting director of the Dayton VA, which has a staff of 2,100 people and a budget of \$350 million. Murdock was formerly associate director for the Dayton facility, and has for the past six months been on temporary assignment as acting director at the Northern Indiana Health Care System.

Costie is intended to return to Dayton when the duty is complete.

He's been moved to lead other VAs before. He was selected in 2014 to temporarily lead the Phoenix VA Medical Center amid a national controversy around wait times for veterans at that site.

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2.18 - La Crosse Tribune: [Tomah VA on track, officials say](#) (26 April, Steve Rundo, 136k online visitors/mo; La Crosse, WI)

Officials at the Tomah Veterans Administration Medical Center said Tuesday they are happy with results of a 100-day plan to improve operations, but are still looking for personnel to reopen the psychiatric unit and to take over as director.

Tomah VA interim director Victoria Brahm said the hospital has made significant progress since it was shaken by reports of patients being prescribed excessive dosages of painkilling drugs.

“I am really excited that we have done so well with this,” Brahm said. “We’re on our way to a much healthier environment, a trusting environment, a quality environment and a positive experience for our veterans. I am so proud of our staff. I can see them have energy again.”

She said the main goals of the plan are to restore public trust, improve employee engagement and address the pain management issues that led to the facility’s recent turmoil. She called them “visible wins” that have improved employee morale and patient satisfaction.

Brahm said the opioid safety initiative “is a huge focus for us.” It includes adopting the standards of the state’s prescription drug monitoring program and increasing drug screening compliance.

“All veterans are getting monitored the way they should be,” she said.

Those steps, along with pursuing non-drug alternatives to alleviate pain, have reduced drug dosages by nearly 25 percent.

Brahm said 98 percent of appointment requests are fulfilled within 30 days and that wait times are fewer than two days for mental health. From November 2015 to January 2016, more than 90 percent of patients said they were satisfied or completely satisfied with their appointment scheduling.

She said the facility is working to reopen the hospital’s acute psychiatry inpatient unit that was closed in August 2015. She said it has been difficult to attract a qualified psychiatrist to work in the unit despite retaining a national recruiter.

“I wish I had a timetable,” she said. “The nursing staff is completely ready. The unit has been redone ... we’ve done all the upgrades we need to do.”

One person who isn’t a candidate for the job is staff psychiatrist Dr. David Skripka, who was the subject of a December 2015 story in the Daily Caller. The story says Skripka, the Tomah VA’s associate chief of staff for mental health, has been allowed to live in Madison while working in Tomah one day a week.

Brahm said Skripka is fulfilling his obligation to Tomah patients through telemedicine.

“He takes a full panel of mental health patients and performs tele-mental health, which is helping us beautifully because those patients need to be seen,” Brahm said. “Tele-mental health is a growing mechanism to take care of patients, and it has really helped us while we are doing the recruitment for our mental health personnel.”

Matt Gowan, the VA’s public affairs officer, said family obligations prevent Skripka from applying for the position.

Gowan said hospitals statewide are having difficulty hiring psychiatrists and noted that Mayo Clinic will be diverting patients from its La Crosse inpatient behavioral health unit starting in mid-June.

“It’s not just a Tomah problem; it’s not just a VA problem,” Gowan said. “It’s a national problem.”

Brahm didn’t offer a timetable for hiring a permanent director. When asked about the position, she replied, “We are in recruitment.”

Brahm is the facility’s second interim director since Mario Desanctis was dismissed in March 2015. John Rohrer, the first interim director, has since been hired as permanent director of the VA hospital in Madison. Brahm has served as interim director in Tomah since October.

The facility also is in the process of filling openings for associate director, chief of staff and associate chief of staff for mental health.

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2.19 - MedCity News: [4 Ways Healthcare is Getting a Return on Telehealth](#) (26 April, David Plummer, 111k online visitors/mo; Cleveland, OH)

This is the first post of a 3 part series discussing telemedicine sponsored by American Well.

A recent study by Willis Towers Watson* found that telehealth could save as much as \$6 billion annually in U.S. healthcare costs. While this figure indicates huge potential within healthcare systems for reducing medical costs with telehealth, it's equally important to break down these numbers into more specific return on investment use cases and data.

Below are four examples of how hospitals are using telehealth to reduce medical costs and deliver high-quality care.

