



# Veterans Affairs Media Summary and News Clips

18 December 2015

## 1. Top Stories

**1.1 - ABC News (AP): [VA Proposes Expanded Eligibility in Marine Toxic Water Case](#)** (17 December, Tom Foreman Jr., 22.9M online visitors/mo; New York, NY)

More veterans would be eligible for disability benefits if they were exposed to contaminated drinking water while assigned to Camp Lejeune in North Carolina under a proposal announced Thursday by the Department of Veterans Affairs. A statement from the department said VA Secretary Robert McDonald decided on the proposal after talks with environmental health experts at the Veterans Health Administration and the Department of Health and Human Services Agency for Toxic Substances and Disease Registry.

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**1.2 - NPR (the two-way, Video): [Department Of Veterans Affairs To Pay For Robotic Legs](#)** (17 December, Merrit Kennedy, 9.5M online visitors/mo; Washington, DC)

Eligible veterans with spinal cord injuries may soon be able to walk again. The Department of Veterans Affairs will now pay for robotic leg devices for eligible paralyzed veterans, VA officials tell The Associated Press. Dr. Ann Spungen, who led VA research on the device, told AP that the announcement represents a major shift in policy:

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**1.3 - Military.com: [VA to Expand Coverage for Vets Exposed to Polluted Water at Lejeune](#)** (17 December, Brendan McGarry, 6.5M online visitors/mo; San Francisco, CA)

The Veterans Affairs Department on Thursday announced plans to expand disability coverage for veterans exposed to contaminated water at Marine Corps Camp Lejeune in North Carolina. For more than three decades, from 1953 to 1987, groundwater sources at the base were contaminated with industrial solvents leaking from underground storage tanks, according to the VA. The pollutants included the dry-cleaning solvent perchloroethylene, degreaser trichloroethylene , petrochemical benzene...

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**1.4 - Military.com: [House Strips Medical Marijuana Provision from VA Legislation](#)** (17 December, Bryant Jordan, 6.5M online visitors/mo; San Francisco, CA)

A Senate-backed provision in a Military Construction and Veterans Affairs bill failed to make the cut when the House passed the final version of the legislation on Wednesday. Stripped from the bill was language that would have allowed VA doctors to recommend medical marijuana as a treatment in states where it is legal. Rep. Earl Blumenauer, a Democrat from Oregon who offered similar legislation in the House in February only to see it stalled in committee...

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**1.5 - Tampa Bay Times: [After long fight, VA grants automatic benefits to Camp Lejeune's vets](#)** (17 December, William R. Levesque, 3.8M online visitors/mo; Saint Petersburg, FL)

The Department of Veterans Affairs announced Thursday it will grant automatic benefits to veterans of Camp Lejeune if they suffer one of eight diseases, a decision that throws a lifeline to potentially thousands of people sickened by the base's formerly polluted drinking water. The

decision is a striking contrast to the VA's overall 94 percent denial rate of claims for health and disability benefits filed by veterans of the North Carolina Marine Corps base, VA figures show.

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**1.6 - Philadelphia Inquirer: [Homelessness 'effectively ended' for Philly vets, officials declare](#)** (17 December, Tricia L. Nadolny, 3.5M online visitors/mo; Philadelphia, PA)

City and federal officials announced Thursday that Philadelphia has "effectively ended" homelessness among military veterans, meaning every veteran in the city who wants housing has it. Since August 2013, officials said, 1,390 Philadelphia veterans have been connected to permanent housing. Mayor Nutter said 15 remain on the streets, because they don't want to be housed.

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**1.7 - The Wichita Eagle: [Sen. Jerry Moran asks for answers about Wichita VA allegations](#)** (17 December, Tim Potter, 1.2M online visitors/mo; Wichita, KS)

U.S. Sen. Jerry Moran has sent a letter to the secretary of veteran affairs requesting immediate answers about "deeply troubling allegations of harassment and misconduct against personnel" at the Robert J. Dole VA Medical Center in Wichita. Moran's letter, dated Wednesday, is one of three congressional letters in the past week addressed to VA officials over allegations made by surgical residents with the University of Kansas School of Medicine-Wichita.

