



Veterans Affairs Media Summary and News Clips

26 August 2015

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

1.1 - The Wall Street Journal: [Report: VA Falls Short on Mental-Health Care Despite Hiring Push, The Department of Veterans Affairs lacks enough full-time psychiatrists to meet demand and those on staff aren't being used efficiently, a new report says](#) (25

August, Ben Kesling, 37.5M online visitors/mo; New York, NY)

The Department of Veterans Affairs lacks enough full-time psychiatrists to meet demand for services and those on staff aren't being used efficiently, despite a multiyear, multibillion-dollar effort, says a report from the department's internal watchdog. The VA hasn't been "fully effective" in hiring psychiatrists or in using those it has, the VA's Office of Inspector General reported Tuesday, adding that the department has focused on meeting overall hiring goals rather than on hiring personnel to fill gaps at specific facilities.

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1.2 - The Huffington Post: [Buddy, Can You Spare a Trillion Dollars? The Cost of Veteran Health Care](#) (25 August, Dawson Church, 33.7M online visitors/mo; New York, NY)

"Are you a Vietnam veteran?" I asked "Stan," an auto mechanic I'd met a few minutes earlier in the course of a routine car checkup. He nodded affirmatively. Ten years of working at the Veterans Stress Project have given me a sense of how veterans move, act and think. They can often identify each other in seconds. The signs of psychological traumatization are often apparent, and rarely get better over time. Combat can affect people decades later.

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1.3 - The Washington Times: [VA wasted time for mental health care, money for psychiatrists without appointments](#) (25 August, Anjali Shastry, 3.7M online visitors/mo;

Washington, DC)

The Department of Veterans Affairs wasted tens of millions of dollars last year on salaries for psychiatrists who weren't seeing patients, the agency's inspector general said in a report Tuesday that detailed continued problems in getting veterans the mental health care they need. Veterans Health Administration clinics were more focused on meeting hiring goals than in getting the right number of mental health professionals on staff, the inspector general said, meaning that most of them had to rush to hire psychiatrists to meet the demand by December 2014.

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1.4 - The Washington Times (AP): [Alaska veterans say reformed VA hurting, not helping](#) (25 August, 3.7M online visitors/mo; Washington, DC)

A 2014 law to reform the Veterans Administration health care system has only made things worse in Alaska, according to veterans testifying Monday at a congressional listening session in Fairbanks. A group of about two dozen veterans at the Fairbanks North Star Borough Assembly chambers told David Shulkin, the third-in-command at the Veterans Administration, that the Veterans Choice Act hasn't delivered the improved care that it promised, reported The Fairbanks Daily News-Miner.

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1.5 - Indian Country Today Media Network: [VA Brings Veterans' Services Training to Indian Country](#) (25 August, Brian Daffron, 1.4M online visitors/mo; Verona, NY)

For veterans living in rural areas, getting help for services that range from a medical check-up to psychiatric counseling is difficult. The drive to a major city that has a VA office could take an hour or more. Once a veteran gets to a VA hospital, the wait could take even longer. These factors—combined with other needs such as benefits applications—can be discouraging for both veterans and family members.

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1.6 - KHON-TV (FOX-2, Video): [A new, no-cost online training program to help transitioning service members and veterans](#) (25 August, 621k online visitors/mo; Honolulu, HI)

The Red Cross is partnering with the Department of Veterans Affairs and Coursera to launch a new, no-cost online training program, called the VA Learning Hubs, to help transitioning service members and veterans from all eras learn skills, earn credentials, and advance in civilian careers following separation from service. This program is part of VA's Veteran's Economic Communities Initiative, which promotes education and employment opportunities for veterans through integrated networks of support at a local level.

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1.7 - Fairbanks Daily News-Miner: [Alaska veterans testify to poor health care service from revamped VA](#) (25 August, Sam Friedman, 597k online visitors/mo; Fairbanks, AK)

A 2014 law to reform the Veterans Administration health care system has so far made things worse, at least in Alaska, said veterans testifying Monday morning at a congressional listening session in Fairbanks. A frustrated group of veterans at the Fairbanks North Star Borough Assembly chambers testified that the Veterans Choice Act hasn't improved their care as promised. About two dozen people testified, too many to fit the hearing's two-hour time limit.

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1.8 - Military Times: [More open collaboration needed on TBI, retired four-star says](#) (25 August, Patricia Kime, 421k online visitors/mo; Springfield, VA)

Some of the nation's top minds involved in brain injury research took a tongue-lashing Tuesday from retired Gen. Peter Chiarelli, a former Army vice chief of staff who, in his current position as head of a non-profit that promotes brain science, said the current research architecture hampers medical advancement.

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1.9 - Pacific Daily News: [Services for veterans improving](#) (25 August, Bill Cunduff, 370k online visitors/mo; Hagatna, Guam)

An unknown author once wrote: "Practice the philosophy of continuous improvement. Get a little better every single day." The Hawaii VA leaders continue to make service improvement for our veterans. The partnership with Naval Hospital Guam is definitely at its best, north and south health center clinics were recently implemented, and with the input of our veterans, the Choice Card Program problem is finally fixed.

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1.10 - KAKE-TV (ABC-10, Video): [Report: 1 in 6 positions vacant at Wichita VA Hospital](#) (25 August, Madeline Anderson, 353k online visitors/mo; Wichita, KS)

Staffing shortages at veterans' hospitals is leaving some veterans waiting weeks to see a doctor. A recent report from USA Today shows 1 in 6 positions is vacant at Wichita's Robert J. Dole VA Medical Center. Of the nearly 900 positions there, around 160 are going unfilled. The Veterans Affairs Administration says those numbers result in more than 7 percent of appointments being pushed back more than a month.

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1.11 - KMIZ-TV (ABC-17, Video): [New veterans housing complex and shelter in need of more funding](#) (25 August, Lindsey Berning, 260k online visitors/mo; Columbia, MO)

A Mid-Missouri organization is still working to raise funds for a new veterans housing complex and shelter in Columbia. U.S. Sen. Roy Blunt, (R)-MO, spoke at the future veterans Welcome Home site Tuesday on the importance of the project to local veterans' health. The Harry S. Truman VA Hospital in Columbia has seen about 800 new homeless veterans so far this year, according to Sara Froese with Truman VA.

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1.12 - WSLV-TV (NBC-10, Video): [Mobile health clinic for veterans makes stop in Salem](#) (25 August, M. Grigsby, 199k online visitors/mo; Roanoke, VA)

A truck making its way to VA medical centers across the country is teaching healthcare providers and patients about technology and making medical exams more accessible for veterans in rural areas. Tuesday, the TeleHealth truck stopped at the VA Medical Center in Salem. The technology allows veterans to go to community-based outpatient clinics for an exam and take part in a video conference with a specialist.

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1.13 - WTVY-TV (CBS-4, Video): [Rep. Martha Roby Addresses the Veterans Affairs](#) (25 August, Bridgette Bjorlo, 96k online visitors/mo; Dothan, AL)

Second District Congresswoman Martha Roby addressed the Veterans Affairs before the Dothan Chamber of Commerce on Aug. 25. Congresswoman Roby discussed her on-going effort to improve Veteran's Affairs medical services in central Alabama. She said the VA provides a health system that consistently fails. One way to improve those services is to build a strong relationship with outside medical providers.

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1.14 - Alaska Public Media: [Vets vent about poor VA care during listening sessions in Fairbanks, Kenai](#) (25 August, Dan Bross, 65k online visitors/mo; Anchorage, AK)

Alaska military veterans testified yesterday at listening sessions in Kenai and Fairbanks about problems accessing federally funded health care benefits. Interior veterans shared concerns specific to the Veterans Choice Act, as well as more general issues about working with the Veterans Administration. Alaska U.S. Senator and Veteran's Affairs Committee member Dan Sullivan organized the in state listening sessions in light of what he describes as Alaska specific problems with Veterans Choice Act passed last year.

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1.15 - Peninsula Clarion: [Tackling the 'No Choice' Program, VA team gathers testimony, learns program issues](#) (25 August, Megan Pacer, 51k online visitors/mo; Kenai, AK)

Dozens of residents filled the Kenai Chamber of Commerce and Visitor Center conference room Monday night for the chance to voice their opinions about the Veterans Access, Choice, and Accountability Act, which was implemented in Alaska in August 2014. Frustrated veterans repeatedly referred to the program set up by the act as the “No Choice Program” during the Veterans Affairs listening session, held to flesh out issues with how the act, nicknamed the Choice Act or the Choice Program, has been run in its first year.

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[2. Ending Veterans' Homelessness](#)

2.1 - The Daily Beast: [The First Battle Against Veteran Homelessness Has Been Won](#) (26 August, Michael Daly, 8.6M online visitors/mo; New York, NY)

Three years ago, Connecticut was home to some 300 homeless veterans—and today it has ended chronic homelessness among vets. The Navy lieutenant who led the charge explains how. On Thursday, Connecticut will officially declare itself the first and only state to eliminate chronic homelessness among veterans. Completely. Really. And this victory is that much sweeter for being based on a basic principle that a Navy lieutenant retained after returning from a tour in Afghanistan and rejoining civilian life three years ago.

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2.3 - Military.com (Stars and Stripes, Reuters): [Troops Discharged for Misconduct at Greater Risk of Homelessness](#) (25 August, Nancy Montgomery, 6.6M online visitors/mo; San Francisco, CA)

Troops separated from military service because of misconduct are far more likely to become homeless than other veterans, a study released Tuesday has found. Researchers with the Veterans Affairs Salt Lake City Health Care System in Utah found that more than a quarter of veterans who were homeless at their first Veterans Affairs visit had been separated for misconduct, with a risk for homelessness nearly five times greater than that for troops with normal separations.

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2.4 - WFSU-FM (NPR-88.9, Audio): [Big Bend Takes On Project To End Veteran Homelessness By 2016](#) (25 August, Rebekah Entralgo, 36k online visitors/mo; Tallahassee, FL)

Tallahassee and the surrounding area have been grappling with homelessness for years. After some organizational changes, the area is taking on a big project: ending veteran homelessness by 2016. Michael Ingall proudly shows off his art studio. It's only a small room in his trailer, but last year, he didn't have a place to hang his paintings or store his brushes and canvasses.

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[3. Ending the Claims Backlog](#)

3.1 - Military.com: [VA: Veterans Claims Backlog Dips Below 100K But Won't Hit Zero](#) (25 August, Bryant Jordan, 6.6M online visitors/mo; San Francisco, CA)

The Veterans Affairs Department's backlog of disability claims has dropped below 100,000 but it won't ever reach zero because of the way veterans seek care, says the head of the Veterans Benefits Administration. Future claims exceeding the 125 days set for on-time decisions will more than likely be because of veteran's individual choices or outside agencies, not the VA's system, according to Under Secretary Allison Hickey.

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3.2 - Stars and Stripes: [VA touts reduction in backlog of disability claims](#) (24 August, Travis J. Tritten, 1.3M online visitors/mo; Washington, DC)

The Department of Veterans Affairs said Monday its disability claims backlog has fallen below 100,000 for the first time after reaching an historic high two years ago. The backlog includes the oldest unresolved claims – those that are 125 days old or older – and stood at 98,535 this week. That is a reduction of 84 percent since 2013, according to the department.

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3.3 - The Tampa Tribune: [Problems warrant review of disability evaluations, VA probe says](#) (25 August, Howard Altman, 884k online visitors/mo; Tampa, FL)

Problems uncovered during a recent inspection warrant review of nearly 2,000 disability evaluations by the regional office of the Department of Veterans Affairs, according to a report released Tuesday afternoon. The review has already been done and the appropriate action taken, according to a response from the St. Petersburg Regional Office to the recommendation by the VA's Office of Inspector General.

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3.4 - Las Vegas Review-Journal: [VA trims veteran claims backlog to less than 100,000](#) (25 August, Keith Rogers, 857k online visitors/mo; Las Vegas, NV)

Department of Veterans Affairs officials said Tuesday they have reached a milestone in reducing the backlog of veterans' claims for disability benefits. The backlog count is now less than 100,000 nationwide — an 84 percent reduction since the peak in March 2013. The Veterans Benefits Administration's regional office in Reno has reduced its backlog to 479 from the peak of 8,536 in February 2013, according to a VA news release.

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3.5 - The Fiscal Times: [VA Gets to Work, Reduces Backlog of Disability Claims by 84 Percent](#) (25 August, Eric Pianin, 514k online visitors/mo; New York, NY)

The Department of Veterans Affairs announcement on Monday that it had slashed the backlog of veterans' claims for disability coverage provided a rare bit of good news for an agency that has been rocked by scandal and controversy for years. The VA said the backlog has fallen 84 percent from a peak of 611,000 claims in March 2013.

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3.6 - Task & Purpose: [The VA's Backlog Drops Below 100,000](#) (25 August, 102k online visitors/mo; Emeryville, CA)

The number of backlogged veterans disability claims fell below 100,000 cases, the Department of Veterans Affairs announced on Aug. 24. Allison Hickey, the VA undersecretary for benefits, told reporters during a conference call that though this marks a “historic milestone,” the VA may never fully eliminate the backlog, with roughly 11% of new cases unlikely to be processed within the 125-day deadline.

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3.7 - iHealthBeat: [VA's Disability Claims Backlog Down by 84% Since March 2013](#) (25 August, 85k online visitors/mo; Washington, DC)

On Monday, the Department of Veterans Affairs announced that it has reduced the number of backlogged disability claims by 84% since March 2013, AP/San Francisco Chronicle reports (Daly, AP/San Francisco Chronicle, 8/24). Claims are considered backlogged if they are more than 125 days old. The number of backlogged claims peaked at 611,000 in March 2013.

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3.8 - FierceGovernment: [VA's backlog of disability claims falls to lowest point in history, top official says](#) (25 August, Ryan McDermott, 21k online visitors/mo; Washington, DC)

The Veterans Affairs Department's backlog of disability claims fell to its lowest level in history this week, Allison Hickey, under secretary for benefits, told reporters in an Aug. 24 press call. She said the backlog stands at 98,535, representing an 84-percent reduction from the peak of 611,000 claims in March 2013. VA considers a claim to be backlogged if it hasn't been fully processed after 125 days.

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[4. Veteran Opportunities for Education/GI Bill](#)

4.1 - The Times: [All public colleges will soon offer veterans in-state tuition](#) (25 August, Carly Stockwell, 296k online visitors/mo; Shreveport, LA)

Thanks to a new bill veterans won't have to worry about paying out-of-state tuition at any public university. Provisions in the Veterans' Access to Care through Choice, Accountability, and Transparency Act of 2014 will require all public universities to offer in-state tuition to veterans making use of their GI Bill.

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4.2 - MetroNews Radio News: [5-star challenge initiative to help student veterans](#) (25 August, Matt Maccaro, 147k online visitors/mo; Charleston, WV)

Through a new initiative called the 5-Star Challenge, education officials are challenging West Virginia colleges to do their part to help student veterans. The deadline for colleges and universities to accept the challenge is Sept. 1. Those who do will be presented with a “5 Star Challenge Coin” during ceremonies to occur the week of Veterans Day.

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[5. Women Veterans](#)

5.1 - Argus Leader: [VA hosts open house at new Women's Clinic](#) (25 August, 532k online visitors/mo; Sioux Falls, SD)

The Sioux Falls VA Medical Center will have a ribbon-cutting and open house at the new Women's Clinic on Wednesday. The event is open to area women veterans, their families and friends and the general public. The open house will be from 3:30 to 6:30 p.m. in the clinic on the medical center's first floor with the ribbon cutting occurring at 4 p.m.

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6. Other

6.1 - The Washington Post: [Re-elected union chief vows to fight "very hostile Congress" over feds' benefits and job security](#) (25 August, Joe Davidson, 19.1M online visitors/mo; Washington, DC)

AFGE is critical of the Obama administration's handling of the massive personnel data breach that resulted in the cyber theft of personal information belonging to about 22 million Americans, including federal employees, contractors, job applicants and their families. And now, two frequent allies, associations representing federal managers and agency executives, have called for a congressional investigation into a union local possibly using "official time" to develop a "hit list" against Department of Veterans Affairs (VA) supervisors.

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6.2 - The Denver Post: [Bush calls Aurora VA hospital a "disaster," but argues for completion, Speaks to veterans at Sheridan town hall, argues Obama has weakened the country and emboldened enemies](#) (25 August, 4.7M online visitors/mo; Denver, CO)

Republican presidential candidate Jeb Bush told veterans at a metro town hall Tuesday that he supports finishing the Aurora VA hospital despite huge cost overruns. "We need to finish up, we can't just waste hundreds of millions of dollars," Bush said, during the event at VFW Post 9644 in Sheridan. More than 100 people turned out at the event, where Bush highlighted a plan to revamp veteran services.

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6.3 - The Washington Times (AP): [NY doctors' group wants veterans hospitals in drug database](#) (26 August, 3.7M online visitors/mo; Washington, DC)

A New York doctors' group is urging that Veterans Administration hospitals and medical facilities join the new statewide database intended to prevent patients from getting excess painkiller prescriptions by shopping among multiple physicians. The New York State Academy of Family Physicians in a letter has asked Secretary Robert McDonald to require VA facilities in the state to participate.

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6.4 - The Hill: [Jeb: 'We ought to end sequestration for the military'](#) (25 August, Rebecca Shabad, 1.8M online visitors/mo; Washington, DC)

At a town hall in Englewood, Colo., a Vietnam veteran told Bush that the VA has tried to fix its issues by asking Congress to fund construction and an increase in hiring. Sequestration, or

spending ceilings, however, has slashed funding for those projects, he said. "Will you work to end sequestration as it affects the VA and military?" the veteran asked Bush.