Readmission Reduction

Telehealth is being leveraged as a key part of hospitals' programs to help combat high readmission rates. By improving follow-up and care management of a range of patients—from the chronically ill to patients recovering from surgery – hospitals can prevent many readmissions.

According to the Agency for Healthcare Research and Quality, 25 percent of congestive heart failure patients in the U.S. are readmitted to the hospital within 30 days, but Essentia Health has seen less than 2 percent of patients who participate in its telehealth program get readmitted in that same timeframe.

A report by the Commonwealth Fund found that Partners HealthCare's Connected Cardiac Care Program has seen a 50 percent reduction in heart failure-related readmission rates for enrolled patients since its telemedicine pilot launched in 2006. The program has estimated a total cost savings of more than \$10 million.

Patient Transport Cost Reduction

Telehealth has the potential to decrease the high costs of transporting patients. Health systems and facilities have seen significant cost efficiencies and improved outcomes through being able to avoid patient transfers.

A study conducted by the Center for Information Technology Leadership (CITL) found that implementing provider-to-provider hybrid telehealth technologies would result in annual net savings of \$1.39 billion in avoided inter-emergency department transfers, \$270.3 million in avoided correctional facility transfers, and \$806 million in avoided nursing facility transfers. Telehealth can reduce transfer costs while promoting better patient quality of life.

Efficient Staff Utilization

Telehealth enables health systems to better distribute staff throughout their healthcare facilities and load-balance resources across entire systems, reaching more patients with less strain on specialist resources. Rural facilities may not have sufficient patient numbers to warrant certain types or numbers of specialists, but can treat patients effectively through telemedicine.

Telehealth also improves provider-to-provider communication, which can result in improved patient care and as a result, cost savings.

Preventative Outreach

About 1 in 10 hospitalizations were from a potentially preventable condition, such as complications of diabetes, dehydration, and heart conditions, costing hospitals billions of dollars a year. Telehealth can prevent hospital admissions by facilitating convenient monitoring for patients at the highest risk for hospitalization, including chronic care patients and those with behavioral health conditions.

A study by the Commonwealth Fund examining the Veterans Administration's (VA) telehealth program, Care Coordination/Home Telehealth (CCHT), saw a 20 percent reduction in patients seeking hospital services for diabetes. On the behavioral health side, the VA saw a 56 percent reduction in hospital services for depression and a 40 percent drop in hospitalizations for other mental health issues. Together, these results translate to \$2,000 in per-patient annual savings.

And the Unsung Use Case – Patient Satisfaction

While telehealth arms health systems with the resources needed to reduce medical spend, it's also important to note that a significant portion of the value derived from telehealth comes from greater patient satisfaction. The VA found an average patient satisfaction score of 86 percent for its Home Telehealth program. CVS, which recently implemented telehealth into its Minute Clinics, has also seen an impressive patient satisfaction rate of 90 percent with telehealth. Our app Amwell sees average patient satisfaction scores of 91%.

As hospitals seek to decrease costs and increase patient satisfaction, telehealth will continue to be a critical tool to reduce costs and offer better patient care.

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2.20 - Cincinnati Business Courier: [VA replaces director of Cincinnati medical center](#) (26 April, Barrett J. Brunsman, 108k online visitors/mo; Cincinnati, OH)

The Cincinnati VA Medical Center is getting a new chief executive less than a year after the top spot was last filled.

John Gennaro, who became executive director of Cincinnati's seventh-largest hospital in July, has been reassigned to lead the Erie VA Medical Center in Pennsylvania. He got his start with the VA system in 1997 as a budget analyst in the research program at the Cincinnati medical center.

Glenn Costie, who is now director of the VA Medical Center Director in Dayton, has been named the leader of the VA's Cincinnati medical center.

Replacing him in Cincinnati will be Glenn Costie, who is now director of the VA Medical Center Director in Dayton.

Costie is expected to serve as acting director of the hospital in Corryville until a permanent chief executive is hired. A nationwide search has begun, the VA said today.

Costie will oversee an annual budget of \$387 million and a staff of 2,000 at the Cincinnati VA Medical Center, which treats more than 43,000 veterans who live in 17 counties in Southwest Ohio, Northern Kentucky and Southeast Indiana. The hospital operates a medical center in Fort Thomas as well outpatient clinics in Bellevue, Florence, Lawrenceburg, the city of Hamilton, Clermont County's Union Township and the Brown County village of Georgetown.