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

**2.1 - ABC News (AP): [VA Sets National Policy for Robotic Legs for Paralyzed Vets](#)** (17 December, Julie Watson, 22.9M online visitors/mo; New York, NY)

Paralyzed Army veteran Gene Laureano cried when he first walked again with robotic legs at a New York clinic as part of research sponsored by the Department of Veterans Affairs. But when the study ended, so did his ability to walk. Now he may get the chance to walk everyday: The VA has agreed to pay for the powered exoskeleton for eligible paralyzed veterans with spinal cord injuries...

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**2.2 - The Washington Times (AP): [Agency signs 5-year lease for veterans clinic in Fairlea](#)** (17 December, 3.5M online visitors/mo; Washington, DC)

The U.S. Department of Veterans Affairs has signed a lease agreement for a clinic site in Fairlea. The Register-Herald reports the clinic will serve about 1,700 veterans in the region. Beckley VA Medical Center spokeswoman Debbie Voloski says the VA's lease for the 4,800-square-foot building was awarded for five years, with five additional one-year options.

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**2.3 - Washington Examiner: [Veterans win victory over VA in toxic water case](#)** (18 December, Sarah Westwood, 2.8M online visitors/mo; Washington, DC)

Veterans who contracted crippling diseases after drinking, cooking with and bathing in the tainted water at a North Carolina Marine Corps base were finally granted disability status from

the Department of Veterans Affairs Thursday, despite the fact that the government has known about contaminants there for decades. The VA's decision to offer disability benefits to veterans who served at Camp Lejeune between 1953 and 1987...

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**2.4 - The Advocate: [Tucson Opens Arizona's First VA Clinic for Trans Veterans](#)** (17 December, Cleis Abeni, 2.7M online visitors/mo; Los Angeles, CA)

Transgender veterans in southern Arizona have a new resource to turn towards when they need medical, clinical, or mental health care: the nation's fourth trans-focused VA health clinic opened in Tucson on Wednesday. At least 130 patients have already signed up to receive health services at Southern Arizona Department of Veterans Affairs Health Care System's newest clinic in Tucson, according to local TV station WCNC. The Transgender Treatment Team at the clinic...

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**2.5 - WPVI-TV (ABC-6, Video): [V-A Will Pay For Robotic Legs For Paralyzed Vets](#)** (17 December, 2.4M online visitors/mo; Philadelphia, PA)

Some paralyzed veterans could soon be getting high-tech gear to help them walk again, thanks to a decision by the Department of Veterans Affairs. This is a big break for veterans, who have been petitioning the V-A to pay for ReWalk. On Thursday the agency said it will pick up the \$77,000 cost for qualified vets. ReWalk is an exoskeleton, with robotic braces that fit around the legs.

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**2.6 - The San Diego Union Tribune: [VA approves robotic legs for vets, Exoskeleton device offers chance to walk again for paralyzed veterans](#)** (17 December, Jeanette Stelle, 1.8M online visitors/mo; San Diego, CA)

Retired Marine Staff Sgt. Michael Drivere doesn't expect to run around the park with his children. It would be enough to walk to the sink for water. In a case of science fiction becomes reality, that dream may come true for Drivere and other paralyzed veterans now that The U.S. Department of Veterans Affairs has agreed to pay for robotic legs for qualified patients.

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**2.7 - Stars and Stripes: [VA to expand coverage for contaminated Lejeune drinking water](#)** (17 December, Travis J. Tritten, 1.2M online visitors/mo; Washington, DC)

The Department of Veterans Affairs said Thursday it plans to cover eight diseases newly linked to toxic contaminants once found in drinking water at Camp Lejeune, N.C. Veterans who served at the Marine Corps between 1953 and 1987 could be eligible for medical care and disability coverage if they develop kidney or liver cancer, non-Hodgkin lymphoma, leukemia, multiple myeloma, scleroderma, Parkinson's disease or aplastic anemia, the VA announced.