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6.5 - The Telegraph: [Isakson sees progress in VA system](#) (25 August, Wayne Crenshaw, 845k online visitors/mo; Macon, GA)

U.S. Sen. Johnny Isakson, chairman of the Veterans' Affairs Committee, said Tuesday the culture is changing in the VA healthcare system. In a town hall meeting in Dublin a year ago, the Georgia Republican promised that VA employees would be held accountable for a scandal in which secret records were kept to hide how long veterans were waiting for care.

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6.6 - The Telegraph: [Macon woman's wrongful death suit against VA hinges on federal judge's decision](#) (25 August, Amy Leigh Womack, 845k online visitors/mo; Macon, GA)

A federal judge is considering whether Georgia or Tennessee law should apply in a wrongful death lawsuit filed by the Macon widow of a man who received medical treatment from the U.S. Department of Veterans Affairs. Assistant U.S. Attorney Aimee Hall argued at a Tuesday hearing that the case filed by Mary Jo McKinley earlier this year should be dismissed because the March 20, 2015, suit was filed outside the three-year window allowed by Tennessee law.

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6.7 - Daily Press: [Hampton's Braxton again medals in National Veterans Golden Age Games | community news](#) (25 August, Ed Richards, 761k online visitors/mo; Newport News, VA)

At age 83, Clarence Braxton of Hampton is still bringing home the gold and silver from the National Veterans Golden Age Games. Having competed at the Games 15 times since 1997, Braxton figures he's won a total of 37 gold and silver medals. That includes three golds and a silver that he added to his collection by competing at the 2015 Games Aug. 7-13 in Omaha, Neb.

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6.8 - Watchdog.org: [The killing fields of socialized healthcare](#) (25 August, Charlie Katebi, 699k online visitors/mo; Alexandria, VA)

The Department of Veterans Affairs is the perfect example of socialized healthcare. The federal government owns all the hospitals, employs all the staff, and leaves patients to languish and sometimes die on waitlists. A year after news broke that VA hospitals kept veterans waiting months to see a doctor, including in Wyoming, the VA still refuses to admit its methods endangered veterans. But new evidence reveals that the agency's practices are disastrous for our wounded warriors.

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6.9 - KGBT-TV (CBS-4): [Police: Harlingen VA employee threatened to take explosive device to work](#) (25 August, 508k online visitors/mo; Harlingen, TX)

A man sent a photo of an explosive device to his coworker at the Veteran Affairs clinic in Harlingen and said he would take it to a work meeting on Tuesday, according to information released by police. Oswaldo Victor Perez, 55, was arrested on a third degree felony terroristic

threat charge. The FBI contacted the Harlingen Police Department to notify them about a “disgruntled Veterans Affairs (VA) employee,” according to the news release.

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6.10 - DNAinfo New York: [VA Hospital's Flood Wall Work Tears Up Part of New Kips Bay Playground](#) (25 August, Noah Hurowitz, 468k online visitors/mo; New York, NY)

Just when Stuy Town resident Adam Steinberg thought he had finally got his regular workout spot, he lost it. The fitness equipment at Asser Levy Playground in Kips Bay was open for use for just eight months — much of that in the dead of winter — before construction on a flood wall protecting the adjacent Department of Veterans Affairs New York Harbor Healthcare System tore up the exercise area and a portion of the park’s track.

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6.11 - WWJ-TV (CBS-62): [Protests Outside VA In Detroit Citing Unfair Labor Practices](#) (25 August, Vickie Thomas, 397k online visitors/mo; Southfield, MI)

Dozens of union members at the Detroit Veterans Administration Medical Center protesting what they call unfair practices. Also among the grievances: Some probationary workers claim unwarranted firings happen out of the blue. Richard Dickerson was part of the protest at the John Dingell VA Medical Center where members of the American Federation of Government Employees – Local 933 were protesting what they say are unfair labor practices.

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6.12 - Health Data Management: [Web Tool Puts VA Protected Health Information at Risk](#) (25 August, Greg Slabodkin, 79k online visitors/mo; Chicago, IL)

Department of Veterans Affairs employees improperly used Yammer.com, a web-based collaboration tool to increase productivity, and introduced data security risks, according to an audit report. The VA Office of Inspector General concluded that the “relatively simple process to post to Yammer not only made VA vulnerable from user uploading,” but that any current or former employee remaining active on the site had access to personally identifiable information, protected health information, and agency-sensitive information.

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6.13 - BeyondChron: [Vets May Suffer From Sen. McCain’s Latest Captivity](#) (25 August, Suzanne Gordon, 29k online visitors/mo; San Francisco, CA)

Earlier this summer, Republican presidential candidate Donald Trump had the chutzpah to question John McCain’s military record. “He’s not a war hero. I don’t like people who were captured,” Trump asserted, because of McCain’s experience as a prisoner of war in Vietnam. In response, the Military Officers Association and Iraq and Afghanistan Veterans of America leapt to the Arizona Senator’s defense. They demanded that Trump apologize to the still physically scarred former prisoner of war.

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6.14 - SC Magazine: [OIG investigates VA's use of unapproved social network](#) (25 August, Ashley Carman, 19k online visitors/mo; New York, NY)

Right on the cusp of notable data breaches at government entities, the Office of Inspector General (OIG) was investigating use by the Department of Veteran Affairs (VA) of a supposedly

closed and approved social network. The VA “improperly” used Yammer, a “private social network,” according to the company's website. Plus, beyond its wrongful use, the OIG wrote that the service had “vulnerable security features,” which could have left the VA and its employees vulnerable to digital attackers.

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1. Access to Benefits/Care

1.1 - The Wall Street Journal: [Report: VA Falls Short on Mental-Health Care Despite Hiring Push, The Department of Veterans Affairs lacks enough full-time psychiatrists to meet demand and those on staff aren't being used efficiently, a new report says](#) (25 August, Ben Kesling, 37.5M online visitors/mo; New York, NY)

The Department of Veterans Affairs lacks enough full-time psychiatrists to meet demand for services and those on staff aren't being used efficiently, despite a multiyear, multibillion-dollar effort, says a report from the department's internal watchdog.

The VA hasn't been "fully effective" in hiring psychiatrists or in using those it has, the VA's Office of Inspector General reported Tuesday, adding that the department has focused on meeting overall hiring goals rather than on hiring personnel to fill gaps at specific facilities.

The VA "did not effectively use psychiatrists in its efforts to improve veterans' access to psychiatric care," the inspector general said in the report, adding that poor "clinic management practices resulted in unused capacity of its psychiatrists."

In fiscal year 2014, the department spent nearly \$4 billion on outpatient mental health services, the report says, yet the inspector general identified 94 of 140 facilities that year that needed additional psychiatrists to meet demand and found that 25% of psychiatrists' time wasn't used effectively.

The report serves as a follow-on to a 2012 study that identified wait times of more than a month for psychiatrist appointments by veterans and a large number of vacant psychiatrist positions.

In 2012, then-Secretary Eric Shinseki announced an initiative to hire 1,600 mental health professionals, bumping up pay scales to help recruit them. In 2014, Secretary Robert McDonald announced another hiring initiative as part of a broad reform package pushed through in the wake of a departmentwide scandal that led to the resignation of top officials, including Mr. Shinseki.

Since then, the VA hasn't come up with effective hiring goals or an effective departmentwide system for managing psychiatrists, leaving these determinations to local hospital networks that haven't been fully effective, the report says.

Earlier this year, Congress passed further legislation to help bolster mental health care, including student-loan forgiveness for psychiatrists, the category of providers the VA has said are among the most difficult to recruit and retain.

"This VA OIG report highlights some very important areas for improvement," said the Iraq and Afghanistan Veterans of America, an advocacy group, in a statement. The group "continues to recommend the VA conduct regular analyses of staffing needs to continually track current and predict future needs for mental health clinicians, including psychiatrists," it said.

Sen. Johnny Isakson (R., Ga.), chairman of the Senate Committee on Veterans' Affairs, said in a statement that the report "does not appear to reflect any sense of urgency to address the shortages or operational inadequacies." He added that he will be asking the VA secretary "to reconsider addressing the recommendation in a more timely manner."

The VA concurred with the report's findings and said it has laid out plans to improve efficiency and management techniques as well as establish more effective hiring goals. The department said it already has begun to make improvements, including requiring mental health providers to maintain productivity targets and establish staffing benchmarks for each facility.

"The Department of Veterans Affairs appreciates the review by the Office of Inspector General, and the opportunity to improve services we provide to our Nation's Veterans," said a spokeswoman for the department in a statement. Most of the improvements have a target completion date of September 2016.

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1.2 - The Huffington Post: [Buddy, Can You Spare a Trillion Dollars? The Cost of Veteran Health Care](#) (25 August, Dawson Church, 33.7M online visitors/mo; New York, NY)

"Are you a Vietnam veteran?" I asked "Stan," an auto mechanic I'd met a few minutes earlier in the course of a routine car checkup. He nodded affirmatively. Ten years of working at the Veterans Stress Project have given me a sense of how veterans move, act and think. They can often identify each other in seconds.

The signs of psychological traumatization are often apparent, and rarely get better over time. Combat can affect people decades later. That message is reinforced by a study published recently in a prestigious psychiatry journal.

The investigators found that the psychological effects of the Vietnam War are still plaguing veterans 40 years on. They estimated that that of the Vietnam veterans still alive, 271,000 have posttraumatic stress disorder (PTSD).

The study, performed by Charles Marmar and colleagues from the Langone Medical Center at New York University, is a follow up to the earlier National Vietnam Veterans Readjustment Study (NVVRS), conducted from 1984 to 1988.

Of the veterans still alive from that original study, 78.8 percent participated in the current research, conducted between July 2012 and May 2013. Getting data from that large a percentage is a challenge, and an editorial in the journal called the study "methodologically superb." However, nearly 20 percent of the NVVRS participants had died, a much greater mortality rate than usual. Many veterans have died while on waiting lists for VA (Veterans Administration) care.

Using a standardized test, the investigators found that about 10 percent of surviving Vietnam veterans met the criteria for PTSD. Over a third also suffered from major depression. A small minority were improving, but more than twice as many were deteriorating. The study recommended increased social attention to issues associated with aging, such as chronic illness, lack of social supports and cognitive difficulties in managing traumatic memories.

Other research has shown that PTSD changes the brain over time. The areas of the brain responsible for memory and learning shrink, while the circuits that signal stress become keenly developed.

The Marmar study sounded a loud warning that society might be in for a similar challenge as the current generation of veterans of the Middle East wars age. The cost of treating each veteran with PTSD is estimated at \$1.4 million in internal VA studies. That brings the bill for treating both Vietnam and current veterans to over \$1 trillion. As well as the human misery involved, this imposes an enormous fiscal cost on the country.

At the Veterans Stress Project, we've now honed treatments that show over 80 percent of veterans recovering from PTSD. Several randomized controlled trials demonstrate reduced depression and anxiety in veterans as a bonus to successful PTSD treatment. Pain, insomnia, and traumatic brain injury (TBI) symptoms also reduce.

As a society, we have the therapeutic tools to help veterans like Stan. The next step is for the VA to implement those tools. While redirecting a massive organization like the VA toward non-drug self-help therapies is going to take time, it carries an immense payoff to suffering veterans and their families, as well as to a society struggling with an enormous national debt. We have a strong social incentive to treat veterans differently this time around.

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1.3 - The Washington Times: [VA wasted time for mental health care, money for psychiatrists without appointments](#) (25 August, Anjali Shastry, 3.7M online visitors/mo; Washington, DC)

The Department of Veterans Affairs wasted tens of millions of dollars last year on salaries for psychiatrists who weren't seeing patients, the agency's inspector general said in a report Tuesday that detailed continued problems in getting veterans the mental health care they need.

Veterans Health Administration clinics were more focused on meeting hiring goals than in getting the right number of mental health professionals on staff, the inspector general said, meaning that most of them had to rush to hire psychiatrists to meet the demand by December 2014.

Many of the clinics — even those with shortages — had psychiatrists with duties other than caring for patients, investigators said, leading to about a quarter of their time being wasted.

"VHA facilities could have better used an estimated 25 percent of psychiatrist FTE clinical time to see veterans during FY 2014, which equated to nearly \$113.5 million in psychiatrists' pay. Over the next 5 years, this clinic time not used for patient care would equate to over \$567 million if clinic management is not strengthened now," the audit said.

Investigators said the VA has increased spending on psychiatrists by about 15 percent since 2012, but has increased appointments by only 10 percent, suggesting more waste.

One clinic in Minneapolis boosted its psychiatric resources by 14 percent, but appointments dropped by more than 21 percent. By contrast, the clinic in Miami boosted its resources by 25 percent and its appointments by 36 percent.

Investigators said the difference was that officials in Miami actively monitored psychiatrists' workloads and productivity to make sure they were getting the most from them.

The inspector general pushed the VA do a better job of matching psychiatric resources to actual needs.

VA Undersecretary of Health David Shulkin agreed with the report and said he would move forward to ensure that psychiatrists are available for patients who need them.

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1.4 - The Washington Times (AP): [Alaska veterans say reformed VA hurting, not helping](#)
(25 August, 3.7M online visitors/mo; Washington, DC)

A 2014 law to reform the Veterans Administration health care system has only made things worse in Alaska, according to veterans testifying Monday at a congressional listening session in Fairbanks.

A group of about two dozen veterans at the Fairbanks North Star Borough Assembly chambers told David Shulkin, the third-in-command at the Veterans Administration, that the Veterans Choice Act hasn't delivered the improved care that it promised, reported The Fairbanks Daily News-Miner (<http://bit.ly/1IbN7Fg>).

Last year's law called for creation of a temporary program that allows veterans across the nation to seek treatment at clinics and hospitals outside of the VA system if they face waits of more than 30 days or live more than 40 miles away from a VA facility.

But the frustrated veterans who testified said they've been met with denials of service, long delays for the VA to pay claims and confusing, automated telephone calls when they want answers.

"I had surgery on March 23. I had a bill sitting on my desk for 90 grand up until August. You tell me what hospital is going to sit and wait for their money to be paid when services have been rendered?" said Darrell Walker, Alaska commander of the nonprofit organization Disabled American Veterans. "And then you call Choice (the Choice program) ... every time you call you don't get the same service center."

David McIntyre Jr., the CEO of TriWest Healthcare Alliance, attended Monday's hearing and said many of the veterans' complaints are a result of the Choice Act's quick implementation, and not actually the law itself.

"Basically Congress said you have 90 days to take our instructions, design a system," he said.

U.S. Sen. Dan Sullivan, R-Alaska, has held meetings about the Choice Act across the state this month in response to complaints from constituents. The meetings culminate in a Senate Veterans Affairs Committee field hearing Tuesday in Eagle River.

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1.5 - Indian Country Today Media Network: [VA Brings Veterans' Services Training to Indian Country](#) (25 August, Brian Daffron, 1.4M online visitors/mo; Verona, NY)

For veterans living in rural areas, getting help for services that range from a medical check-up to psychiatric counseling is difficult. The drive to a major city that has a VA office could take an hour or more. Once a veteran gets to a VA hospital, the wait could take even longer. These factors—combined with other needs such as benefits applications—can be discouraging for both veterans and family members.

Although many Native veterans have issues in common with rural American veterans of other ethnicities, the issues can be even more severe. Drive times to VA clinics may be several hours from a reservation, causing a potential for neglecting chronic health conditions. Seeking opportunities such as applying for benefits online also may not be an option in some tribal communities. Furthermore, language and cultural barriers may exist, making Native veterans feel uncomfortable.

It is for reasons such as this that the VA created the Office of Tribal Government Relations four years ago, in January 2011.

“The VA recognizes that one of the best ways to really understand the needs and priorities of veterans living in Indian country is to recognize the unique relationship that tribes have with the United States,” said Stephanie Birdwell, the director of the OTGR and an enrolled member of Cherokee Nation.

The creation of this federal office was based in part on VA offices already in place that dealt with state veteran agencies and international veteran agencies. The focus of this particular office, said Birdwell, “is to build relationships with tribal leaders, establish a formal tribal consultation policy so the VA doesn’t make decisions or policies about veterans living in tribal communities before we consult with tribes.” Birdwell said that the main issues in which tribal consultation is essential is in regards to care, benefits and economic sustainability.

A year after the office’s inception, OTGR began hosting veterans’ training summits in closer proximity to Indian country. Since 2012, at least 20 have been held throughout the United States, with the latest one taking place at the Chickasaw Nation’s Riverwind Casino and Hotel Conference Center near Norman, Oklahoma. on July 30-31. Some of the information that attendees can take back to their tribe’s veterans’ affairs offices include changes to laws such as the Veterans Choice Act and information on education, home loans, pensions, monetary compensation, and military cemetery grants. In addition, there is also information on helping veterans with less than an honorable discharge to apply for a service upgrade to make them eligible for veteran benefits.

Birdwell said these trainings bring elected tribal officials as well as tribal, state and federal employees “all in one place to really exchange information and provide training so that information can be disseminated. People can really put faces with names and build relationships to really advance the efforts of serving the needs of our vets and their families.”

For Birdwell, the impact that she sees the OTGR having is that it is due, in part, to the voices of tribal leaders being heard by the federal government. In the past, the relationships that tribes

had with the VA varied across the country from region to region, what she referred to as “pockets of strength or excellence.” Since 2011, the OTGR goal has been consistency.