Costie has more than 30 years of experience in health care. He previously worked at VA medical centers in Cleveland, Chicago, Baltimore, West Haven, Conn., and Poplar Bluff, Mo.

The Cincinnati VA Medical Center was previously led by Linda Smith, who had been director of the hospital since 2005 before stepping down in December 2015. I reported in January that officials with two local unions that represent many of the more than 2,000 employees at the hospital complained that nurses and others were pushed to their limits because of understaffing. That could jeopardize care for veterans, the federal workers said.

Bob McDonald, an Indian Hill resident who became secretary of the VA in 2014, has vowed to correct problems throughout the nation's largest health care system. He was CEO of Cincinnati-based Procter & Gamble Co. from 2009 to 2013.

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2.21 - Virgin Islands Daily News: [U.S. Veterans Affairs Secretary presents Congressional medals to V.I. members of the Borinqueneers](#) (26 April, Joy Blackburn, 89k online visitors/mo; St. Thomas, VI)

U.S. Secretary of Veterans Affairs Robert McDonald on Monday honored five Virgin Islands veterans, surviving members of the 65th Infantry Regiment, which was also known as the Borinqueneers.

The Congressional Gold Medal recently was awarded to the 65th Infantry Regiment in ceremonies in Washington, D.C., and in Puerto Rico.

On Monday, McDonald paid tribute to the five Virgin Islanders — members of the Borinqueneers during the Korean War era — at a Government House ceremony in Christiansted, presenting each of them with a replica of the Congressional Gold Medal.

McDonald said he was honored to be in the territory to recognize their service, and that he is "very, very proud" of them.

Virgin Islanders Jerome Ferdinand, Jerome Jackson, Aubrey Nelthropp, Carl Thomas and Leroy Woodrup were honored as members of the 65th Infantry Regiment.

McDonald spoke highly of what the Borinqueneers — a segregated unit comprising mostly soldiers from Puerto Rico, but also some Virgin Islanders — did during the Korean War.

“When there was a gap in the line and the Chinese were advancing and Douglas MacArthur said there’s only one group I know that can stop the Chinese from advancing, that was the Borinqueneers — a group that frankly faced a situation of segregation in their own country, yet fought for the freedom of a country that didn’t yet recognize the equality that they should have been treated with,” he said.

Patrick Farrell, director of the V.I. Office of Veterans Affairs, said the office had considered taking the men to Puerto Rico for the ceremony there, but then decided that, with McDonald’s visit here, it would be best if they could “be honored in front of their friends, families and loved ones.”

Farrell said he did not know how many Virgin Islanders had served in the Borinqueneers over the years. His office was able to locate the five veterans who were honored Monday.

Ferdinand, who made a career of the military, said he will “cherish” the medal.

Nelthropp, who was a member of the 65th Infantry Regiment starting in 1952, made it clear that he never saw combat with the Borinqueneers. He was trained as a communication specialist, he said.

He said he was humbled by the award.

“I am not puffed up in pride. I did not come over here today to receive this medal to make Aubrey Nelthropp great,” he said, adding that he was accepting it in honor of his fellow veterans, those who died and those who may still be alive.

McDonald presented each of the men individually with a replica of the Congressional Gold Medal bestowed on the 65th Infantry Regiment. According to information on the U.S. Senate website, the Congressional Gold Medal is a way Congress expresses public gratitude on behalf of the nation for distinguished contributions. Other Congressional Gold Medal recipients include George Washington, Charles Lindbergh, Walt Disney, Jesse Owens, Rosa Parks, Jackie Robinson, the Rev. Martin Luther King Jr. and Coretta Scott King.

In other activities during his visit to the territory, McDonald spoke with public officials and with veterans, and even fielded questions during a town hall meeting for veterans Monday afternoon at Government House.

He told them there had been discussions about the possibility of moving the Veterans Affairs medical clinics from their current locations to the territory’s hospitals to improve the range of services provided to veterans locally, with an eye toward reducing the trips local veterans have to make to the Veterans Affairs medical facilities in Puerto Rico.

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2.22 - WJET (ABC-24, Video): [New VA leader named, served in Erie before](#) (26 April, 52k online visitors/mo; Wrie, PA)

A familiar face is coming back to Erie to run the VA Center.