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**2.8 - KWCH-TV (CBS-12, Video): [Moran demands answers from VA hospital over investigation](#)** (17 December, Pilar Pedraza, 709k online visitors/mo; Wichita, KS)

It's a demand for answers from U.S. Senator Jerry Moran of Kansas. It's about an investigation into a surgeon at the VA hospital here in Wichita, involving KU Medical School residents. Moran

says the hospital is refusing to answer his questions about what's going on. "What's going on? What's happened? What's transpired? When did you learn about this? What did you do about it? And we have received no answers to these questions," he said.

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**2.9 - WFTS-TV (ABC-28, Video): [Veteran says squatters moved into his VA apartment, sheriff's office says they can't help, He says he can't use his own bed or bathroom](#)** (17 December, Adam Walser, 640k online visitors/mo; Tampa, FL)

A program aimed at helping homeless veterans get off the streets is falling short, as unwelcome guests are now calling one local veteran's apartment home. Veteran Ron Burden says the Veterans Affairs Supportive Housing (VASH) program got him off the street and into his own place. But when he ended up in the VA hospital for an extended stay, he says squatters moved in and are refusing to leave.

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**2.10 - Military Times: [VA to change disability claims rules for Camp Lejeune veterans](#)** (17 December, Patricia Kime, 540k online visitors/mo; Springfield, VA)

The Veterans Affairs Department has determined that eight medical conditions are linked to service at Camp Lejeune, N.C. from 1953 to 1987, and veterans with these diseases who were stationed at the sprawling Marine Corps base are eligible for disability compensation. VA Secretary Robert McDonald said research by health experts at the Veterans Health Administration and the Agency for Toxic Substances and Disease Registry...

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**2.11 - St. Cloud Times: [Legion visits VA to assess concerns](#)** (18 December, Kevin Allenspach, 329k online visitors/mo; Saint Cloud, MN)

Cliff Teigland has an appointment Friday at the St. Cloud VA Medical Center to see his new doctor. It will be the first time he has visited a primary physician in 18 months, having worked through nurses and physicians' assistants in the interim. Teigland, 57, served in the Coast Guard from 1976-1979, after which he worked for the U.S. Postal Service. He said he has received his medical care at the St. Cloud VA...

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**2.12 - WFLA-TV (NBC-8, Video): [Benefits expanded for Camp Lejeune veterans](#)** (17 December Steve Andrews, 298k online visitors/mo; Tampa, FL)

The Department of Veterans Affairs plans to make it easier for Marines affected by water contamination at Camp Lejeune, North Carolina, to get medical coverage, as well as disability benefits. For Joe Zambito and his wife Judy, of Zephyrhills, this is a game changer. Joe is a former Marine. He was stationed at Camp Lejeune in 1964. In later years, he lost his kidneys and bladder to cancer.

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**2.13 - Worcester Business Journal: [100K square foot Worcester VA facility off the table](#)** (17 December, Sam Bonacci, 250k online visitors/mo; Worcester, MA)

The UMass Medical School and the U.S. Department of Veterans Affairs will offer expanded medical coverage for veterans at the UMass Medical School in Worcester despite pulling plans

for a 100,000 square foot new construction. Despite the lack of new construction, collaboration between the two entities will move forward, according to a release from the Veteran's Affairs.

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**2.14 - WKMG-TV (CBS-6, Video): [Camp Lejeune veterans with 8 conditions to get benefits, VA says, Some vets to be granted presumptive service connection for disability benefits](#)** (17 December, Tara Evans, 230k online visitors/mo; Orlando, FL)

The announcement comes after years of studies and talks with veterans and the Agency for Toxic Substances and Disease Registry. The ATSDR maintains that from 1953 until 1987, water sources at Camp Lejeune were contaminated with several chemical solvents, including perchloroethylene, trichloroethylene, vinyl chloride, benzene and others. The agency said those chemicals, and prolonged exposure to them, increase the risk of certain health conditions.