“The biggest impact has been more of a consistent recognition, understanding and appreciation,” said Birdwell. “Wherever you go—if you’re going to Washington state, the southwest, east coast or Oklahoma—when it comes to tribal leaders reaching out to VA leadership, you are going to get a consistent response.”

Some of the future plans of the federal office include the increase of seeing more tribal nations create their own offices or departments for veterans’ affairs, as well as helping to implement the “MyVA” procedures that are being implemented throughout the VA system.

Upcoming OTGR regional summits include one currently running through August 22 at Camp Chaparral, Toppenish, Washington and September 22-24 in Salem, Oregon. Additional information on OTGR can also be found on their website.

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1.6 - KHON-TV (FOX-2, Video): [A new, no-cost online training program to help transitioning service members and veterans](#) (25 August, 621k online visitors/mo; Honolulu, HI)

The Red Cross is partnering with the Department of Veterans Affairs and Coursera to launch a new, no-cost online training program, called the VA Learning Hubs, to help transitioning service members and veterans from all eras learn skills, earn credentials, and advance in civilian careers following separation from service. This program is part of VA’s Veteran’s Economic Communities Initiative, which promotes education and employment opportunities for veterans through integrated networks of support at a local level. VA Learning Hubs launched in 27 cities across the country, including Honolulu.

Through VA Learning Hubs, transitioning service members and veterans can take advantage of both online and in-person study to help build their professional skills. Each week, online course modules are completed outside the classroom, which are followed by in-person class sessions, led by volunteer subject matter experts and Red Cross facilitators, to discuss course materials with peers and network.

Upon successful completion of the course, transitioning Service members and Veterans may receive one free verified certificate co-issued by Coursera and University of California at Irvine. This certificate can help them to build their professional qualifications and advance their education and career.

The Red Cross is involved because it has a long history of service to the veterans community, not only as advocates for veterans seeking benefits, but also as a source of employment. In the past three years, the Red Cross hired over 2,000 veterans. “We are proud and excited to continue our legacy of working side-by-side with the Department of Veterans Affairs (VA) in service of our Veterans,” says Coralie Matayoshi, CEO of Hawaii Red Cross.

On Oahu, you can attend the first info session for the VA Learning Hubs on Wednesday, August 26 from 7 8 p.m. at Wayland Baptist University at 94-1091 Ainamakua Drive in Mililani. Register

by emailing: VeteranEmployment.vbaco@va.gov with subject "Honolulu Learning Hub" and your full name in the body. More information at hawaiiiredcross.org.

The info session is highly recommended, but not required for class enrollment. If you are unable to make it on Wednesday but are interested in attending the classes, which start on September 9, they ask you to email them anyway.

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1.7 - Fairbanks Daily News-Miner: [Alaska veterans testify to poor health care service from revamped VA](#) (25 August, Sam Friedman, 597k online visitors/mo; Fairbanks, AK)

A 2014 law to reform the Veterans Administration health care system has so far made things worse, at least in Alaska, said veterans testifying Monday morning at a congressional listening session in Fairbanks.

A frustrated group of veterans at the Fairbanks North Star Borough Assembly chambers testified that the Veterans Choice Act hasn't improved their care as promised. About two dozen people testified, too many to fit the hearing's two-hour time limit.

They described unexplained denials of service, months of waiting for the VA to pay claims and confusing telephone conversations with automated phone systems in the Lower 48. According to an account from a previous hearing, there are 900 1-800 numbers and 14 websites that require their own login information associated with the new program.

Congress passed the Veterans Choice Act last year in response to a scandal at the Phoenix office of the Veterans Administration, where officials deliberately distorted statistics on veterans' wait times for appointments to make it look like the VA was serving clients on time. The law was supposed to make it easier for veterans to get care by letting them get treatment at any doctor who accepts Medicare.

U.S. Sen. Dan Sullivan, R-Alaska, has organized several meetings about the Choice Act around Alaska this month in response to comments from constituents. At Monday's hearing he invited David Shulkin, the third-in-command at the Veterans Administration. The meetings culminate in a Senate Veterans Affairs Committee field hearing tonight in Eagle River.

The meetings are based on the premise that the Choice Act is broken and needs ideas from the public so it can be fixed.

In his introductions, Sullivan asked people to be courteous with Shulkin, who isn't responsible for the VA's past problems because he's only been on the job for two months. He also said it wasn't fair to blame the VA's woes on Congress, something he said Veterans Affairs Secretary Robert McDonald did at a town hall meeting in Wasilla earlier this month.

"There was a bit of a theme from Secretary McDonald that these problems were congressional problems," Sullivan said. "Well, I'm not sure that's helpful either. What we need to do, all of us, is work to together — the VA, our veterans community and the Congress."

In the testimony, an account by Darrell Walker echoed many of the complaints raised by other veterans. As the Alaska commander of the nonprofit organization Disabled American Veterans, Walker hears complaints from many veterans, but he's also had his own problems with the new law. Under the Choice Act, the VA failed to pay his medical bills on time, and his phone calls to resolve the problem became a time-consuming nightmare.

"I had surgery on March 23. I had a bill sitting on my desk for 90 grand up until August. You tell me what hospital is going to sit and wait for their money to be paid when services have been rendered?" he said.

And then you call Choice (the Choice program) ... every time you call you don't get the same service center."

David McIntyre Jr., the CEO of TriWest Healthcare Alliance, attended Monday's listening session. TriWest is the Veterans Administration contract health benefits administrator in 21 states.

In an interview after the hearing, McIntyre said many complaints mentioned by veterans are the result of the Choice Act's sudden rollout, not fundamental problems with the law. Many have already been remedied, he said.

"Basically Congress said you have 90 days to take our instructions, design a system."

He said he wasn't sure where testimony about 900 different phone numbers associated with the new law comes from. The company has one centralized phone system, he said.

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1.8 - Military Times: [More open collaboration needed on TBI, retired four-star says](#) (25 August, Patricia Kime, 421k online visitors/mo; Springfield, VA)

Some of the nation's top minds involved in brain injury research took a tongue-lashing Tuesday from retired Gen. Peter Chiarelli, a former Army vice chief of staff who, in his current position as head of a non-profit that promotes brain science, said the current research architecture hampers medical advancement.

Speaking to attendees at the Veterans Affairs Traumatic Brain Injury State of the Art Conference in Washington, D.C., Chiarelli said the system recognizes "individual accomplishments and does not recognize team science."

The end result is that the system fails patients, he said.

As a case in point, Chiarelli cited a genetic variant — APO E4 — that, if passed to a child from both parents, may decrease the child's ability to recover from a concussion.

First reported in 1997 in *The Lancet*, a top scientific journal, the variant has been mentioned several times in subsequent journals, and was well-known to a researcher who brought it to the attention of Chiarelli when he was serving as Army vice chief.

But his effort to find out more about the variant revealed very little information outside medical journals.

"This is a problem," he said. "It doesn't give me, as a grandfather, the information to tell my granddaughter or grandson, 'You probably would not want to be a linebacker for the Pittsburgh Steelers.' Or, as a commander, to know the risk factors for assigning someone as a bomb disposal technician."

The two-day conference brought together researchers from VA, the National Institutes of Health, government and academia to collaborate on issues relevant to traumatic brain injury. More than 30 researchers showed posters of their current work and panelists conferred for two days on subjects ranging from diagnostics and therapies for patients with TBI to caring for the injured, pain management and related diseases.

Moving through the poster session, however, Chiarelli said he was dismayed to hear one attendee say he was unaware that so much research was happening across the VA.

"We are not focused on the patient," Chiarelli said. "If we were, we would be handling these problems together."

As head of One Mind for Research, the retired general's mission is to promote "open science," the concept of making scientific research, results and data available to anyone.

Research institutions, which pour millions into their medical programs, tend to be protective of their scientists and findings, in the a belief that competition fosters medical advancements and breakthroughs.

Dr. Carolyn Clancy, VA's chief medical officer, acknowledged that researchers in her department are no different. But she said the work at the summit, convened in an effort to jump-start collaboration, along with Chiarelli's observations, present "an opportunity, particularly for the [Defense Department] and VA."

Clancy said VA research facilities could be centers of excellence for treating traumatic brain injury, "go-to" facilities for patients that would advance the science, similar to regional pediatric cancer centers that have changed the course of that disease for thousands of children.

"I don't see a reason why we can't actually bring that to bear here," Clancy said.

Since 2001, more than 327,000 troops have been diagnosed with mild, moderate and serious brain injuries, according to the Congressional Research Service. The number is likely higher, a Defense Department researcher said Monday, since service members often don't report mild concussions or exposure to blasts and other events that can damage the brain.

A 2008 RAND Corp. study estimated that up to that time, about 725,000 troops may have received a TBI or met the criteria for PTSD or combat-related depression.

The VA spent more than \$36 million on research last year. Chiarelli said great work is being done in government and university laboratories, but work on traumatic brain injuries and brain diseases like Alzheimer's and Parkinson's could be advanced further and faster if the "silos" separating research could be removed.

“I’m not trying to be critical. I just see the power that people working together could accomplish,” he said.

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1.9 - Pacific Daily News: [Services for veterans improving](#) (25 August, Bill Cunduff, 370k online visitors/mo; Hagatna, Guam)

An unknown author once wrote: “Practice the philosophy of continuous improvement. Get a little better every single day.” The Hawaii VA leaders continue to make service improvement for our veterans.

The partnership with Naval Hospital Guam is definitely at its best, north and south health center clinics were recently implemented, and with the input of our veterans, the Choice Card Program problem is finally fixed. The Community Based Outpatient Clinic continues to provide good services. Partnership with the newly opened GRMC has been implemented. Our veterans are being seen at their outpatient clinic. Once GRMC is fully functional, our veterans may not have to go off island for medical services. There are other services in the pipeline to make things even better.

It was quite humbling seeing these remarkable improvements unfold.

Thank you to Wayne Pfeffer and his Hawaii VA team members for the extraordinary efforts in making things better for our veterans.

During our recent Veterans Commission meeting with VA leaders from Hawaii, it was quite refreshing to see Vietnam War fighting heroes Tom Devlin, member of the Military Order of Purple Heart Organization and host of the K-57 Vet Talk Show, and Joe San Nicolas, chairman of the Dededo Veterans Organization, continue to carry on as great and supportive friends after all these years.

Sometimes there are VA service drawbacks that cannot be resolved due to security, regulations, laws or for other reasons. Some drawbacks are very irritating. Although we want things to go our way, things cannot always be the way we want it to be. Having served and sacrificed for our country, we should know this very well.

We must try to be very persuasive in our proposals for change. Being angry and unleashing uncalled-for criticism isn’t going to get us anywhere. Tom and Joe epitomize the way we should be supportive of each other as we pursue corrective actions.

The Guam Veterans Affairs Office, Guam Veterans Commission, Guam Delegate Madeleine Bordallo’s Veterans Advisory Council and the CBOC are willing and able to help resolve drawbacks. Just provide them the facts, date, time and where the drawbacks happened and with whom. They will definitely try and resolve them. If they cannot, they should be able move them up to the office of primary responsibility for resolution.

Working together professionally, we become a solid, strong force.

Bill Cundiff is a retired Air Force chief master sergeant and chairman of the Guam Veterans Commission.

VETERANS CORNER

- Sen. Tom Ada, Veteran Affairs Committee Chairman. Phone: 473-3301. Fax: 473-3303. Email: Office@SenatorAda.org; Website: www.SenatorAda.org. Office: Between Bank Pacific, Guam Police Department and Hagåtña Post Office.
- Veteran organizations and agencies and veterans are invited to submit articles for the Veterans Corner. Articles should be not more than 600 words. Send articles to BillCundiff at: afcmst24@yahoo.com.
- The Veterans Clinic Home Based Primary Care has professionals that can visit and treat veterans at their homes. Call Kevin Hitois at 475-5763.
- The VA cemetery chapel is available for use for public viewing. Call 475-8391/2.
- The Veterans Administration has entered into a contract for five emergency housing beds in Guam with the nonprofit organization United States Veterans Initiative, or USVETS.
- Veterans who have made an appointment at the VA clinic and still haven't been seen should call the VA clinic at 475-5760. Veterans may also call Bill Cundiff at 565-4561 or send email to: afcmst24@yahoo.com.
- It is no longer mandatory for veterans to receive a briefing prior to receiving services at the VA Community Based Outpatient Clinic. It's now optional.

MEETINGS

- The Guam Veterans Commission will meet from 10 a.m. to noon Aug. 27 in the small conference room at Adelup. The community is invited and may provide input during the community input portion of the meeting. Call Bill Cundiff at 565-4561, Dan Mendiola at 477-8406.
- The Veterans Village Pocket Meeting Initiative meetings have been postponed until further notice. Call Bill Cundiff at 565-4561 or send e-mail to afcmst24@yahoo.com. You may also call Dan Mendiola at 477-8406.
- The Guam U.S. Air Force Veterans Association will meet from 6:30 to 7:30 p.m. Aug. 27 in Suite 503 of the DNA Building in Hagåtña. Active duty, Air National Guard, Air Force Reserve, retirees, veterans and spouses are invited to attend and join our team. For more information, call Bill Cundiff at 565-4561.
- Veterans of Guam Motorcycle Club, "We Ride With Honor and Respect." Meetings are held on the first Thursday of the month. Club rides are held on the second Sunday of the month. Call 788-3366/687-7050 for more information.
- The Fleet Reserve Association (FRA), Latte Stone Branch 073, meets in the Commanding Officer's Conference Room at U. S. Naval Hospital from 2 to 4 p.m. every fourth Sunday. For more information, contact Harold Kirk atharold.joe59@yahoo.com.

- The American Legion, Mid-Pacific Post No. 1, meets at 10 a.m. on the first Saturday of the month at the Tamuning Clubhouse. Call 646-8251 for more information.
- The Dededo Veterans Organization meets quarterly. For information, call Joe San Nicolas at 482-4350.
- The Barrigada Veterans Association meetings are held at 7 p.m. every second Tuesday of the month at the BarrigadaKoban building. All Guam veterans are welcome to become members. Applications are available at the meetings.
- The Vietnam Veterans of America Chapter 668 meets at 6:30 p.m. every second Friday of the month at the Mangilao headquarters. Members and prospective members are highly encouraged to attend. Contact Dan Mendiola at 477-8406/488-4424.
- The Associates Vietnam Veterans of America Chapter 668 meets at 7 p.m. every second Monday of the month at the Mangilao Headquarters.
- VFW HafaAdai Post 1509, general membership meeting is at 1 p.m. every third Saturday of the month at the Post canteen, located on Marine Corps Drive in Yigo. All members and anyone interested in joining are urged to attend. Call 653-8903..
- VFW Ga'an Point Memorial Post 2917, general membership meeting is at 6 p.m. every second Thursday of the month at the Post canteen, located in Agat. All members and anyone interested in joining are urged to attend. Call 565-8397.
- Military Order of the Purple Heart board meeting at 8 a.m. every first Thursday of the month. General membership meeting is at 6:30 p.m. on the second Thursday of the month at the Koban in Mangilao. Contact Nick Francisco at 482-3650 for more information.
- VFW Saipan Memorial Post 3457, general membership meeting is at 6:30 p.m. every second Thursday of the month at Joe's Steakhouse in Garapan. All members and anyone interested in joining are urged to attend. Call (670) 235-4839.

INFORMATION

- It's very important that veterans register at the VA Clinic or at the VA Office in Asan. Call the VA Clinic at 475-5760, or the VA Office at 475-8388 to schedule an appointment. You must have a copy of your DD Form 214.
- Next of kin of veterans not buried at national or state veterans cemetery may order a bronze medallion to attach to existing, privately purchased headstones or markers, signifying a deceased's status as a veteran. To order, please call the Guam Veterans Affairs Office at 475-8391/92.
- The State VA Office is located in Asan next to the Harley Davidson Motorcycle Store. Call 475-8388.
- The VA Federal Benefits Office is in Tiyan, in the U.S. Department of Veterans Affairs. Phone: 648-0090. Fax: 648-0097. Open 7:30 a.m. to 3:45 p.m. Monday through Friday, excluding federal holidays.

- VA Clinic: 4498 ChalanPalasyo, Hagåtña. Hours of Operation: 7:30 a.m. to 4 p.m. Monday to Friday except federal holidays, Phone: 475-5760. Fax: 475-5855. 24-hour advice nurse: 1-800-214-1306.

- VA Home Based Primary Care: 475-0061

- The veterans employment specialist at the VA Clinic is Anthony Cruz. He can be reached at 475-5783/475-5786 or anthony.cruz@va.gov.

- Guam Vet Center at the Reflection Center is a community-based counseling center that provides a wide range of social and psychological services, including professional readjustment counseling to veterans and families, military sexual trauma counseling, and bereavement counseling for families who experience an active duty death. Phone: 472-7161/977-927-8387. Fax: 472-7162.

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1.10 - KAKE-TV (ABC-10, Video): [Report: 1 in 6 positions vacant at Wichita VA Hospital](#)
(25 August, Madeline Anderson, 353k online visitors/mo; Wichita, KS)

Staffing shortages at veterans' hospitals is leaving some veterans waiting weeks to see a doctor.

A recent report from USA Today shows 1 in 6 positions is vacant at Wichita's Robert J. Dole VA Medical Center.

Of the nearly 900 positions there, around 160 are going unfilled.

The Veterans Affairs Administration says those numbers result in more than 7 percent of appointments being pushed back more than a month.