John Gennaro has been selected to fill the vacancy at the top of the VA Medical Center in Erie. He is currently the director of the VA Medical Center in Cincinnati. In his roll Gennaro will oversee more than 700 providers giving care to 22,000 area vets with a budget of \$144 million.

He is no stranger to Erie, having served the facility as Associate Director earlier in his career.

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2.23 - FierceHealthIT: [VA's David Shulkin: Million Veterans Program a boon to Precision Medicine, Moonshot initiatives](#) (26 April, Dan Bowman, 42k online visitors/mo; Washington, DC)

Health technology and information pulled from individuals involved in the Million Veterans Program (MVP) will help to propel both President Barack Obama's Precision Medicine Initiative and Vice President Joe Biden's National Cancer Moonshot Initiative, according to David Shulkin, of the Department of Veterans Affairs.

Shulkin, the agency's under secretary for health, writes in a post this week at Bloomberg Government that MVP is working with both the Department of Defense and the National Institutes of Health to share information. Currently, about 472,000 veterans are enrolled in MVP, and Shulkin anticipates that number will hit 500,000 this fall.

The VA's electronic health record and its Genomic Information System for Integrated Science (GenISIS), a data warehouse, will help to "yield new knowledge about which genes put people at risk for certain diseases, and which ones affect how people respond to treatment," he says. The information, Shulkin adds, is de-identified and coded to ensure privacy and security.

Last summer, the VA announced the launch of several studies within MVP focusing on heart disease, kidney disease and substance use. For one of the studies, at the Atlanta VA Medical Center, researchers will examine the genes that influence the impact obesity and lipid levels have on heart disease. Another will focus on using data to uncover the genetic risk factors for chronic use of alcohol, tobacco and other substances.

Shulkin says about 32 percent of the veterans participating in MVP have reported a cancer diagnosis and calls the data a "potentially rich resource" for researchers.

"Today, if you have cancer, your oncologist might recommend a treatment for you based on clinical studies that could involve several hundred or even thousands of patients," he says. "It's a good bet that most of those patients aren't like you--they may differ in age, race, gender, lifestyle or genetic makeup."

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5. Veteran Opportunities for Education/GI Bill

5.1 - Inside Higher ED: [A University, Veterans and \\$35 Million Fraud Allegation](#) (26 April, 657k online visitors/mo; Washington, DC)

Federal authorities last week charged a Pennsylvania man with creating a scheme that resulted in \$35 million in fraudulent payments for the education of veterans, NJ.com reported. The man's company told veterans that they were being educated by faculty members at Caldwell University, a private institution in New Jersey, when the veterans were actually enrolled in ED4MIL, an unaccredited online and correspondence program. The complaint charges that a former associate dean, who left Caldwell to work for ED4MIL, helped get the university to sign on to a collaboration. And the federal charges say that another university employee signed off on the deal, knowing that the university's faculty members wouldn't be doing the teaching.

The university released this statement: "Caldwell University was made aware today of the charges against ED4MIL's former president and owner. More than five years ago, Caldwell began a contractual relationship with ED4MIL, a relationship Caldwell ended in 2013. Neither Caldwell University nor its current administration or staff is accused of wrongdoing."

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6. Women Veterans

6.1 - Inforum: [New U.S. military casualties: Vets sickened by base burn pits, including Fargo woman](#) (26 April, Julio Ojeda-Zapata, 196k online visitors/mo; Fargo, ND)

Melissa Gillett recalls the sickly sweet, nearly vomit-inducing smell during her runs around Bagram Airfield in Afghanistan, where she served as a member of the Minnesota National Guard.

The revolting odor emanated from a large "burn pit," one of many the U.S. military has used over the years in Iraq, Afghanistan and other places to dispose of trash, chemicals and more.

Gillett did her best to avoid the burn pit's smoke, steering clear if she couldn't peer through it, but she said she breathed it in pretty much nonstop during her six-month tour of duty in late 2009 and early 2010.

And now the 29-year-old Fargo woman is sick, very sick.

Gillett's story, and that of many other veterans who have served near the burn pits, is now at the heart of an effort to better help those believed to be suffering health problems as a direct result.

Gillett appeared Sunday alongside U.S. Sen. Amy Klobuchar at the American Lung Association in St. Paul to promote a bill called the Helping Veterans Exposed to Burn Pits Act.

The legislation, which Klobuchar introduced last month, would create a "center of excellence" within the Department of Veterans Affairs to further "prevention, diagnosis, mitigation, treatment and rehabilitation of health conditions relating to exposure to burn pits."