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**2.15 - KVII-TV (ABC-7, Video): [New VA director speaks out on future plans for the medical center](#)** (17 December, Nathalie Granda, 206k online visitors/mo; Amarillo, TX)

It's one of the largest health care systems in the panhandle. The Thomas E. Creek VA medical center in Amarillo treats more than 20 thousand patients annually from all over the Texas and Oklahoma panhandles and eastern New Mexico. It's was under scrutiny for a while these past few years. Now, the Amarillo VA has a new director. Michael Kiefer is a retired army colonel with a background in healthcare.

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**2.16 - Healio.com: [VA issues national coverage policy for ReWalk exoskeleton systems](#)** (17 December, 102k online visitors/mo; Thorofare, NJ)

ReWalk Robotics Ltd. announced the Department of Veterans Affairs has issued a national policy for the evaluation, training and procurement of ReWalk personal exoskeleton systems for qualifying veterans with spinal cord injury. "The policy outlines a sound process to educate, train and importantly, to provide individual veterans with a ReWalk Personal device so that they may walk at home and in the community..." Larry Jasinski, ReWalk chief executive officer, said in a company press release.

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**2.17 - FierceContentManagement: [DOD and VA say EHR interoperability flap is much ado about nothing. Both agencies insist there's been progress with the behemoth project](#)** (17 December, Lisa Hoover McGreevy, 20k online visitors/mo; Washington, DC)

The Department of Defense and the Veterans Administration have been getting their hats handed to them by various governmental oversight committees for some time now over their collective lack of interoperability. Both federal agencies came forward last week in a meeting with Congress and said the criticism is largely unwarranted because the departments have in fact made substantial progress toward increasing file-sharing capabilities.

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**2.18 - Telegram & Gazette: [Official visit to Worcester spurs hope for UMass-VA clinic](#)** (17 December, Brad Petrishen, 17k online visitors/mo; Worcester, MA)

A high-ranking member of the U.S. Department of Veterans Affairs came to Worcester this week for a private meeting with officials of the University of Massachusetts Medical School – a sign, U.S. Rep. James P. McGovern said, that the VA remains committed to partnering with the school despite recent news that a large-scale VA clinic pitched for the campus has been rejected.

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### **3. Ending Veterans' Homelessness**

**3.1 - The Post-Standard: [Collaboration key in solving Syracuse's homeless veterans issue \(Commentary\)](#)** (17 December, Kayleen Wilkinson, 3.1M online visitors/mo; Syracuse, NY)

Cities across the country have begun declaring an end to veteran homelessness, embracing the notion of "functional zero." Sadly, the reality is that the problem is prevalent in each of our own neighborhoods. Clear Path for Veterans, Soldier On, Catholic Charities and the VA are organizations in our greater Syracuse community who have accepted the responsibility to provide relief to those in need and to support homeless Veterans each with their own unique strategy.

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**3.2 - The Morning Call (AP): [Philadelphia becomes latest city to end veteran homelessness](#)** (17 December, 973k online visitors/mo; Allentown, PA)

Philadelphia has effectively ended homelessness for the city's military veterans, answering a challenge issued last year by First Lady Michelle Obama. Mayor Michael Nutter announced the milestone on Thursday with U.S. Department of Housing and Urban Development Secretary Julian Castro. A letter to the city sent earlier this week from a federal homeless agency confirmed Philadelphia has "ended veteran homelessness" by "ensuring veterans have access to housing and services..."

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**3.3 - Pittsburgh Post-Gazette: [Program reduces number of homeless veterans in Pennsylvania](#)** (18 December, Adam Smeltz, 908k online visitors/mo; Pittsburgh, PA)

Philadelphia on Thursday joined a growing list of U.S. cities to announce an effective end to homelessness among veterans, reaching a bipartisan goal to tighten the social safety net. Allegheny County may not be far behind. More than two dozen communities nationwide, including Lancaster, have made similar declarations after satisfying a federal to-do list for keeping veterans off the streets.