"We've had many veterans who've had challenges to get an appointment scheduled," said Richard James, with DeV Vaughn James Injury Lawyers.

James helps veterans in Wichita who've been involved in car crashes.

"A lot of veterans carry, or have very low limits on their automobile policies, which makes their VA coverage even that more important," James said.

Wichita, at 18.1 percent, is right around the national overall vacancy rate of 17.4 percent.

When it comes to psychologists, Wichita is below the national vacancy rate by 3.5 percent, and below the physician assistant vacancy rate by 8 percent.

Where we struggle, is filling physician and physical therapist positions. Wichita's physician vacancy rate is 25.9 percent, the national vacancy rate is 18 percent. Wichita's physical therapist vacancy rate is 33.3 percent, the national vacancy rate is 15 percent.

In a statement from the Wichita VAMC, a spokesperson says:

"Wichita is a competitive health-care market with many exceptional medical facilities; so when it comes to recruiting, hiring, and retaining doctors, nurses, and other health care professionals we are all at the mercy of availability."

In an effort to solve the problem, the hospital is working with community partners to find patients another provider if their appointment is going to be more than 30-days from their desired date.

"Veterans need great care," James said. "They served our country and so they deserve great medical care. So when we're falling short or experiencing delays in the care of the veterans, that's something we need to fix."

New legislation also helps VA hospitals recruit and retain doctors by paying them salaries that are competitive with those of civilian hospitals.

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1.11 - KMIZ-TV (ABC-17, Video): [New veterans housing complex and shelter in need of more funding](#) (25 August, Lindsey Berning, 260k online visitors/mo; Columbia, MO)

A Mid-Missouri organization is still working to raise funds for a new veterans housing complex and shelter in Columbia.

U.S. Sen. Roy Blunt, (R)-MO, spoke at the future veterans Welcome Home site Tuesday on the importance of the project to local veterans' health.

The Harry S. Truman VA Hospital in Columbia has seen about 800 new homeless veterans so far this year, according to Sara Froese with Truman VA.

"Welcome Home, A Community for Veterans" is about 64 percent funded, according to Welcome Home, Inc. Board President Ross Bridges.

Construction on the project began in February at the former Deluxe Inn site off Business Loop 70 East. The former hotel building is gutted and ready to start converting into apartments, Bridges said.

But the project needs about \$3 million to complete.

"We do have a homeless veterans problem in the country," Sen. Roy Blunt, (R)-MO said. "We had a veteran suicide problem in the country. Both of those need to be dealt with. And I think Welcome Home is doing some of the things very much that need to be done to see that both of those issues are dealt with."

The Welcome Home campus will have 25 one bedroom permanent housing apartments called Patriot Place Apartments. Right now, that half of the project is fully funded.

But money is still needed to build the shelter for homeless veterans with 29 temporary beds and a supportive services center.

Columbia City Manager Mike Matthes recently recommended that \$500,000 from the city's general fund savings from last year be given to the Welcome Home project.

"I can't think of a better use of the savings than this," Matthes said. "You know, our veterans are coming back and we can try to help them reenter the civilian life or not, and we deal with the consequences either way."

The city council will decide whether to accept Matthes' recommendation on the funds at the second city council meeting in September, Matthes said.

If the council does choose to give funds to the project, it will go toward converting the existing building into about half of the rooms and to start construction on the new building that will house the rest of the rooms, Bridges said.

"It's important for the community to remember that these individuals were veterans before they were homeless," Bridges said. "You know, they have served our country in our country's time of need. And I think our country thrives when we return the favor back to them and serve them now in their time of need."

The Patriot Place Apartments are expected to be completed May 2016. But as for now, there is no expected completion date on the emergency shelter half of the project until the remaining funds are raised.

You can find out more about Welcome Home, A Community for Veterans here.

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1.12 - WSLs-TV (NBC-10, Video): [Mobile health clinic for veterans makes stop in Salem](#)
(25 August, M. Grigsby, 199k online visitors/mo; Roanoke, VA)

A truck making its way to VA medical centers across the country is teaching healthcare providers and patients about technology and making medical exams more accessible for veterans in rural areas.

Tuesday, the TeleHealth truck stopped at the VA Medical Center in Salem. The technology allows veterans to go to community-based outpatient clinics for an exam and take part in a video conference with a specialist.

TeleHealth clinic technicians say the truck is an ideal way to reach veterans who may not be able to travel to a medical center.

"The time-saving is immense, especially when we're working with veterans on tight budgets, transportation limitations. It really helps them not having to go near as far to get the specialty care they need," explained TeleHealth Clinical Technician, Frank Wilkins.

TeleHealth has a 96% approval rating among veterans.

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1.13 - WTVY-TV (CBS-4, Video): [Rep. Martha Roby Addresses the Veterans Affairs](#) (25 August, Bridgette Bjorlo, 96k online visitors/mo; Dothan, AL)

Second District Congresswoman Martha Roby addressed the Veterans Affairs before the Dothan Chamber of Commerce on Aug. 25.

Congresswoman Roby discussed her on-going effort to improve Veteran's Affairs medical services in central Alabama.

She said the VA provides a health system that consistently fails.

One way to improve those services is to build a strong relationship with outside medical providers.

The congresswoman said trust issues hinder the Veterans Affairs' ability to give veterans quality care in a timely manner.

"It begins with accountability," Roby said. "That's why I filed a bill that did just that. It requires Washington VA to come in and take over these failing systems, like Central Alabama, so that there's direct accountability.

Roby also said that fixing the VA's issues starts with better leadership. She is currently campaigning to get a permanent director at the central Alabama office.

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1.14 - Alaska Public Media: [Vets vent about poor VA care during listening sessions in Fairbanks, Kenai](#) (25 August, Dan Bross, 65k online visitors/mo; Anchorage, AK)

Alaska military veterans testified yesterday at listening sessions in Kenai and Fairbanks about problems accessing federally funded health care benefits. Interior veterans shared concerns specific to the Veterans Choice Act, as well as more general issues about working with the Veterans Administration.

Alaska U.S. Senator and Veteran's Affairs Committee member Dan Sullivan organized the in state listening sessions in light of what he describes as Alaska specific problems with Veterans Choice Act passed last year.

"The Choice Act, ironically, is in many ways based on the model of Alaska — meaning, to allow veterans to access health care outside the VA system: Native health centers, other centers, and to provide flexibility. The irony is, that when it was implemented, it started to cut off funding for those very programs in Alaska," Sen. Sullivan says.

Sullivan and a team of Veterans Administration officials, heard from numerous Interior vets, many of whom, like Marine and Army vet William Fisher lamented general problems with the VA healthcare system, like basic inability to even reach the agency. Fisher says he spent the last week trying to get through.

“I was on the phone for approximately one to one-and-a-half hours each time,” he says. “I purposely chose to call in the morning once, lunch time, and in the evening — different times. They’re always swamped. When you get through, half the time you get hung up on. The other half the time the people you talk to can’t give you a straight answer.”

Fisher says the situation has left him with unpaid medical bills.

“I have a bill now that’s about a year old. I still get these nasty letters. Now they say in the next seven days, if I don’t respond, it’s going to a collections agency.”

Others like John Taylor of Salcha, pointed to issues specifically related to the new Choice Act Program.

“The main difference is, if you want to speak to a doctor, if you want to have a blood test, if you have to have a procedure like a colonoscopy — you have to have it approved by Choice first. If you don’t get it approved or the approval doesn’t go through, they will cancel you.”

Alaska Native Veteran’s Association President Benno Cleveland addressed a basic communication gap between Alaska veterans and the VA.

“We have many — a tremendous amount — of veterans who are out in the villages. Not only do we have Native veterans out there we have other vets out there from all walks of life and all walks of cultures. And we speak English, but we don’t speak your English. Our English is a little different and has different meanings. So when we tap into the VA and everything else, it’s frustrating not only on the veterans, but it’s also frustrating on the VA.”

Cleveland suggested funding training some Alaska veterans to help others navigate the system. Recently appointed VA health undersecretary David Shulkin assured the veterans their concerns are being heard.

“We’re not committed to the old way of the VA doing things. I am committed to fixing this to make sure that this works for you and for veterans around the country.”

The Alaska listening sessions were held in anticipation of a formal Senate Veteran’s Affairs Committee field hearing on the Choice Act happening Tuesday in Eagle River.

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[1.15 - Peninsula Clarion: Tackling the 'No Choice' Program, VA team gathers testimony, learns program issues](#) (25 August, Megan Pacer, 51k online visitors/mo; Kenai, AK)

Dozens of residents filled the Kenai Chamber of Commerce and Visitor Center conference room Monday night for the chance to voice their opinions about the Veterans Access, Choice, and Accountability Act, which was implemented in Alaska in August 2014.

Frustrated veterans repeatedly referred to the program set up by the act as the “No Choice Program” during the Veterans Affairs listening session, held to flesh out issues with how the act, nicknamed the Choice Act or the Choice Program, has been run in its first year.

For more than two hours, Sen. Dan Sullivan (R-Alaska) and Dr. David Shulkin, the VA's new under secretary for health, listened to testimony and suggestions from area veterans. The pair also heard from Fairbanks veterans Monday morning.

The program, designed to benefit veterans facing long wait times and living in rural areas, has so far failed to improve access to VA services in the state. The program was given only 90 days to get up and running once it was initiated.

"It (the Choice Act) is not working particularly for Alaska," Sullivan said. "The irony is that the Choice Act got many of its innovations and ideas from Alaska, and yet now that it's being implemented, there state where it's not working at all is the state where many of the ideas in the bill came from."

Sullivan and Shulkin also heard a statement given over the phone from a representative of veterans in Dillingham, who wanted the chance to be heard during the Kenai session. Around 55 people signed up to speak Monday night, but the scheduled period did not allow everyone to be heard. Those who still wish to comment on the Veterans Choice Act can send their statements to public_testimony@sullivan.senate.gov, which will remain open through Sept. 1, Sullivan said.

Complaints heard at the listening session were about lack of communication, properly-trained employees and accountability. Longer wait times were also cited as an issue.

Kenai resident and veteran Daniel Newman cited long wait times and appointment scheduling issues as major problems with the Choice Program.

"One of my issues is filing for disability, on PTSD (Post Traumatic Stress Disorder)," Newman said. He went on to say that his brother in another state waited more than three years for his own veteran services.

"I have stage three throat cancer," Newman said. "I don't (even) have three and a half years."

Newman served two tours with the United States Army, one in Germany and another in Korea. He was told he missed the August 2014 deadline to receive a Choice Card, which would make him eligible to receive services through the program. Newman said the unique situation of veterans in Alaska is what makes getting VA services difficult, but that people who need those services will still move to Alaska for good reason.

"I think it's for more than one reason," Newman said. "I had a hard in there. I mean I had tears a couple times because I can't handle being in crowds. I can't even go to the store when it's crowded ... and I think there's a number of people that are like me that moved up here to get away from that."

Problems caused by the quickly-implemented Choice Program are not felt by Alaska's veterans alone. Derotha Ferraro, director of public relations and marketing for the South Peninsula Hospital, presented the issues health service providers have run into while working under the new system.

Ferraro testified on behalf of the hospital, saying that issues with the program have thrown a wrench into the hospital's VA services. For example, the program only allows providers to log

into its website once per day. If the provider accidentally logs out or gets timed out, they cannot access the program online until the next day, Ferraro said.

“As the PR director, I’ve been somewhat connected to veterans concerns over the last couple of years,” Ferraro said. “Based on my knowledge I would say the number one priority would be to get their customer service reps trained.”

Ferraro said the VA and the Choice Program seem to operate like two separate entities with no communication between them. The fact that the timeframe for being paid back for VA services is unknown is also problematic, she said.

Despite these and other issues, Ferraro said she likes the original goal of the program — to better serve rural veterans with limited access to the VA.

“Well, it opened up the door for veterans to be treated for various things at the local level ... instead of veterans having to drive to Anchorage,” Ferraro said. “They can get their care right in the community. It’s a great idea. They should have been doing it all along.”

Shulkin said after the session that the praise for local VA services was something different he picked up on at the Kenai listening session.

“People uniformly value and appreciate the care that they’re getting at the local Kenai veterans office,” Shulkin said. “And the message was that we need to give them more local control, because that’s where the trust is and that’s where they believe that their best interests are held.”

Sullivan and Shulkin finished gathering testimony at a formal hearing in Eagle River on Tuesday. A plan for addressing the Choice Program’s issues in Alaska will be presented to Congress by Nov. 1, Shulkin said.

The solution to Choice Program issues will be found through collaboration between the VA, Congress and the program’s third party administrators, Shulkin said,

“I own the problems now,” Shulkin said. “I may not have caused them, but I own them.”

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2. Ending Veterans’ Homelessness

2.1 - The Daily Beast: [The First Battle Against Veteran Homelessness Has Been Won](#) (26 August, Michael Daly, 8.6M online visitors/mo; New York, NY)

Three years ago, Connecticut was home to some 300 homeless veterans—and today it has ended chronic homelessness among vets. The Navy lieutenant who led the charge explains how.

On Thursday, Connecticut will officially declare itself the first and only state to eliminate chronic homelessness among veterans.

Completely.

Really.

And this victory is that much sweeter for being based on a basic principle that a Navy lieutenant retained after returning from a tour in Afghanistan and rejoining civilian life three years ago.

“Take care of your guys,” Greg Behrman says.

Behrman also retained a sense of duty, and he discerned a call to service when he learned that the federal government had set a goal of ending chronic homelessness among veterans by the end of 2015. The goal was accompanied by an estimate that there were some 50,000 homeless vets in the county, a number that constituted both a crisis and a disgrace.

“Way too many,” Behrman says.

Behrman reasoned that at the very least we owe those who served their country a roof and a bed. He set about determining what was being done about the 300-some homeless vets in his native state of Connecticut. He discovered that a wide range of dedicated people were out there doing their best.

But they were not doing their best in the best way. Behrman founded The Connecticut Heroes Project and proceeded to address the problem as he would have were he back working with Gen. David Petraeus in Afghanistan.

“You need a plan,” Behrman notes.

And that plan has to be implemented so that it is coherent and coordinated.

“Strategic leadership,” Behrman says.

As he learned all he could about the efforts of those already addressing the problem, he also consciously sought to secure their trust. Newman’s Own Foundation provided funding. Partnership for Strong Communities served as host for a Veterans Workgroup comprising government officials and nonprofit groups. The participants included such social service luminaries as Laurie Harkness of the Connecticut VA’s Errera Community Care Center.

“Laurie is a real innovator, a real doer,” Behrman reports.

Behrman, who is 38, sensed that Harkness and the others were not just willing but eager to work together.

“There was a hunger to have a plan,” Behrman recalls.

Once the right people were in place, the next step would have been the same whether they had been waging war or waging peace.

“Coordination and execution,” Behrman says.

The plan had to remain what Behrman calls “a living document” that could be modified to meet the changing demands of the situation.

“Strategic plan meets reality,” Behrman notes.

And the reality at the outset seemed daunting.

“In the early days, everyone viewed this as an audacious goal,” Behrman remembers.

They proceeded to demonstrate what can be accomplished by a group of people who believe in the mission and are completely engaged and happy to do the work.

“Without worry about credit or turf,” Behrman adds.

And work they did, with discipline and unrelenting, total focus.

“Driving toward our goal,” Behrman says.

Behrman witnessed a wonderful cycle.

“Accomplishments lead to confidence which leads to energy and desire for more accomplishments,” he says.

They were constantly sharing what they learned, seeking what was most efficient and effective, devising new polices and tactics.

Traditionally, homeless programs begin by providing mental health care and other services prior to securing housing. The new Connecticut group began with housing, coordinating outreach workers to identify every veteran who was living in the streets. They then provided the vets with what was their minimum due.

“Being in a safe and stable environment,” Behrman says.

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2.2 - Military.com (Stars and Stripes, Reuters): [Troops Discharged for Misconduct at Greater Risk of Homelessness](#) (25 August, Nancy Montgomery, 6.6M online visitors/mo; San Francisco, CA)

Troops separated from military service because of misconduct are far more likely to become homeless than other veterans, a study released Tuesday has found.

Researchers with the Veterans Affairs Salt Lake City Health Care System in Utah found that more than a quarter of veterans who were homeless at their first Veterans Affairs visit had been separated for misconduct, with a risk for homelessness nearly five times greater than that for troops with normal separations.

Researchers had expected to find higher rates of homelessness for veterans with misconduct-related separations -- troops discharged because of drug use, unauthorized absences and other misconduct.

"But we were surprised at how high the rates were," said Jamison D. Fargo at Utah State University, one of the authors of the study, which was published in the Aug. 25 issue of the Journal of the American Medical Association.

The researchers analyzed VA records of 448,290 active-duty servicemembers who had been deployed to Iraq or Afghanistan, separated between 2001 and 2011 and were eligible for and used VA services. About half were from the Army, about two-thirds had had combat exposure, most were men and nearly all were enlisted.

Although only 5.6 percent of the troops -- 24,992 -- had been separated for misconduct, they represented 25.6 percent of homeless veterans when they first visited the VA, the study found. Within a year, such vets accounted for about 28 percent of the homeless veterans, and within five years, more than 20 percent.

The higher percentage of homelessness among those with misconduct-related discharges found within the first year of seeking VA services suggests that "over the course of the year, there are increased difficulties in re-integrating into civilian life and creating a stable living situation and lifestyle," Fargo said.