Because these veterans "were on the front lines" for Americans, the government has to make sure it is on the front lines for them when they return home, Klobuchar said.

"There was no waiting line for our men and women in uniform when they raised their right hands and volunteered to serve," she said in a statement. "There should be no waiting line when they return home and need our help getting the care they've earned."

The senator compared the effects of burn pits to those of the infamous Agent Orange defoliant in Vietnam, noting that it took the government years to properly help veterans affected by that chemical. She wants to make sure that doesn't happen with burn-pit smoke.

One veteran who had health issues stemming from the burn pits told Klobuchar, "This is my generation's version of Agent Orange," she said.

Legislation similar to Klobuchar's bill has been introduced in the past, to little avail.

Dr. Dave Hamlar, an ear, nose and throat doctor at the University of Minnesota, has treated veterans exposed to the burn-pit smoke. Hamlar, a commissioned officer in the Minnesota Air National Guard who has achieved the rank of brigadier general, was once stationed in Kuwait.

During Sunday's press conference, he described what it was like to be on a base with a burn pit, saying these bases always had a strong stench that smelled like jet fuel, noting that if you could smell it, you were breathing it in.

Burn pits were often as large as 2 acres and visible from everywhere on base, he said. At night, the area would have a yellowish glow and if someone was nearby, they could even feel the heat. If whatever was burning caused a mini-explosion, small pieces sometimes become airborne.

The number of U.S. military personnel who have been exposed to such burn-pit smoke is unclear, but more than 65,000 veterans and active-duty personnel have completed a questionnaire as part of the Veteran Affairs Department's Airborne Hazards and Open Pit Registry.

Those eligible to participate in the registry are serving or have served during U.S. military operations in Afghanistan, Iraq and Kuwait along with, under some circumstances, Djibouti, Africa and the "Southwest Asia theater of operations."

KBR, a military contractor that operated many of the burn pits, has faced a flurry of lawsuits from veterans and their families. The company has fought back, claiming it operated legitimately at the military's direction, and casting doubt on the veterans' health claims.

An Institute of Medicine study sponsored by the Veterans Affairs Department concluded in 2011 that such health claims cannot be verified because of insufficient data and the presence of pollution from other sources in the burn pits' peripheries.

Gillett's superiors, though, appeared uneasy about personnel who went home after serving at smoke-infested Bagram Airbase. She said she was told to sign a legal form clearing the military of potential liability as she prepared to head stateside.

"I refused," she recalled. She said her superiors insisted, telling she could not go home if she did not sign. "I still refused," and, she recalled, the brass relented after a day or two.

Gillett said she suffered from continual respiratory problems at the base—and those medical issues have endured to this day.

Gillett, who helped operate power gear and set up equipment to assist fighter pilots making emergency landings, said she struggled with near-constant congestion that led to sinusitis and ear infections.

An avid runner, she participated in 5K and 20K races despite the poor air conditions, which coated perimeter fencing grotesquely with residue. She made do with over-the-counter allergy meds while worrying continually about the smoke's potential effects.

"It blew over me constantly," she said. "I was breathing it even when I was sleeping."

Her health problems came to a head soon after her return to the United States, when she found herself unable to pass a required fitness test in order to stay in the Duluth-based 148th Fighter Wing, part of the U.S. Air National Guard.

Gillett, a daughter of a military chaplain, and one who loved to serve out of patriotic fervor, was crestfallen to be forced out of her armed-forces career—but she figured she'd return once she got her health issues under control.

She never did. She was diagnosed with asthma, a condition disqualifying her from military service. She later began suffering from sleep apnea. Her adenoids had to be removed because they were so swollen.

She still coughs constantly, which is problematic since she works in telesales.

Gillett was dismayed upon visiting Minnehaha Falls in Minneapolis with her three young daughters recently when she couldn't keep up with the tots as they clambered and climbed.

"It's hard for me," she said. "I can't breathe and I start gasping. It is disappointing."

Gillett said she is generally satisfied with the medical care she's received from the Veterans Administration in Fargo, but she said she deals with a lot of red tape.

Being unable to indisputably connect her health issues to fire-pit exposure in Afghanistan causes her no end of frustration. This is difficult in part because she filed no formal medical claim during her service, but only years later.