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**3.4 - Al Dia: [Major breakthrough: Philly 'effectively' ends veteran homelessness](#)** (17 December, Ana Gamboa, 60k online visitors/mo; Philadelphia, PA)

The Secretary of the U.S. Department of Housing and Urban Development, Julián Castro, visited Philadelphia to announce the city has effectively ended veteran homelessness by ensuring 1,390 Philadelphia veterans have access to housing and services. On Thursday, Castro, who was joined by Mayor Michael Nutter and other city officials at a press conference, stated that over the past five years nationally veteran homelessness declined by 33 percent.



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**3.5 - Federal Way Mirror: [Rental units needed to end veteran homelessness in King County](#)** (17 December, 39k online visitors/mo; Federal Way, WA)

Over the last several months, a variety of local agencies — including the King County Housing Authority, the U.S. Veterans Administration, nonprofits serving veterans and their families in Seattle/King County, King County Veterans Department and the Seattle Housing Authority, have been collaborating to address the housing needs of veterans in our community. Working in partnership with the United States departments of Veterans Affairs and Housing and Urban Development...

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**[4. Ending the Claims Backlog](#) – No coverage**

**[5. Veteran Opportunities for Education/GI Bill](#) – No coverage**

**[6. Women Veterans](#) – No coverage**

**[7. Other](#)**

**7.1 - Bloomberg: [ReWalk Soars on Coverage to Let Paralyzed U.S. Veterans Walk](#)** (17 December, Michelle Cortez and Jack Clark, 12.2M online visitors/mo; New York, NY)

The VA issued a national policy to cover the evaluation of users, their training and the potential purchase of the ReWalk Personal exoskeleton system for veterans across the U.S. who have suffered from spinal cord injuries, the company said in a statement. There are 42,000 U.S. veterans who have lost the use of their legs, and ReWalk has estimated about half would be eligible for the system, creating a \$1.9 billion market, said Raj Denhoy, an analyst at Jefferies LLC in New York.

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**7.2 - The Oregonian (AP): [Portland man who tackled Vancouver VA shooter named Carnegie Hero](#)** (17 December, 9.6M online visitors/mo; Portland, OR)

A Portland man who tackled a shooter at a veterans health center and a Seattle student who stopped a campus gunman are among 24 people being honored with medals and cash from the Pittsburgh-based Carnegie Heroes Fund Commission. Jon Meis, 22, pepper-sprayed and tackled a gunman as he paused to reload his shotgun at Seattle Pacific University on June 5, 2014, likely preventing further carnage, according to police and university officials.

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**7.3 - The Post and Courier (Video): [MUSC, Roper St. Francis and VA hospital plan redesigned medical district](#)** (17 December, Lauren Sausser, 558k online visitors/mo; Charleston, SC)

The City of Charleston approved a Memorandum of Understanding on Tuesday to re-design the downtown medical district. The multi-million-dollar proposal would transform the campuses of the Medical University of South Carolina, Roper Hospital and the Ralph H. Johnson VA Medical Center into “a healthy space for the benefit of patients and the entire community.” It would also convert Doughty Street into a pedestrian mall and add an additional parking garage.

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**7.4 - The Florida Times-Union: [Agency files intention to negotiate for new VA clinic at St. Johns County site](#)** (17 December, Sheldon Gardner, 324k online visitors/mo; Jacksonville, FL) Negotiations could begin soon between St. Johns County and the U.S. Department of Veterans Affairs to bring a permanent VA clinic to San Sebastian View at the site of the county’s Health and Human Services building. The VA announced plans via a notice of intent on the Federal Business Opportunities website to negotiate and possibly award a sole source contract to the county for design and construction of the St. Augustine Community-Based Outpatient Clinic as well as operation of the lease.

[Hyperlink to Above](#)

**7.5 - The Columbian: [Man who stopped VA shooter honored, He’s named a Carnegie Hero, credited with saving lives in Feb. 2014 incident](#)** (17 December, Tom Vogt, 292k online visitors/mo; Vancouver, WA) Neil C. Burkhardt has been honored as a Carnegie Hero after tackling a woman who shot an official in the Vancouver Veterans Affairs office in 2014. Burkhardt is one of 24 people honored with medals from the Pittsburgh-based Carnegie Heroes Fund Commission. Police credited Burkhardt with saving the life of Allen Bricker, a VA administrator, after a stalker shot him twice on Feb. 4, 2014.