The length of time a veteran was homeless, or whether there were repeated instances of homelessness, was not captured in the study. Homeless veterans were defined as those who had indicated they were homeless, those who had sought the VA's housing services or both.

Troops who were dishonorably discharged were not included in the study because that discharge renders them ineligible for VA services. Misconduct-related discharges usually are "other than honorable" or "general."

Previous research on homeless veterans found risk factors such as being male and being younger or older than average, as well as drug or alcohol problems and mental-health issues. "The biggest risk factor is always economic-related," Fargo said.

Rates of homelessness in the study for veterans who had been discharged honorably -- from 0.2 percent at the first VA visit to 1.4 percent after five years -- were more in keeping with the national rate of homelessness, Fargo said, which hovers at a little less than 1 percent.

But for veterans with misconduct-related discharges, the rate was far higher: from 1.3 percent at an initial VA visit to 9.8 percent within five years.

According to the National Coalition for Homeless Veterans, homeless veterans make up about 12 percent of the adult homeless population. Most are single, live in urban areas and suffer from mental illness, alcohol and/or substance abuse, or other disorders. About 41 percent are between the ages of 31 and 50.

"What this study does is help us pinpoint a risk factor," Fargo said. According to the study authors, the results "represent the strongest risk factor for homelessness among U.S. veterans observed to date."

"It calls for action on the part of the VA and the Department of Defense," Fargo said. "Policymakers need to address it."

In 2009, the Obama administration committed to ending veteran homelessness in the U.S. by the end of this year, and those efforts apparently have had success. According a 2014 estimate by the Department of Housing and Urban Development, some 49,933 veterans were homeless on a single night. That estimate represents a 14 percent decline compared with the Department of Housing and Urban Development's 2013 estimate and a 33 percent decline compared with its 2009 estimate.

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2.3 - WFSU-FM (NPR-88.9, Audio): [Big Bend Takes On Project To End Veteran Homelessness By 2016](#) (25 August, Rebekah Entralgo, 36k online visitors/mo; Tallahassee, FL)

Tallahassee and the surrounding area have been grappling with homelessness for years. After some organizational changes, the area is taking on a big project: ending veteran homelessness by 2016.

Michael Ingall proudly shows off his art studio. It's only a small room in his trailer, but last year, he didn't have a place to hang his paintings or store his brushes and canvasses. When he came home from the Vietnam War in 1971, he found himself swept up in the hippie movement, and ever since then, he's been fighting another battle- chronic homelessness.

"You know, late 60s early 70s there was this thing called 'hippie' and that came along, and I became a wandering hippy, or a wandering gypsy is more the term," he said. "Flowers in the hair, San Francisco, Jimi Hendrix, and all that type of stuff. So I've been homeless for a long time. I've never really had a home."

Now, Ingall has a home but the road from 1971 to 2015 has been a difficult one, full of years living on the streets, in shelters, and rented bungalows. At the North Florida Veterans Stand Down event, he was contacted by the Big Bend Homeless Coalition and Veteran agencies who wanted to get him into permanent housing. And they did, but not without a few bumps in the road. Ingall found himself repeating processes multiple times, becoming frustrated and discouraged.

"Each time it's the rehash of the same. Having to sound like a broken record, it really gets to you, or it got to me anyway because I don't much like to have to bang a drum," lamented Ingall. "I'm much like this: I don't mind doing something if they want to do it, and they do it, but I don't like to bang their door."

Big Bend officials have been working to make the intake process easier. The region combined its efforts just over a year ago as a way to get more federal dollars for homelessness agencies. It makes those agencies work closer together. Leon County Commissioner, Kristen Dozier, serves as the group's first chair. And Dozier says she's working on the issue that frustrated Michael and other homeless veterans so much. Now the agencies use a single management system, which standardizes the intake process.

"So the person doesn't have to repeat this every single time they go to an agency for services," explains Commissioner Dozier. "It is already helping us and it has only been built up within the last few months."

In addition to the operational changes, the Big Bend has taken on a huge project called Zero: 2016. It's a nationwide program with more than 75 participating communities across the country. Of those 75, the Big Bend is one of 19 on track to end veteran homelessness by next January.

Kim Ladner is the Veteran Housing Director at the Big Bend Homeless Coalition. She exclaims, "We have two more veterans, or veteran families, to serve before we reach our goal for this fiscal year, so it's a really good week!" For Ladner, the pay-off is worth it. She said, "Once you see a veteran take that key and open that apartment door, I mean it's like the light came on. It's like Christmas and Easter and birthday all wrapped together."

In the month of June alone, 30 homeless veterans were placed into some kind of housing, bringing the grand total to 158 since the project started back in January. Officials say the future is looking bright, with 53 vets working with case management to secure housing by the end of September. Ingall isn't sure of his future yet. He said, "Not having to worry about sleeping with your guard up, not worrying about having to end up with a trespass charge somewhere because all you're doing is sleeping, you know?"

Right now, he's just grateful for a place to sleep.

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3. Ending the Claims Backlog

3.1 - Military.com: [VA: Veterans Claims Backlog Dips Below 100K But Won't Hit Zero](#) (25 August, Bryant Jordan, 6.6M online visitors/mo; San Francisco, CA)

The Veterans Affairs Department's backlog of disability claims has dropped below 100,000 but it won't ever reach zero because of the way veterans seek care, says the head of the Veterans Benefits Administration.

Future claims exceeding the 125 days set for on-time decisions will more than likely be because of veteran's individual choices or outside agencies, not the VA's system, according to Under Secretary Allison Hickey.

"Zero for us is not an absolute zero," she said on Monday. "I don't want us to say, 'Too bad, we want to hit our 125 days! The heck with you! We're going!' That's not right and that's not the kind of culture and core values that we hold."

Hickey spoke with reporters during a telephone roundtable, during which she announced that the backlog -- once well over 600,000 claims -- had finally been brought down to fewer than 100,000. She credited the reduction to increased digitation of records, a new application system that emphasize electronic filings, and employees pulling mandatory overtime hours for the past three years.

But Hickey said the problem of claims going past 125 days without a decision won't disappear entirely, though the numbers will be manageable at perhaps 11 percent of new claims.

There are valid reasons that some claims will take longer than 125 days that have nothing to do with VA bureaucracy, Hickey said.

Examples include a veteran amending a claim already nearing the 125-day point, a veteran's preference for where or when to get a necessary physical, or a claim requiring information from the Defense Department.

Many times, she said, VA will be nearing completing of a claim application when the veteran decides to add a new medical condition.

"To the veteran, that means if they can get that on that [original] claim, they get the earlier effective date," and with it compensation starting from that date, she said. If they file it as a new claim, they will get a later start date for compensation.

So adding it onto a nearly finished existing claim means action on the claim is going to run past 125 days.

"If you come in with something new on day 120, I can't be expected to produce a new medical issue and a result of that, that requires an exam, filing it in your medical records, making sure we've got it all, doing the rating, doing the evaluation to see if there's any additional resources to be added. You can't do that in five days ... It's more complicated than that," she said.

Older veterans who divide their time between different states may also account for claims going past 125 days.

If they have a preferred VA office they want to go to but will not in that part of the country until some future date, "I'm not gonna say, 'Sorry, pack it up, drive north or drive south and come see us because we're ready to do our claim.'"

Hickey said the VA will honor the veteran's wishes even if it means the claim slipping past 125 days.

There may also be a medical reason that an exam cannot be done within the 125 days, she said.

"I'm not going to make a pregnant veteran take a CT or MRI or an X-ray that would be harmful to her or to her baby while she's pregnant," Hickey said. "I'm going to wait until she's delivered that child and she's feeling she can come back and go through that exam."

Other veterans with claims live abroad. The VA does not pay to fly them to the U.S. for the exams and cannot expect them to pick up the costs, leaving the scheduling to the State Department and others, according to Hickey.

Claims filed in connection to radiation exposure during military service or to contaminants in the water at Camp Lejeune, North Carolina, she said, also will likely take longer than 125 days.

"There's too much burden of proof that the DoD has to do," she said. "I have to give the DoD more time on those and I don't hold them to the same standard as all the rest of the claims."

The VA long dealt with claims exceeding 125 days, but until then-VA Secretary Eric Shinseki established the 125-day application-to-decision period there was no established backlog.

The VA originally said the backlog would be eliminated by Sept. 30, 2015, then to the end of the calendar year. Officials now maintain that no firm date was set, but offered only as a way to inspire the department.

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3.2 - Stars and Stripes: [VA touts reduction in backlog of disability claims](#) (24 August, Travis J. Tritten, 1.3M online visitors/mo; Washington, DC)

The Department of Veterans Affairs said Monday its disability claims backlog has fallen below 100,000 for the first time after reaching an historic high two years ago.

The backlog includes the oldest unresolved claims – those that are 125 days old or older – and stood at 98,535 this week. That is a reduction of 84 percent since 2013, according to the department.

The VA has struggled in recent years to handle a massive influx of claims from aging Vietnam vets and those who returned from the wars in Iraq and Afghanistan. Meanwhile, Congress and veteran service organizations have criticized the backlog for keeping benefits from servicemembers with severe service-connected disabilities for months or sometimes longer.

“We’ve done something today that we have never done in our history before,” Allison Hickey, the VA undersecretary for benefits, told reporters.

The VA created a strategic plan to reduce a backlog of over 600,000 old claims in 2013 that included digitizing the filing process and requiring mandatory overtime for employees.

Hickey attributed most of the reduction to staff, saying she “would point without hesitation or pause to people.” But she also acknowledged that the required overtime work is not sustainable for VA and will end after September.

The backlog is a fraction of overall pending disability and pension claims, which have decreased to about 363,000 from 884,000 three years ago, according to data published by the VA.

But what was touted by Hickey on Monday as an “historic moment” was greeted by some frustration from the VFW, the nation’s largest service organization for war veterans.

The Veterans Benefits Administration, the section of VA tasked with the claims, accomplished the dramatic reduction by focusing in on one small section of its responsibilities, said Gerald Manar, deputy director of National Veterans Service at the VFW.

“All they’ve talked about is reducing that part of the workload and that part of the backlog,” Manar said. “They’ve done that, at least in part, at the expense of other work.”

Manar said claim appeals and decisions on benefits for dependent spouses and children often languish as well but have been pushed aside by the department as it whittles away at the oldest disability claims.

The number of appeals by veterans asking for reconsideration of a claims decision increased to 298,000 in July from 239,000 two years ago, according to figures provided Monday by the VA. But the department said the percentage of appeals have remained relatively static for decades and are only rising now due to more overall claims.

“I think a big part of it is the visibility of disability claims,” Manar said.

In a report released in May, the Senate’s VA backlog working group said the delays are breaking a vow to treat those wounded in service and said in one case, a Marine who lost an eye and use of an arm and leg from an improvised explosive device had to wait more than 18 months for VA compensation.

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3.3 - The Tampa Tribune: [Problems warrant review of disability evaluations, VA probe says](#) (25 August, Howard Altman, 884k online visitors/mo; Tampa, FL)

Problems uncovered during a recent inspection warrant review of nearly 2,000 disability evaluations by the regional office of the Department of Veterans Affairs, according to a report released Tuesday afternoon.

The review has already been done and the appropriate action taken, according to a reponse from the St. Petersburg Regional Office to the recommendation by the VA’s Office of Inspector General.

The inspection of the regional office, located on the Bay Pines VA campus, had found that 17 of 90 disability claims reviewed, or about 19 percent, were not accurately processed.

That resulted in 54 improper monthly payments to seven veterans totalling about \$44,900, according to the inspector general’s report.

Investigators also found that the regional office staff incorrectly processed eight of 30 claims related to temporary, 100 percent disability evaluations, but processed 28 of the 30 traumatic brain injury claims correctly.

While the report concluded that the improvement in the traumatic brain injury claims “suggest improvement” since the office was last inspected in 2012, there were other problems. Inspectors found that seven of the 30 sample cases contained errors. Also, regional office staff “did not accurately establish the correct date of claim” in an electronic system of records for four of 30 claims sampled. Inspectors also determined regional office staff delayed taking action in processing seven of the 30 benefits reduction cases because management “did not prioritize this workload.”

The inspections took place in January, according to the report.

“We sampled claims that we considered at high risk of processing errors,” according to the report. “Our results do not represent the accuracy of all claims processed” at the regional office.

Inspectors recommended that the office review 1,717 temporary, 100 percent disability evaluations pending as of Oct. 8, 2014.

The VA requires a temporary, 100 percent disability evaluation following surgery or specific treatments. At the end of a mandated recovery period, the regional office must then review veterans' health condition to find out if they still meet the eligibility requirements for a 100 percent disability evaluation, which determines the value of compensation benefits veterans receive.

If a veteran's benefits are reduced, he or she has 60 days to disagree by submitting new information.

Effective management of those cases, according to the report, can "reduce the risk of inaccurate financial benefits and provide improved stewardship of taxpayer funds."

Inspectors also recommend training on how to establish accurate dates of claims, improve review processes, and ensure oversight and prioritization of benefits reduction cases.

In its response to the findings, regional office officials agreed with all the recommendations.

They said that of the 1,717, 100 percent disability evaluations, only 74 remained at the time of the inspection in January and that by July 6, the office reviewed and "took appropriate action" on those cases.

Regional office officials also said that they were focusing on benefits reduction cases and plan on reducing the number of the oldest cases, with the goal of 18 percent by March 2016.

Regional office officials did not immediately respond to a request for comment Tuesday.

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3.4 - Las Vegas Review-Journal: [VA trims veteran claims backlog to less than 100,000](#) (25 August, Keith Rogers, 857k online visitors/mo; Las Vegas, NV)

Department of Veterans Affairs officials said Tuesday they have reached a milestone in reducing the backlog of veterans' claims for disability benefits.

The backlog count is now less than 100,000 nationwide — an 84 percent reduction since the peak in March 2013.

The Veterans Benefits Administration's regional office in Reno has reduced its backlog to 479 from the peak of 8,536 in February 2013, according to a VA news release. That comes with a reduction in the wait time for rating decisions from 357 days at the peak of the backlog down to 95 days currently.

U.S. Sen. Dean Heller, R-Nev., a member of the Senate Veterans Affairs Committee, has sought reform in the VA and its leadership at the Reno regional office. He called for a series of reviews in May of the VA claims process and introduced a bill with eight other senators that

would require the Government Accountability Office to conduct an independent audit of all 56 regional benefits offices.

"It is pressure from lawmakers, the public, and veterans that has helped cut this backlog in half," his spokesman, Neal Patel, wrote in an email Tuesday.

He added that as long as Heller is fielding complaints from veterans "there's still work to be done."

In July, the VA selected Army veteran Shelia A. Jackson, former assistant director in the Los Angeles region, to head the Reno regional benefits office. She replaced Ed Russell, who was transferred in April to a special assistant position in the Veterans Benefits Administration.

"Trust must be repaired between the Reno office and Nevada's veterans," Patel said.

Rep. Dina Titus, D-Nev., a member of the House Veterans Affairs Committee, said through her spokesman that the VA needs to reduce the "looming backlog of appeals."

"If left unaddressed, the VA will soon be facing an appeals tsunami," Titus said.

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3.5 - The Fiscal Times: VA Gets to Work, Reduces Backlog of Disability Claims by 84 Percent (25 August, Eric Pianin, 514k online visitors/mo; New York, NY)

The Department of Veterans Affairs announcement on Monday that it had slashed the backlog of veterans' claims for disability coverage provided a rare bit of good news for an agency that has been rocked by scandal and controversy for years. The VA said the backlog has fallen 84 percent from a peak of 611,000 claims in March 2013.

Saddled by inefficiency, incompetence and outdated technology, it wasn't that long ago that the VA staffers were stuffing thousands of applications for benefits in cardboard boxes or leaving them unopened in bins. Claims processors were swamped with 5,000 tons of paper every year, and some of them reportedly shredded or hid benefits claims to create the illusion of efficiency. Hundreds of thousands of veterans with serious health problems dating back to the Vietnam and Gulf Wars were waiting over 125 days – and sometimes much longer – for decisions from the department on their disability claims.

It was a nightmare for many suffering from the effects of Agent Orange and other serious war-related illnesses and injuries. Unfortunately it proved to be a forerunner to last year's shocking revelations that 40 or more veterans died while waiting months for appointments to see a doctor or get tests at a VA health center in Phoenix.

Former VA Secretary Eric Shinseki – who was forced to resign last year as the waiting list scandal mushroomed – previously vowed to end the VA backlog of disability compensation claims by September 30 of this year.

While it's unlikely the VA will reach that goal, the sharp decline in the previous backlog is a testament to what can be done when the government is willing to throw resources at a problem and embrace new technology to speed up the bureaucratic process.

Allison Hickey, the undersecretary for benefits at the VA, told reporters yesterday that the remaining backlog of 98,535 claims that are older than 125 days is at the lowest point since the department began measuring the claims backlog in 2007. Hickey insisted that the reduction in the backlog was not achieved at the expense of the quality of the reviews, according to the Associated Press. On the contrary, she asserted that the rate of accuracy in reaching decisions on disability requests had improved from about 83 percent in 2011 to 91 percent today.

Hickey said that much of the progress was achieved by requiring employees in the benefits division to work overtime nights and weekends, improved training of staff to increase efficiency, and making a dramatic switch to computers and paperless claims processing to save substantial time. According to the VA, veterans increasingly are filing their claims electronically. Veterans and their families can file applications online, upload supporting documents and then periodically check on the status of their claims.