This would be easier, she said, if she had been hit with shrapnel.

She desperately misses the military.

"It was a huge part of my life," Gillett said. "I identified as being an airman, and that was taken away. I feel like I lost my family. That was my life in uniform, and I was proud of it."

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7. Other

7.1 - Government Executive: [Employees Can Be Involved in Armed Robberies as Long as It's On Their Own Time, VA Says](#) (25 April, Eric Katz, 2.2M online visitors/mo; Washington, DC)

Perhaps David Shulkin just assumed a Veterans Affairs Department employee would be fired for playing a role in an armed robbery.

VA's undersecretary for health told the House Veterans' Affairs Committee last week that Elizabeth Rivera, a worker at a facility in Puerto Rico who was involved in an armed robbery last year, was no longer with the department.

"So [she is] on paid leave?" asked Rep. Tim Huelskamp, R-Kan.

Shulkin replied that was not his understanding, saying he believed Rivera was "not an employee of the VA." The undersecretary conceded, however, he may have been incorrect and promised to let the committee know if he was.

On Friday, Shulkin made good on that promise, clarifying Rivera was reinstated to work as a clerk at the Puerto Rico facility "following administrative processes and court approval." The undersecretary made his clarification in a public statement.

"I have clarified my statement, and will be formally responding to the committee," Shulkin said, "but it is equally important to me that I provide the facts and set the record straight for our veterans, employees and the general public who entrust us with the care of the nation's veterans and who expect us to be open and honest with them."

Rivera was driving a car last year when a passenger got out and attempted to rob a couple at gunpoint. That individual fled on foot when police arrived and Rivera was arrested and charged with armed robbery. She later pleaded guilty to two misdemeanors.

"There was never any indication that the employee posed a risk to veterans or VA property," Shulkin said (emphasis his).

He added the timing of the incident required VA to reinstate the employee.

"In accordance with federal law, criminal prosecution or conviction for off-duty misconduct does not automatically disqualify an individual from federal employment," Shulkin said. "As is true in private-sector employment, a federal employee generally cannot be terminated for off-duty misconduct unless there is a clear connection between the misconduct and the individual's employment."

While VA may have been following the letter of the law, the incident is likely to stoke the flames for those clamoring for accountability reforms at the department. Asked about those proposals last week, VA Secretary Bob McDonald spoke only of his own suggestion to address just Senior Executive Service employees.

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7.2 - Pacific Daily News: [VA inspector general offers rewards](#) (26 April, Bill Cundiff, 229k online visitors/mo; Hagatna, GU)

There is a Veterans Affairs Office of Inspector General Rewards Program that people may participate in. The rewards program states that a source of information may receive an Office of Inspector General Investigations Reward in cash for disclosing information concerning criminal or unlawful activities involving VA programs and personnel.

Types of criminal or unlawful activity include, but are not limited to, false or fraudulent claims for benefits, medical care, services, or payment from VA to beneficiaries, survivors, fiduciaries, contractors, veterans and VA employees; theft of identity of veterans or fictitious or exaggerated military service claims against VA (including offenses known as "stolen valor"); fraud related to pharmaceutical firms' illegal defective pricing or off-label marketing activities; acts of embezzlement, extortion and bribery committed by VA employees; theft and diversion of legal drugs by VA staff and others; sale of contraband drugs and pharmaceuticals by and to VA staff and patients; theft of VA resources and data; assaults involving VA employees and patients, including homicide, manslaughter and rape; threats against VA employees, patients, facilities, and computer systems; mortgage fraud; and workers' compensation fraud.

The VA Office of Inspector General may pay cash rewards to a source of information for providing substantial information not previously known that leads to a felony charge or a substantial monetary recovery from individuals who defrauded VA programs. The information must be essential to the effective administration and enforcement of the laws. The information must be more than helpful or desirable. Nothing in this policy is intended to create any rights in third parties, and the decision whether or not to make a reward rests solely in the inspector general's discretion and is not subject to further review.

VA Office of Inspector General Hotline Rewards may be paid for hotline complaints that result in significant improvements to, or savings in, VA operations and programs. Examples of issues that may result in a Hotline Reward include allegations that prompt actions to address systemic patient safety issues, gross mismanagement of VA programs and resources, misconduct by senior VA officials and abuse of VA benefits and services.