Rep. Jeff Miller (R-FL), chair of the House Veterans Committee and a sharp critic of the VA, praised agency workers for putting in a lot of extra effort during the past few years to expedite applications. However, Miller cautioned that there is still considerable work to be done.

"Given VA's history of hiding veterans off the books, we cannot forget the ongoing investigations into data manipulation and destruction of claims documents across the country," Miller said in a statement. Recalling the widespread problems veterans faced with bogus or secret waiting lists that kept many of them in medical limbo for months, Miller said that official figures reported by the VA "rarely tell the whole story."

Moreover, Jacqueline A. Maffucci, research director for the Iraq and Afghanistan Veterans of America, wrote earlier this year that it's important "that we're not just focusing on the numbers, but also on the accuracy by which these claims are being completed."

While the VA insists that it has improved the accuracy of its review and decision making, Maffucci cited a number of reports by regional VA inspectors general citing inaccuracies in the review and adjudication of claims.

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3.6 - Task & Purpose: [The VA's Backlog Drops Below 100,000](#) (25 August, 102k online visitors/mo; Emeryville, CA)

The number of backlogged veterans disability claims fell below 100,000 cases, the Department of Veterans Affairs announced on Aug. 24. Allison Hickey, the VA undersecretary for benefits, told reporters during a conference call that though this marks a "historic milestone," the VA may never fully eliminate the backlog, with roughly 11% of new cases unlikely to be processed within the 125-day deadline.

Roughly 98,500 of the 363,000 pending claims at the VA are now backlogged, which is defined as pending for more than 125 days. The VA received harsh criticism when the backlog peaked

at around 613,000 cases two years ago. The reduction in backlogged claims is being hailed as proof by the department that its efforts in the wake of the scandal are paying off.

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3.7 - iHealthBeat: [VA's Disability Claims Backlog Down by 84% Since March 2013](#) (25 August, 85k online visitors/mo; Washington, DC)

On Monday, the Department of Veterans Affairs announced that it has reduced the number of backlogged disability claims by 84% since March 2013, AP/San Francisco Chronicle reports (Daly, AP/San Francisco Chronicle, 8/24).

Background

Claims are considered backlogged if they are more than 125 days old. The number of backlogged claims peaked at 611,000 in March 2013.

According to former VA Secretary Eric Shinseki, the backlog stems from:

- Large amounts of paper-based claims and health records that need to be converted to electronic format;
- A need to sync VA's records with the Department of Defense's records; and
- A growing number of veterans who are qualifying for disability coverage (iHealthBeat, 11/4/14).

Latest Figures

VA Undersecretary for Benefits Allison Hickey said the current backlog of 98,535 claims is the lowest since the agency began recording such figures in 2007. VA officials attributed the decline in backlogged claims in part to:

- Mandatory overtime implemented three years ago (AP/San Francisco Chronicle, 8/24); and
- Switching from paper to digital health records.

Overall, VA has about 362,000 open disability cases -- including both new and backlogged -- to process, according to the Wall Street Journal. VA officials say the backlog will never be completely eliminated in part because claims can include several health problems that could require referrals (Kesling, Wall Street Journal, 8/24).

In addition, Hickey noted that claims accuracy has improved to 91%, up from 83% in 2011 (AP/San Francisco Chronicle, 8/24).

However, advocacy groups say claims appeal rates have not declined and should be addressed (Wall Street Journal, 8/24).

Reaction

House Veterans Affairs Committee Chair Jeff Miller (R-Fla.) praised VA's efforts but noted that nearly 100,000 veterans are "still languishing on the initial claims backlog alone, it is still far too early to pat ourselves on the back."

He also expressed skepticism of VA's reported numbers, citing the VA's history of data manipulation and destruction of claims documents (AP/San Francisco Chronicle, 8/24).

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3.8 - FierceGovernment: [VA's backlog of disability claims falls to lowest point in history, top official says](#) (25 August, Ryan McDermott, 21k online visitors/mo; Washington, DC)

The Veterans Affairs Department's backlog of disability claims fell to its lowest level in history this week, Allison Hickey, under secretary for benefits, told reporters in an Aug. 24 press call.

She said the backlog stands at 98,535, representing an 84-percent reduction from the peak of 611,000 claims in March 2013. VA considers a claim to be backlogged if it hasn't been fully processed after 125 days.

The time it takes to process a claim was also significantly reduced, Hickey added.

She said veterans with a pending claim are waiting, on average, 110 days for a claim decision, down from a peak of 282 days in March 2013.

This year alone, Hickey said productivity increased by 81 percent. The agency is on pace to process 1.4 million claims this year, up from 1.2 million processed last year.

Hickey credited the surge in processing claims processing to VA workers using a new, state-of-the-art digital framework called the Veterans Benefits Management System. In July, VA Deputy Secretary Sloan Gibson said that system has helped the agency process nearly all claims electronically and saved 5,000 tons of paper each year.

The agency also imposed mandatory overtime beginning in 2012, which she said has increased productivity by 10 to 15 percent. Hickey said the mandatory overtime will be lifted Sept. 30, the end of the fiscal year.

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4. Veteran Opportunities for Education/GI Bill

4.1 - The Times: [All public colleges will soon offer veterans in-state tuition](#) (25 August, Carly Stockwell, 296k online visitors/mo; Shreveport, LA)

Thanks to a new bill veterans won't have to worry about paying out-of-state tuition at any public university. Provisions in the Veterans' Access to Care through Choice, Accountability, and

Transparency Act of 2014 will require all public universities to offer in-state tuition to veterans making use of their GI Bill.

"The Veterans Access, Choice, and Accountability Act of 2014 expands a veteran's ability to maximize his or her Post-9/11 GI Bill benefit and use that benefit at any public school in the nation regardless of residency restrictions," Jason Hansman of the Iraq and Afghanistan Veterans of America says. "This provision will benefit both states, by allowing them to retain new veteran residents who end their period of active service and decide to remain local, and veterans, who will no longer face financial constraints in attending the public school of their choice. This law is a win-win for the new greatest generation."

The current maximum tuition benefit is just over \$20,000, so veterans have to dig into their pocket for any private or public university that charges more than that. Out-of-state tuition at public universities often exceeds \$20,000 a year.

Many states already offer in-state tuition to any veteran, but there are 18 states that will be affected by this new law. Those are Arkansas, California, Connecticut, D.C., Kansas, Kentucky, Massachusetts, Montana, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, Pennsylvania, South Carolina, Vermont, West Virginia, and Wisconsin.

Many colleges in these states participated in the Yellow Ribbon program, which grants veterans additional funds to help make up the difference between in-state and out-of-state fees. However, the program has limitations and special requirements meaning not all veterans will qualify for funding that covers all their expenses.

Not qualifying for in-state tuition is a considerable hurdle for men and women in the military who move often or have recently come home from overseas. They often not qualify as residents even in states where they plan on settling. This new law which takes effect in July of 2015 will change all of that.

Of the states that are affected, what schools are now affordable to out-of-state veterans thanks to this bill? Read on for a list of quality schools that will offer the biggest discounts in-state tuition to veterans this fall. We've also included how well each school does in College Factual's Best Colleges for Veterans Rankings.

UNIVERSITY OF CALIFORNIA-BERKELEY

In-State Tuition: \$11,200
Out-of-State Tuition \$34,100:
Difference: \$22,900

California is well-known for its superb public colleges, and they are also well-known for offering large discounts to their in-state students. Any public school in California is about to become a great deal for veterans, with Berkeley being one of the best. Berkeley is also one of College Factual's top 100 schools for veterans, and does currently participate in the Yellow Ribbon Program. However, if a non-resident veteran does not qualify for the Yellow Ribbon they are looking at spending over \$14,000 out of pocket in tuition and fees.

UNIVERSITY OF VERMONT

In-State Tuition: \$13,700

Out-of-State Tuition: \$34,600
Difference: \$20,900

The University of Vermont is the largest public school in Vermont, and is ranked 3rd in the state and 216th in the nation. It is considered to be one of the best schools for the money in Vermont. UVM ranks in the middle of the road when it comes to services for veterans. There are currently about 200 recipients of the GI Bill on campus. The college does offer the Yellow Ribbon Program, but this may not be enough to cover the over \$14,000 gap after counting in the maximum GI Benefits of benefits of \$20,000. However, this does make the university a great deal for veterans after July 2015 when they can take advantage of in-state tuition.

CLEMSON UNIVERSITY

In-State Tuition: \$12,200
Out-of-State Tuition: \$29,700
Difference: \$17,400

Clemson is ranked as the 2nd best colleges in South Carolina and falls middle of the road when it comes to veterans. They do participate in the Yellow Ribbon program, but even with this covering some of the costs out-of-state students could spend \$10,000 out of pocket after maxing out their GI Bill. Of course, this will all change after the law goes into effect in July 2015.

UNIVERSITY OF CONNECTICUT

In-State Tuition: \$9,200
Out-of-State Tuition: \$28,200
Difference: \$19,000

The University of Connecticut is a large and diverse public university ranked in the top 100 colleges nationwide, as well as ranked 3rd out of 17 colleges in the state of Connecticut. The school is considered a good choice for veterans. About 480 recipients of the GI Bill are enrolled. The school does participate in the Yellow Ribbon program, but if a non-resident veteran does not qualify for this program they could pay \$10,000 out of pocket in tuition and fees

PENNSYLVANIA STATE UNIVERSITY-MAIN CAMPUS

In-State Tuition: \$16,100
Out-of-State Tuition: \$28,700
Difference: \$12,600

Pennsylvania State is a large school located in a small city. The school is ranked in the top 100 schools for veterans, and is considered a best value school for in-state students. The school does participate in the Yellow Ribbon program, but without additional assistance out-of-state veterans could end up paying \$9,000 out of pocket depending on their circumstance.

UNIVERSITY OF NEW HAMPSHIRE-MAIN CAMPUS

In-State Tuition: \$13,600
Out-of-State Tuition: \$26,400
Difference: \$12,800

The University of New Hampshire is one of the largest universities in New Hampshire, and is ranked 2nd in the state for quality. It ranks as middle of the road when it comes to veteran services, with about 400 GI Bill recipients enrolled. After the GI Bill cap of \$20,235, non-residents would end up paying over \$9,000 in tuition and fees out of pocket unless they qualify for additional assistance through the Yellow Ribbon program.

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

In-State Tuition: \$6,400
Out-of-State Tuition: \$28,200
Difference: \$21,800

The University of North Carolina Chapel Hill is ranked in the top 100 nationwide, as well as being 4th in the state. The generous discounts to in-state students make it a great value for students from North Carolina, as well as veterans making use of their GI Bill. The university ranks in the top 300 schools for veterans according to College Factual's rankings. The university participates in the Yellow Ribbon Program, but if a non-resident veteran does not qualify they could spend over \$8,000 out of pocket in tuition and fees after the maximum GI Bill benefit.

UNIVERSITY OF SOUTH CAROLINA-COLUMBIA

In-State Tuition: \$10,400
Out-of-State Tuition: \$28,100
Difference: \$17,700

The University of South Carolina-Columbia is a well-ranked state university that places 6th out of 27 schools in the state. South Carolina is also considered a good choice for veterans, with about 1,100 students enrolled who are recipients of the GI Bill. Without additional assistance a non-resident veteran would end up paying over \$8,000 out of pocket in tuition and fees.

UNIVERSITY OF PITTSBURGH-PITTSBURGH CAMPUS

In-State Tuition: \$16,200
Out-of-State Tuition: \$26,300
Difference: \$10,000

The University of Pittsburgh is a large school in a large and diverse city. The school is considered a great value due to the high student outcomes and affordable price tag for in-state students. For veterans paying out-of-state tuition, they would be maxing out their benefits and still owe over \$7,000 in tuition and fees unless they qualify for additional assistance through the Yellow Ribbon program.

STONY BROOK UNIVERSITY

In-State Tuition: \$5,900
Out-of-State Tuition: \$17,800
Difference: \$11,900

Stony Brook is a large and diverse university offering degrees up to the Ph.D. level. It is ranked as a best value for in-state students and is one of the top 100 best schools for veterans. As the maximum tuition benefit from the GI Bill is \$20,235, Stony Brook would have been affordable

even for out-of-state veterans who had served at least three years in the military and could take advantage of the maximum benefit. In July the school will be affordable even for veterans who may not have the maximum benefit.

WHERE ELSE TO LOOK

These are just a few of the universities where out-of-state veterans are about to get a great deal. Some other schools to check out include the University of New Hampshire at Manchester, Winthrop University in South Carolina, the New Jersey Institute of Technology, or the University of Wisconsin. Rutgers University in New Jersey also offers a great deal on in-state tuition, as do nearly all of the public colleges in California. New York also has many great schools for veterans that are usually priced below the maximum threshold for the GI Bill even for out-of-state students.

Students shouldn't ignore the many great colleges that already offer great deals to veterans. College Factual's Best for Vets ranking takes affordability into account to ensure veterans aren't overspending for their education. Check out the great schools in our ranking here.

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4.2 - MetroNews Radio News: [5-star challenge initiative to help student veterans](#) (25 August, Matt Maccaro, 147k online visitors/mo; Charleston, WV)

Through a new initiative called the 5-Star Challenge, education officials are challenging West Virginia colleges to do their part to help student veterans.

The deadline for colleges and universities to accept the challenge is Sept. 1. Those who do will be presented with a "5 Star Challenge Coin" during ceremonies to occur the week of Veterans Day.

"Student veterans sometimes face additional challenges when they're returning from services or trying to complete education in conjunction with service," said LG Corder the Director of the Office of Veterans Education and Training. "So it's important to make sure they succeed by setting up every chance for success we can."

He said institutions are being asked to commit to two federal initiatives that are already in place, the "Principles of Excellence" and the "Eight Keys to Success."

"The biggest piece of this that is not already in an existing initiative or state statute is mandating priority registration for any student using VA education benefits," Corder explained.

"Our military service members and their families have made enormous contributions to our state and our country," Dr. Paul Hill, Chancellor of the Commission, said in a statement. "The '5 Star Challenge' honors that service, addresses the very real need to provide a specific support system for our veterans as they pursue their degrees — and reaffirms our campuses' collective dedication to helping them succeed."

Corder said the initiative would also help the dependents of veterans or dependents eligible for education due to the death or disability of a service member.

Institutions accept the challenge by signifying their support for the following: signed commitments from college and university presidents, a focus on increasing access and affordability to higher education for student veterans, increased academic support, enhancing social networks for veterans on campuses and greater collaboration with community organizations working to meet the needs of military service members.

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5. Women Veterans

5.1 - Argus Leader: [VA hosts open house at new Women's Clinic](#) (25 August, 532k online visitors/mo; Sioux Falls, SD)

The Sioux Falls VA Medical Center will have a ribbon-cutting and open house at the new Women's Clinic on Wednesday.

The event is open to area women veterans, their families and friends and the general public. The open house will be from 3:30 to 6:30 p.m. in the clinic on the medical center's first floor with the ribbon cutting occurring at 4 p.m.

The newly renovated clinic will offer women veterans health care in a private setting with all-female staff.

Women veterans who use the Sioux Falls VA Health Care System (the medical center and five community-based outpatient clinics) have doubled since 2007. Since the end of FY2014, there has been a 25 percent increase in women who use these VA services.

VA staff who work in the clinic will provide tours and be on hand during the open house to explain VA services that are available for women Veterans. Dr. Shelley Morrison, a gynecologist, will join the team in October. Refreshments will be served.

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6. Other

6.1 - The Washington Post: [Re-elected union chief vows to fight "very hostile Congress" over feds' benefits and job security](#) (25 August, Joe Davidson, 19.1M online visitors/mo; Washington, DC)

J. David Cox Sr. begins his second, three-year term as president of the American Federation of Government Employees (AFGE), the nation's largest federal union, with fights on his hands.

There are Republican plans in Congress to hit federal employee retirement, make workers pay more for health insurance, cut staffing and undermine union power. AFGE is critical of the Obama administration's handling of the massive personnel data breach that resulted in the

cyber theft of personal information belonging to about 22 million Americans, including federal employees, contractors, job applicants and their families. And now, two frequent allies, associations representing federal managers and agency executives, have called for a congressional investigation into a union local possibly using “official time” to develop a “hit list” against Department of Veterans Affairs (VA) supervisors.

It sounds like one migraine throbbing after another. Yet Cox couldn't be happier continuing in the fray, backed with a mandate provided by his 63 percent win over three other candidates at AFGE's convention in Orlando last week.

“I am excited as I can be,” he said shortly after his landslide was announced. “This is what I do to have fun. I get up every day excited about doing this job. I love what I do. I love AFGE.”

Reelected along with Cox were the other national officers, National Secretary-Treasurer Eugene Hudson Jr., and National Vice President for Women and Fair Practices Augusta Y. Thomas. Thomas took 75 percent of the vote against one opponent and Hudson, who ran unopposed, won by acclamation.

“It was a very good win,” Cox said.

With the parade of issues facing the federal workforce, the glow of victory won't last long. Although AFGE's slogan is “Big Enough to Win,” in recent years winning has meant limiting losses more than scoring points.

For Cox, now it's back to work protecting federal employee benefits and workplace and union rights from a Republican-controlled Congress. Among the proposals are those to eliminate “official time.” This allows union reps employed by federal agencies to do certain kinds of union work on government time. In exchange, the union represents all employees in a bargaining unit and not just those who pay union dues. Last week, the Federal Managers Association and the Senior Executives Association urged Congress to investigate if an AFGE local misused official time to develop a list of VA managers the union wants fired.

Cox spoke about priorities for his second term and other issues with the Federal Diary. Here is an edited excerpt of that conversation:

What challenges does AFGE face now?

Challenges, obviously this Congress and their attack on federal employees and all workers in this country. It's a continuous challenge and the challenge is going to get even greater. This much I know, AFGE has spent three years in concentrated effort to grow our union by another 200,000 members (over five years), activate our membership and get them involved to beat back this bad legislation and get a Congress that starts introducing and passing pro-labor legislation for federal employees and D.C. government employees.

What are your priorities?

My number one priority is increasing the size of this union and mobilizing the membership of this union so that they are on the phone with their members of Congress, constantly engaging with members of Congress.

What are the major potholes in your path?

A very hostile Congress, there's no question about that.

Senate Finance Committee Republicans have called for the elimination of unions at the Internal Revenue Service, where the National Treasury Employees Union (NTEU) represents workers. Do you consider that a threat to AFGE and other federal unions?

Yes. AFGE will work hand in hand with NTEU to fight that, just as NTEU has been working hand in hand with AFGE fighting bad legislation affecting VA and the employees we represent. [Last month the House approved a bill that would limit civil service due process rights for VA employees]. It's all for one and one for all.

How is AFGE's relationship with the Obama administration?

We certainly have a working relationship with the Obama administration and we will continue with that relationship during his (President Obama's) final year in office. We look forward to trying to help him accomplish some of his goals for federal employees. Our relationship is good with the Obama administration and I don't see anything changing in his last year.

AFGE is beginning to reach out to all of the presidential candidates, Republicans and Democrats. It's no secret that the Republicans aren't reaching back as directly as the Democrats are. Hillary Clinton and Bernie Sanders (Democratic presidential candidates) both sent videos to our convention. Every presidential candidate was invited to send one. Those are the two who responded.

How well has the administration handled the Office of Personnel Management data breach?

We have certainly been critical of how the administration has handled that. They delayed in informing employees. The contractor they got to work with employees was not (user) friendly. There has been some improvement in that area. It's gotten quieter at this point. I'm not hearing as much concern from our membership nationwide as I was. We will continue to monitor that.

What is your reaction to articles in FedSmith (an online publication), using Labor Department statistics, about problems with AFGE's elections and criminal misconduct among AFGE officials?

I haven't had a chance to see those articles.

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6.2 - The Denver Post: [Bush calls Aurora VA hospital a "disaster," but argues for completion, Speaks to veterans at Sheridan town hall, argues Obama has weakened the country and emboldened enemies](#) (25 August, 4.7M online visitors/mo; Denver, CO)

Republican presidential candidate Jeb Bush told veterans at a metro town hall Tuesday that he supports finishing the Aurora VA hospital despite huge cost overruns.

"We need to finish up, we can't just can't waste hundreds of millions of dollars," Bush said, during the event at VFW Post 9644 in Sheridan.

More than 100 people turned out at the event, where Bush highlighted a plan to revamp veteran services.

Bush called the construction project, and its projected \$1.73 billion cost "an unmitigated disaster."

He would take the VA out of the construction business and leave that to the U.S. Army Corps of Engineers, he said.

The former Florida governor said the U.S. Department of Veterans Affairs needs to be modernized to focus on today's challenges.

During the last three or four years, he said, the VA's budget has increased 73 percent, but the agency hasn't modernized.

"It is insular," the former Florida governor said, and doesn't accept responsibility.

The agency is a bureaucracy that needs reform across the board, he said.

"Longevity of service shouldn't be why you get a raise, it should be, 'Do you have a heart for people?'"

Bush said he supported a system in which veterans would be able to choose to go to their own doctor. "Everybody does better when you empower the vet rather than empower the system."

Bush also spoke to the veterans about matters of national security. He charged that the Obama administration had weakened the country, allowed for America's enemies to become more aggressive, and pointed to the rise of ISIS in the Middle East, saying the Islamist forces controlled an area that had grown to "the size of Indiana."

Aggressive nations like Russia and Iran no longer fear the U.S., he said.

Bush slammed Obama's proposed deal with Iran, saying "I hope it is overturned."

During a question and answer session, Leanne Wheeler, an Air Force veteran of the Persian Gulf War, told him that a steadily increasing number of women are serving in the military. The VA should devote more resources to their health care, she said.

Bush argued that more resources should be shifted to women's health care, but restated his opposition to taxpayer funding of Planned Parenthood, a non-profit that provides birth control and other reproductive services that many Republicans want to defund. "I don't think Planned Parenthood ought to get a penny. They aren't actually doing women's health," he said.

A National Democratic Party spokeswoman criticized the stance.

"There's no way around it, Jeb Bush wants to slash funding for the preventive care that saves the lives of women across the country," Christina Freundlich said. "His record in Florida and agenda as president will put the health of our country's mothers, daughters and sisters at risk."

Outside the VFW hall, members of Progress Now, a liberal advocacy organization waved signs protesting Bush's recent use of the term "anchor baby," a phrase that refers to children born to parents who came into the country illegally.

And inside the hall Bush was asked if he regretted his statement Monday about "anchor babies" and the Asian community.

Bush side-stepped the question about Asians and focused his answer on Latinos.

Many Latinos consider the term offensive. "Jeb stop slurring immigrants," one sign said.

When someone questioned his use of the term at the forum, he said he believes in the right of children born to immigrants here illegally to automatically become citizens. The statement sets him apart from GOP front-runner Donald Trump who would end it.

"My record is pretty clear," he said, referencing his marriage to Mexican American philanthropist Columba Bush, and cultural affinity with Hispanics.

He said his "anchor baby" statement refers to children born to women who cross the border illegally for the purpose of having their children get birth-right citizenship.

The country must control the border but a wall won't solve the problem, he said.

In a response to GOP front-runner Donald Trump's call for deporting those here illegally deported, Bush said he favors creating a path to citizenship for those who play by the rules.

Trump's plan isn't practical, and "would cost hundreds of billions of dollars and is not going to happen," Bush said.

Following the presentation, Bob Epstein, a Vietnam-era Army veteran, said he liked what he heard, especially Bush's stated support for finishing the Aurora hospital.

"It may be too late to do anything about it when he gets elected," he added. But in the meantime, maybe he can exert influence on some legislators to support it.

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6.3 - The Washington Times (AP): [NY doctors' group wants veterans hospitals in drug database](#) (26 August, 3.7M online visitors/mo; Washington, DC)

A New York doctors' group is urging that Veterans Administration hospitals and medical facilities join the new statewide database intended to prevent patients from getting excess painkiller prescriptions by shopping among multiple physicians.

The New York State Academy of Family Physicians in a letter has asked Secretary Robert McDonald to require VA facilities in the state to participate.

The group, which says it represents more than 6,000 physicians, residents and students in family medicine, says New York like other states is in the midst of a prescription drug epidemic. That's related in part to increased prescriptions for opioids.

New York's system requires other doctors, physician assistants and nurse practitioners to check patient records in the statewide database before prescribing painkillers, with pharmacists responsible for recording related prescriptions they fill.

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6.4 - The Hill: [Jeb: 'We ought to end sequestration for the military'](#) (25 August, Rebecca Shabad, 1.8M online visitors/mo; Washington, DC)

GOP presidential candidate Jeb Bush on Tuesday argued that military sequestration must be reversed, but he stopped short of calling to end the budget cuts for the Department of Veterans Affairs.

At a town hall in Englewood, Colo., a Vietnam veteran told Bush that the VA has tried to fix its issues by asking Congress to fund construction and an increase in hiring. Sequestration, or spending ceilings, however, has slashed funding for those projects, he said.

"Will you work to end sequestration as it affects the VA and military?" the veteran asked Bush.

"I do believe that we ought to end sequestration for the military," Bush replied, drawing applause from the crowd.

"That's only evidence of the dysfunction of Washington when you have to make automatic cuts," he added. "We're going to gut the military to the point where we'll have the smallest Navy, smallest Air Force, smallest Army if we continue down this trend."

Bush said he thinks sequestration "needs to be changed" because otherwise foreign countries will view the United States as weak and they will feel empowered and emboldened.

The former Florida governor, however, did not directly answer the other part of the veteran's question about ending sequestration for the VA.

Federal funding for the VA falls under the non-defense category, which is the case for most agencies outside of the Pentagon. The Department of Homeland Security, for example, also falls under the non-defense side of the federal budget.

Most Republicans on Capitol Hill argue for reversing sequestration for the Defense Department, but few have publicly argued for doing the same for non-defense. It's unclear whether Bush would support a reversal on the non-defense side as well.

Unless Congress passes a new agreement to raise those spending ceilings, sequestration will return in full force on Oct. 1. The White House has made clear President Obama would only accept a government spending package that includes equal increases on both sides of the budget.

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6.5 - The Telegraph: [Isakson sees progress in VA system](#) (25 August, Wayne Crenshaw, 845l online visitors/mo; Macon, GA)

U.S. Sen. Johnny Isakson, chairman of the Veterans' Affairs Committee, said Tuesday the culture is changing in the VA healthcare system.

In a town hall meeting in Dublin a year ago, the Georgia Republican promised that VA employees would be held accountable for a scandal in which secret records were kept to hide how long veterans were waiting for care.

But when VA Secretary Robert McDonald came to Macon recently, McDonald acknowledged that only a few employees out of 314,000 nationwide had been fired as a result of the scandal.

In a meeting with the Telegraph editorial board Tuesday in Macon, Isakson was asked whether his promise to hold VA employees accountable had been fulfilled. He suggested the number of people fired does not tell the whole story.

He noted that the first criminal indictment from the scandal was of an employee at the Augusta VA.

"You had a cultural problem in the VA prior to two years ago," Isakson said. "It was an accepted practice amongst the employees that you could kind of cook the books to make your performance look better so that you would get a pay raise. ... They now realize that type of activity is not going to be tolerated."

While he said things have improved in the VA system, he called it a "work in progress" and said more needs to be done.

"Bob McDonald is a good man, and he is trying hard," Isakson said. "It's going to be an ongoing battle. We owe it to our veterans to do everything we can for them."

He noted that several investigations are still ongoing.

On Tuesday, Isakson also addressed the potential of a new Base Realignment and Closure Commission. He said he does not consider it likely one will be approved anytime soon.

The 2016 National Defense Authorization Act calls for a study of excess infrastructure in the Department of Defense, which has estimated it to be 20 percent. That figure has been questioned by opponents of BRAC, but even if the study backs up the Department of Defense's estimate, Isakson does not think that would make BRAC inevitable.

"I don't think BRAC is going to happen probably until 2018 or 2019, if it happens at all," he said.

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6.6 - The Telegraph: [Macon woman's wrongful death suit against VA hinges on federal judge's decision](#) (25 August, Amy Leigh Womack, 845k online visitors/mo; Macon, GA)

A federal judge is considering whether Georgia or Tennessee law should apply in a wrongful death lawsuit filed by the Macon widow of a man who received medical treatment from the U.S. Department of Veterans Affairs.

Assistant U.S. Attorney Aimee Hall argued at a Tuesday hearing that the case filed by Mary Jo McKinley earlier this year should be dismissed because the March 20, 2015, suit was filed outside the three-year window allowed by Tennessee law.

Howard McKinley, a U.S. Army veteran, was diagnosed with bladder cancer in 2010 while living in Tennessee.

After having two tumors surgically removed, McKinley underwent an abdominal CT scan Dec. 20, 2011, at a Nashville VA facility.

A radiology report in his medical file revealed a new mass, said Caroline Herrington, an attorney representing McKinley's widow.

But, McKinley wasn't informed of the report's finding, she said.

Hall contends the three-year window should begin on the date of the scan.

McKinley moved to Macon where months later he was diagnosed with having metastatic bladder cancer Sept. 19, 2012, while receiving care at the Dublin VA hospital.

The cancer ultimately spread to his brain and the 66-year-old died Sept. 21, 2013.

Herrington argued Georgia law, which allows a five-year window to file suit, should apply to the case because McKinley's untreated cancer spread while he lived in Georgia, he received further treatment in Georgia and his widow lives in Georgia.

Further, if the judge rules Tennessee law should prevail, Herrington argued time limit exemptions apply and negligent acts alleged to have occurred through May 2012 extend the window, allowing the suit to proceed.

The case is, if not the first, one of the first in Middle Georgia to seek damages against the federal government amid national concerns about veterans' access to medical care.

McKinley alleges the VA falsified medical appointments and wait times while also failing to timely diagnose and treat her husband's medical condition.

Hall also argued McKinley's lawyers didn't file a "certificate of good faith," a physician's statement Tennessee requires speaking to the merit of a malpractice claim. Failure to file the certificate is another grounds for dismissal, she argued.

Herrington said a doctor's affidavit was filed as required by Georgia law and to require a plaintiff to meet requirements for both Georgia and Tennessee laws in filing is an "absurd burden."

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6.7 - Daily Press: [Hampton's Braxton again medals in National Veterans Golden Age Games | community news](#) (25 August, Ed Richards, 761k online visitors/mo; Newport News, VA)

At age 83, Clarence Braxton of Hampton is still bringing home the gold and silver from the National Veterans Golden Age Games.

Having competed at the Games 15 times since 1997, Braxton figures he's won a total of 37 gold and silver medals. That includes three golds and a silver that he added to his collection by competing at the 2015 Games Aug. 7-13 in Omaha, Neb.

Braxton looks forward to participating in the Games every year.

"I love the challenge of keeping physically fit," he said. "And it's a real joy to see many of your fellow military comrades from all over the nation coming together in friendly competition. Each year it's a big annual reunion."

The Games are designed to improve the quality of life for older veterans. They are open to veterans age 55 and older who receive health care from the U.S. Department of Veterans Affairs.

Braxton's top showing came in swimming. Competing in the ambulatory 80-84 age group, he won golds in the 50-yard freestyle in 44.82 seconds and in the 25 backstroke in 29.66. He took silver in the 25 free in 20.50.

The 50 free has become his best event. He's hasn't lost that race in 15 years.

Swimming has been part of his life ever since he dove into the sport more than 70 years ago. He excelled in the sport at Hampton University and swam in the military at Fort Meade, Md., and for the 2nd Army team.

Outside the pool, Braxton's other gold at the Games came in shuffleboard.

One of his closest friends, Leon Tabb, also won a gold medal at the Games. His came in the 60-64 ambulatory division in bowling.

Tabb, who has competed at the Games in five of the last six years, also was a gold medalist on the lanes in 2010, 2012 and 2014.

This time, Tabb put together an impressive performance with scratch games of 227 and 181. Both were sponsored by the Hampton Roads Senior Veterans Athletic Association.

Semi-pro football

The Virginia Crusaders' 46-game winning streak could be in jeopardy Saturday night when the Peninsula-based team faces another tough test against the undefeated Palmetto (S.C.) Hurricanes.

Kickoff is at 7 p.m. at Christopher Newport University. Both teams come into the Mason-Dixon Football League game with 6-0 records.

It's a cross-division game, with the Crusaders already having clinched the North Division title in the South Conference. The Hurricanes have a commanding lead in the South Division.

The Crusaders are coming off their toughest win of the season — 6-0 over the Hampton Roads Redskins Aug. 15. The Hurricanes defeated the Carolina Stallions 24-6 in their last outing.

The Hurricanes have a couple of scores to settle with the Crusaders. Last season, they were blown out twice by the Crusaders, 48-0 and 72-0.

Golf

Jim Gallagher and Jonathon Coats saved their best for last at the Tidewater Golfweek Amateur Tour event at the Riverfront Golf Club in Suffolk on Saturday.

Gallagher, of Yorktown, eagled his last hole (No. 3) to finish with a 2-under-par 70. That looked like it might be good enough to win the championship flight in the 18-hole event. But, minutes later, Coats also eagled his last hole, the 18th, to finish with a 70 and force a sudden-death playoff.

The excitement continued on the first playoff hole, the 18th, as both made birdie. The duel ended on the next hole, No. 10, with Coats winning with a birdie.

Third place in the tournament went to Spencer Mims of Poquoson with a 72.

Running

Adam Otstot of Williamsburg cruised to an easy victory at the York River State Park 5K on Saturday.

Otstot, 33, was timed in 16 minutes, 8 seconds. His closest challengers were Cameron Wojcieszak, 18, of Williamsburg in 17:39 and Branden Wilson, 17, of Williamsburg in 17:45.

Hannah Hrcir, 17, of Toano headed the women's field in 20:23. Jessica Riggs, 38, of Williamsburg took second place in 20:35 and Kasandra Aulenbach, 14, of Yorktown was third in 21:19. ...

John Piggott, 50, of Williamsburg won the grandmasters title by almost three minutes at the Parkersburg (W.Va.) Half Marathon Aug. 15.

Piggott was timed in 1:22:45, a grandmasters course record for the event. For winning the 50-and-over division, the Lafayette High School coach received \$750.

Overall, Piggott finished 19th among 744 competitors and was the seventh American. ...

Parry Klages, 35, of Newport News and Morgan Merritt, 14, of Newport News took top honors in Saturday's Transitions 5K on the Matteson Trail in Hampton.

Klages ruled over the men's field in 17:32, followed by Raekwon Sallywhite of Suffolk in 17:34 and Chris Reoyo of Yorktown in 17:42.

Merritt led the women in 21:34. Veronica Ramirez of Newport News was second in 25:30 and Carol Bartram of Yorktown third in 25:42.