In a VA Office of Inspector General press release on Jan. 13, a former employee of a regional office of the U.S. Department of Veterans Affairs pleaded guilty to one count of demanding an illegal gratuity. The former VA employee faces statutory penalties of up to two years in prison, a \$250,000 fine and one year of supervised release. Sentencing is set for May 4.

Another press release on April 1, 2015, stated that a veteran was sentenced for wrongful receipt of benefits based on falsified military records. The former Marine was deployed to Vietnam and served there from 1966 to 1967. In December 1970, he filed his discharge papers with the Veterans Benefit Administration and misrepresented the dates and places of his deployment in Vietnam. He also falsely listed numerous commendations, including two Purple Hearts, a Vietnam Cross of Gallantry, a Bronze Star and a Silver Star. In March 1999, the veteran applied for and received disability payments based upon his false claims of combat and valor. He ultimately fraudulently obtained \$174,656 in government benefits. In February 2014, the VBA terminated his benefits after his fraud was revealed.

On Sept. 10, 2015, an Essex County, New Jersey man admitted he defrauded the Department of Veterans Affairs of over \$150,000 in disability benefits over a 13-year period. From July 1991

through January 1992, the veteran served as an administrative clerk in the U.S. Army in Saudi Arabia and Kuwait. From November 2000 through July 2013, he received \$150,164 in disability benefits based on his claims of combat-related injuries. Through an investigation by the Department of Veterans Affairs, it was determined that the veteran did not serve in a combat function or engage in combat during his tour of duty overseas, which commenced after cease-fire terms had been accepted by Iraq. He also acknowledged that he falsified information related to his alleged combat stressors.

The VA Hotline email address is vaohotline@va.gov, fax 202-495-5861. You can write to VA Inspector General Hotline (53E), 810 Vermont Ave., NW, Washington, D.C. 20420.

Prior to submitting complaints, it's highly recommended the information be substantiated with facts.

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7.3 - West Central Tribune: [Bahl retiring from St. Cloud VA system](#) (26 April, 76k online visitors/mo; Wilmar, MN)

After 40 years of federal service, Barry Bahl will be retiring as the director of the St. Cloud VA Health Care System. Bahl was appointed director of the Veterans Affairs health care system in 1999.

Bahl leads a health care system which covers 27 counties and includes the VA medical center in St. Cloud and the VA clinics in Brainerd, Montevideo and Alexandria. In total the St. Cloud VA has 388 beds and provides treatment in psychiatry, general medicine and extended care.

During his 20 years as director, Bahl focused on expanding the services provided and modernizing. Three VA clinics in outlying communities were established during his tenure.

Bahl is a native of Montevideo and served in the U.S. Army from August 1969 to September 1971. He earned a bachelor's degree in pharmacy from the University of Minnesota and has held multiple positions in health care across the country.

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7.4 - MeriTalk: [Veterans Affairs Formally Appoints New Deputy CIO](#) (26 April, Dan Verton, 5.6k online visitors/mo; Alexandria, VA)

Department of Veterans Affairs Chief Information Officer LaVerne Council announced Monday that Susan McHugh-Polley, the official who led the development of the VA's enterprise cybersecurity strategy, is now the permanent deputy assistant secretary for Service, Delivery, and Engineering.

McHugh-Polley had served as the executive director for field operations since 2014 under Art Gonzalez, who stepped down from his post in the Office of Information and Technology (OI&T) in March. She then took over for Gonzalez on an acting basis.

“Susan has been a key voice in guiding service delivery’s role in the OI&T transformation,” Council wrote in an email to VA staff obtained by MeriTalk. “She knows firsthand how crucial SDE is to our success as an organization, and has the vision, initiative, and creativity to set her employees up for success. Her background and expertise in operations are as varied as the team she will lead, and I believe she has the ideal perspective and qualifications to oversee OI&T’s service delivery.”

Last year, Council tasked McHugh-Polley to lead a group of senior executives in the creation of OI&T’s Enterprise Cybersecurity Strategy, an aggressive effort to map out VA’s approach to information security. The group managed to deliver the strategy to Congress one day ahead of the deadline set by Sen. Richard Blumenthal, D-Conn., the ranking member of the Senate Committee on Veterans Affairs.

McHugh-Polley previously held leadership positions at the Department of Homeland Security Immigration and Customs Enforcement (ICE), where she led numerous programs targeted toward centralizing technology operations and developing telecommunications and information assurance functions.

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