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6.8 - Watchdog.org: [The killing fields of socialized healthcare](#) (25 August, Charlie Katebi, 699k online visitors/mo; Alexandria, VA)

The Department of Veterans Affairs is the perfect example of socialized healthcare. The federal government owns all the hospitals, employs all the staff, and leaves patients to languish and sometimes die on waitlists. A year after news broke that VA hospitals kept veterans waiting months to see a doctor, including in Wyoming, the VA still refuses to admit its methods endangered veterans. But new evidence reveals that the agency's practices are disastrous for our wounded warriors.

The Office of Special Council, the investigative arm of the federal government, recently reported that VA scheduling procedures directly resulted in the death of many patients. In 2010, former Veterans Affairs Secretary Eric Shinseki started issuing bonuses to administrators that kept patient wait times low. Administrators that kept patient wait times below 14 days could earn up to \$15,000 in bonuses. Sounds great right?

But to meet these goals, administrators used a slight of hand to conceal how many patients were waiting to see a doctor. Patients that could be seen within 14 days were submitted into the official electronic record. The rest were put on a secret paper log, hidden from official scrutiny. While VA hospitals looked like they were seeing patients in a timely manner, patients suffered for months in need of care.

An internal audit discovered that over 90 percent of veteran hospital administrators, including some at the Cheyenne VA Medical Center, earned bonuses while abandoning patients on waiting lists. By 2014, over 270,000 veterans were waiting at least 125 days to see a doctor.

VA administrators excused this obscene patient abuse by claiming they misunderstood the VA's scheduling procedures. This couldn't be further from the truth. Cheyenne's VA staff were fully aware of VA procedures and knowingly disobeyed them under orders from supervisors. Emails sent by former Telehealth Coordinator David Newman explicitly instructed staff to falsify wait times:

"Yes, it is gaming the system a bit. But you have to know the rules of the game you are playing, and when we exceed the 14 day measure, the front office gets very upset."

Despite overwhelming evidence, the VA has little interest in disciplining abusive employees. Internal documents leaked to the New York Times revealed that only eight employees were punished because of this scandal. One was fired, one entered early retirement, another's removal is pending, and the rest have been suspended for two months with full benefits. Yet a VA audit found that 13 percent of its schedulers nationwide were altering wait times under orders from administrators.

To add insult to injury, the director of Cheyenne's VA who oversaw this suffering, Cynthia McCormick, remains in her position and kept over \$27,000 in bonuses she received while wait times were doctored.

The VA's outrageous response to this humanitarian tragedy shouldn't surprise anyone. The agency maintains that patient wait times didn't result from inept incentives and corrupt workers, but from a "failure to properly train staff" on proper scheduling procedure. Even worse, the agency refuses to admit these abuses "resulted in a danger to public health and safety."

However, the Office of Special Council reported to President Obama that the VA's claims of "harmless error" were unsupported. When patients can't see doctors in time, their conditions worsen and many pay the ultimate price. After combing through government investigations and media reports, former Oklahoma Senator Tom Coburn found nearly a thousand veterans died as a result of the VA's systemic neglect of patients. These include eight patients who died waiting for appointments at Cheyenne's VA.

After serving in battle to protect our freedoms, our veterans require some of the most intensive care imaginable. Yet they are stuck in an unresponsive and unaccountable federal agency, from which they too should be freed. Our veterans deserve better.

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6.9 - KGBT-TV (CBS-4): [Police: Harlingen VA employee threatened to take explosive device to work](#) (25 August, 508k online visitors/mo; Harlingen, TX)

A man sent a photo of an explosive device to his coworker at the Veteran Affairs clinic in Harlingen and said he would take it to a work meeting on Tuesday, according to information released by police.

Oswaldo Victor Perez, 55, was arrested on a third degree felony terroristic threat charge.

The FBI contacted the Harlingen Police Department to notify them about a "disgruntled Veterans Affairs (VA) employee," according to the news release.

Perez was scheduled to meet with human resources on Tuesday.

Police were able to find Perez at a local restaurant at the intersection of Commerce Street and Van Buren Avenue prior to him showing up to work on Tuesday.

The Brownsville Police Department's bomb squad checked the man's vehicle for explosive devices but did not find the hand grenade seen in a text message.

The 55-year-old was transported to the Harlingen city jail where authorities found half a gram of cocaine, police said.

He was also charged with possession of a controlled substance, a state jail felony.

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6.10 - DNAinfo New York: [VA Hospital's Flood Wall Work Tears Up Part of New Kips Bay Playground](#) (25 August, Noah Hurowitz, 468k online visitors/mo; New York, NY)

Just when Stuy Town resident Adam Steinberg thought he had finally got his regular workout spot, he lost it.

The fitness equipment at Asser Levy Playground in Kips Bay was open for use for just eight months — much of that in the dead of winter — before construction on a flood wall protecting the adjacent Department of Veterans Affairs New York Harbor Healthcare System tore up the exercise area and a portion of the park's track.

The rapid opening and closing of the exercise area has left some neighbors scratching their heads.

"It was only available for five or six months at the most, and then it was gone," Steinberg said. "The timing seemed very odd."

Steinberg enjoyed the convenience of using the fitness equipment at Asser Levy, which is just three blocks from his house, but now must head more than a mile away to East River Park if he wants to work out on city recreation equipment, he said.

The park opened next to the existing Asser Levy Recreation Center in December 2014, a little more than a year after the city announced a plan to close off Asser Levy Place between 23rd and 25th streets for good.

The project cost \$2.3 million, with \$1.17 million of that coming from City Councilman Daniel Garodnick, \$670,000 from the mayor and \$500,000 from the United Nations Development Corporation, according to a department spokeswoman.

Construction began Aug. 11 on the flood wall, which aims to spare the hospital future devastation like the damage wrought by Hurricane Sandy, which left the facility closed for nearly six months after the storm.

The wall will stretch 1,507 feet from the building's 23rd Street entrance, east to the playground, and west along 25th street. A VA spokeswoman estimated that the contractor in charge of the project should complete the flood wall by March.

The timing was less than ideal, but the construction flood wall took precedence, according to Sandro Sherrod, chair of Community Board 6.

"We were kinda given heads up that they needed to do this well into construction of the park," said Sherrod. "It's certainly inconvenient, but unfortunately that's the way it ended up working out."

But the debacle would have been avoidable if the VA had gotten the ball rolling on the flood wall project at the time the Parks was building the playground, according to City Councilman Dan Garodnick.

“If the VA had built the flood wall during the time Parks was constructing the playground, we would have avoided this,” said Garodnick. “The VA now has an obligation to put the park back in the precise condition they found it in, and we are counting on that.”

The Parks Department went ahead with opening the park out of a commitment to finish the project on time, a spokeswoman said.

Most of the park remains open despite the construction, including a turf field, a portion of the track, basketball courts and an outdoor pool.

The VA will shoulder the cost of replacing the exercise equipment and rebuilding the portion of the track dug up in the construction of the flood wall, according to the Parks representative, who estimated full use of the park would be restored — with eight inches more usable space on its western edge — by spring of 2016.

The contractor building the flood wall is working quickly to make sure the construction is as unobtrusive as possible, according to a VA representative.

“J. Civetta and Sons recognizes that this encroachment into a public space presents a nuisance and therefore has affirmed that they are committed to complete all the necessary contractual work and to restore the Park in a timely manner,” said hospital spokeswoman Claudie Benjamin.

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6.11 - WWJ-TV (CBS-62): [Protests Outside VA In Detroit Citing Unfair Labor Practices](#) (25 August, Vickie Thomas, 397k online visitors/mo; Southfield, MI)

Dozens of union members at the Detroit Veterans Administration Medical Center protesting what they call unfair practices. Also among the grievances: Some probationary workers claim unwarranted firings happen out of the blue.

Richard Dickerson was part of the protest at the John Dingell VA Medical Center where members of the American Federation of Government Employees – Local 933 were protesting what they say are unfair labor practices.

“Well, I’m hoping with these signs and working with the AFG (American Federation of Government Employees) Union – things would be different here in the VA – and it’s not just my department – it’s other people’s’ departments too — co-workers as well,” said Dickerson. “I think this will help – it needs to be known.”

“It’s like a culture here at the VA, especially here at the VA, were they want to just misuse the employees — to their means, to see whatever results they want. It’s like disposable employees basically,” said Benjamin Mayhen, president of Local 933.

“I was also terminated during my probationary period,” said one protester. “Today would have been my one year anniversary. My last day was 30 days ago – 30 days before my termination I was at work. She called me into the office and said I have papers for termination and I feel like it’s retaliation because during the week she wrote the letter I was going to the union concerned about some issues in the department.”

A spokeswoman with the VA says that leadership continues to work with the union. She adds that the protests are a concern and they'd like to get to a place with the union where there is no need for protests.

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6.12 - Health Data Management: [Web Tool Puts VA Protected Health Information at Risk](#)
(25 August, Greg Slabodkin, 79k online visitors/mo; Chicago, IL)

Department of Veterans Affairs employees improperly used Yammer.com, a web-based collaboration tool to increase productivity, and introduced data security risks, according to an audit report.

The VA Office of Inspector General concluded that the “relatively simple process to post to Yammer not only made VA vulnerable from user uploading,” but that any current or former employee remaining active on the site had access to personally identifiable information, protected health information, and agency-sensitive information.

“After signing up, any user could access, disseminate, or process sensitive information, which should be restricted to VA personnel with an official need to know,” states IG. “Further, there was no administrator or system set in place to ensure former VA employees and VA contractor employees no longer had access or that VA users did not, accidentally or on purpose, upload PII, PHI, or VA sensitive data.”

If that wasn't enough, auditors also found that Yammer users at the VA violated department policy when they downloaded and shared files, videos, and images, while risking malware or viruses “which could spread quickly on a social media site because of a false sense of security that VA approved the use of Yammer.”

Making matters worse, OIG reported numerous user posts that were non-VA related, unprofessional, or had disparaging content that “reflected a broad misuse of time and resources.” Yammer also regularly spammed and excessively emailed VA employees, according to the report.

In particular, OIG took Stephen W. Warren—the VA's former chief information officer—to task for giving the false impression in official communications that the agency approved the use of the Yammer social network. Warren, a registered VA Yammer user since May 2011, even hosted a question and answer forum on Yammer in June 2013. He served as CIO of the VA up until early last month.

OIG disclosed in its report that as of earlier this month 25,171 VA email addresses were registered with Yammer as active members and another 25,609 VA email addresses were registered as not yet activated.

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6.13 - BeyondChron: [Vets May Suffer From Sen. McCain's Latest Captivity](#) (25 August, Suzanne Gordon, 29k online visitors/mo; San Francisco, CA)

Earlier this summer, Republican presidential candidate Donald Trump had the chutzpah to question John McCain's military record. "He's not a war hero. I don't like people who were captured," Trump asserted, because of McCain's experience as a prisoner of war in Vietnam. In response, the Military Officers Association and Iraq and Afghanistan Veterans of America leapt to the Arizona Senator's defense. They demanded that Trump apologize to the still physically scarred former prisoner of war.

A similar public outcry is needed now by these same organizations to stop McCain himself from doing far greater harm to millions of veterans. At stake is the future of the whole Veterans Health Administration (VHA), not just the personal reputation of one man who served.

Unfortunately for veterans, McCain's current captivity to conservative ideology has far out-trumped his past solicitude for fellow "wounded warriors." On August 5th, McCain introduced legislation –The Permanent VA Choice Card Act -- that would seriously undermine the quality of care received by VHA patients of all kinds.

This attack on the VHA panders to the right-wing agenda of Concerned Veterans of America, a Koch Brothers-funded outfit.. McCain's bill would greatly expand privatization of veterans' health care, though further changes in the VHA's "Choice Program."

Just last year, McCain brokered a bi-partisan deal with Bernie Sanders, then chair of the Senate Veterans Affairs Committee, to pump \$17 billion into the VHA to reduce wait times for appointments—and handle the huge influx of Afghan and Iraq war vets—by hiring more hospital staff.

As part of their compromise, McCain won funding for the Veterans Access, Choice and Accountability Act (VACA)—better known as "Choice." It allows veterans to obtain care outside the VHA system, if they live more than 40 miles from a VHA facility or would have to wait more than 30 days for an appointment.

The Choice program contained crucial restrictions. It was supposed to end in 2017 by which time the VHA would have staffed up enough to reduce wait times that became controversial at VHA hospital in Phoenix and a few other locations.

Now McCain is renegeing on his commitment. He wants to make the program permanent, eliminating its 2017 expiration date. He also wants to make private health care an option for any eligible veterans regardless of where they live or whether or not they have experienced any delays receiving care at a VHA facility. In announcing his bill, McCain accused the VHA of dragging its feet on implementing the Choice program. He called for expanded privatization of VHA services as the only way to reduce costs and improve care.

One leading critic of McCain's approach is new Secretary of Veterans Affairs, Robert McDonald, former CEO of Procter & Gamble. He seems to understand the many shortcomings of the private sector health care model for veterans far better than McCain. McDonald has already warned Republicans in Congress that our nation's sickest and poorest veterans will be deprived of the unique health care expertise the VHA has developed over 60 years—and U.S. taxpayers will end up paying more for their care—if GOP privatization schemes succeed.

Based on my own VA hospital visits and research, I see little evidence of any real Congressional grappling with questions related to the cost, quality, and availability of VHA care.

For example, how would privately contracted physicians, nurses, social workers, PTs, OTs and pharmacists – to name only a few – deal with veterans who have higher rates of mental illness, PTSD, poverty, homelessness, than the average patient seen in the nation's private sector healthcare system? Would they recognize Agent Orange related illnesses when they saw them? How about Gulf War Syndrome, or the constellation of respiratory, gastro-intestinal, skin, and cardiovascular problems due to exposure to fumes from the burnpits of Iraq and Afghanistan? Although the VHA is trying to play catch up with female veterans, VHA mental health providers are well versed in the problems of military sexual trauma (MST) from which an estimated 80% of female veterans suffer. Do private sector providers even know about MST? Have staff – from the housekeeper to the physician — in the nation's private sector hospitals been trained to recognize the signs and symptoms of suicidal behavior so they can prevent one of the major problem that plague hundreds of thousands of veterans?

Are private sector primary care providers well versed in the subtle signs of the PTSD – a condition that afflicts 16 to 30% of combat veterans? How would private sector providers help veterans who now receive coordinated, care that integrates mental and physical healthcare services, home based care, geriatric, palliative and hospice care them navigate a fragmented, siloed health care system in which patients are on their own to make it all work? What would happen to the VHA's research program under the McCain/Concerned Veterans plan. These programs have produced benefits for all Americans (think advances in tuberculosis treatment, the development of the nicotine patch for smoking cessation, and the first successful liver transplant and the development of anti-rejection techniques)?

And what would happen to the VHA's legal and social equity programs – like the Veterans Courts (that helps veterans who have committed crimes stay out of prison) and programs to end homelessness in the veteran population? Would-be privatizers of the VA may not even know such programs exist.

Rather than maligning the efforts of VHA staff working tirelessly to enroll more veterans in Choice, Congress should be scrutinizing more closely the performance of private sector contractors hired to manage the program. The slow pace of enrollment may reflect the fact that most VHA patients believe in-house care is worth the wait—where any exists—and going outside the system is unsafe. One veteran suffering from PTSD, chronic pain, and episodic homelessness recently told me that he could not imagine how the care he got could be replicated in the private sector health system. “The VA saved my life.”

That's the voice of personal experience speaking, not just conservative ideology on automatic pilot. If John McCain wants to be a hero today, he should shed his ideological blinders and listen to what many of his fellow veteran have to say.

Healthcare Journalist Suzanne Gordon is editor of the Culture and Politics of Healthcare Work Series at Cornell University Press. She is working on a book on the Veterans Health Administration.

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6.14 - SC Magazine: [OIG investigates VA's use of unapproved social network](#) (25 August, Ashley Carman, 19k online visitors/mo; New York, NY)

Right on the cusp of notable data breaches at government entities, the Office of Inspector General (OIG) was investigating use by the Department of Veteran Affairs (VA) of a supposedly closed and approved social network.

The VA “improperly” used Yammer, a “private social network,” according to the company’s website. Plus, beyond its wrongful use, the OIG wrote that the service had “vulnerable security features,” which could have left the VA and its employees vulnerable to digital attackers.

VA employees didn’t come to Yammer organically, instead, the OIG wrote, the agency’s former CIO offered suggestions for using Yammer while still complying with agency directives, even though the social network likely wasn’t supported by the broader federal government and regulations.

More specifically, VA policy requires any established VA social media account to have a legitimate business case, as well as “adequate resources” available to establish and maintain the site. Previously established websites must also be “kept up-to-date” and meet VA quality standards.

While Yammer’s first VA network was created in 2008 by an IT project manager, the network was never approved or monitored; no terms of service were negotiated. The original VA user wasn’t aware she was the first, as the site created a network around her @va.gov email domain. At that point, the OIG writes, the network “snowballed,” with many employees joining.

Any data posted on the social network is owned by the organization if it purchases a subscription, however, the VA never did, and often times, users shared seemingly sensitive data among one another. In one instance, a user shared the VA’s IP addresses.

Furthermore, users weren’t removed from the network after leaving the agency, and there was never a centralized administrator. The site also commonly malfunctioned and automatically spammed colleagues by asking them to join a user’s network.

That was enough for the OIG to write “certain activities made VA vulnerable to malware or viruses, which could spread quickly on a social media site, because of a false sense of security that VA approved the use of Yammer.”

Overall, the VA is recommended to examine the social network and formally determine its approval, as well as to review officials’ actions in misrepresenting Yammer as approved.

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