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**7.6 - KSNW-TV (NBC-3, Video): [Investigation into Wichita VA surgical residency program](#)** (27 December, Craig Andres, 272k online visitors/mo; Wichita, KS) The KU School of Medicine-Wichita has moved some of their surgical residents out of the Wichita VA program. “We can confirm our only part in this story is that we have removed surgical residents from one physician at the VA,” says KU School of Medicine-Wichita spokeswoman Denise Bruce. “It’s important to mention that the rest of the residency programs are functioning normally.”

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**7.7 - FedScoop: [Veterans Affairs names no. 2 in IT office, Ron Thompson, currently a senior IT official with the Department of Health and Human Services, will join VA as deputy to CIO LaVerne Council](#)** (17 December, Billy Mitchell, 97k online visitors/mo; Washington, DC)

Ron Thompson, executive director of IT infrastructure and operations for the Department of Health and Human Services, will become the leading adviser to Chief Information Officer LaVerne Council at the Department of Veterans Affairs in January. Thompson will join VA's Office of Information and Technology as its new principal deputy assistant secretary, Council announced Thursday in an email to staff obtained by FedScoop...

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**7.8 - The Meridian Star: [Congressmen oppose McDougall appointment](#)** (17 December, 33k online visitors/mo; Meridian, MS)

U.S. Senators Thad Cochran, Roger Wicker, along with U.S. Representatives Bennie G. Thompson, Gregg Harper, Steven Palazzo, and Trent Kelly are opposing the appointment of Dr. Skye McDougall to the South Central Veterans Affairs (VA) Health Care Network. In Mississippi, McDougall would be responsible for the network's headquarters in Ridgeland, the G.V. "Sonny" Montgomery VA Medical Center in Jackson, the Gulf Coast Veterans Health Care System in Biloxi, and the Jackson Regional Benefits Office.

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## 1. Top Stories

**1.1 - ABC News (AP): [VA Proposes Expanded Eligibility in Marine Toxic Water Case](#)** (17 December, Tom Foreman Jr., 22.9M online visitors/mo; New York, NY)

More veterans would be eligible for disability benefits if they were exposed to contaminated drinking water while assigned to Camp Lejeune in North Carolina under a proposal announced Thursday by the Department of Veterans Affairs.

A statement from the department said VA Secretary Robert McDonald decided on the proposal after talks with environmental health experts at the Veterans Health Administration and the Department of Health and Human Services Agency for Toxic Substances and Disease Registry.

McDonald's proposal also would expand benefits eligibility to Reserve and National Guard personnel who served at Camp Lejeune from Aug. 1, 1953, through Dec. 31, 1987. They would be presumed to have been exposed. This would make them eligible for VA disability compensation and medical care for any of the presumptive conditions, and their surviving dependents would be eligible for dependency and indemnity compensation and burial benefits.

"The water at Camp Lejeune was a hidden hazard, and it is only years later that we know how dangerous it was," McDonald said in the statement. "We thank ATSDR for the thorough review that provided much of the evidence we needed to fully compensate Veterans who develop one of the conditions known to be related to exposure to the compounds in the drinking water."

McDonald proposes creating a presumption of service connection for kidney cancer, liver cancer, non-Hodgkin lymphoma, leukemia, multiple myeloma, scleroderma, Parkinson's disease and aplastic anemia/myelodysplastic syndromes.

VA spokeswoman Victoria Dillion said while a decision on the plan is pending, the department will continue to grant all claims for disabilities that it can be determined on a case-by-case basis were caused by exposure to the Camp Lejeune contaminants.

Dillon said that if a claim for service connection for one of the proposed presumptive conditions would be denied under current procedures, the denial will be stayed until the VA issues its final regulations. The department will announce when the regulations are final and presumptive benefits can be awarded.

"About time," said Jerry Ensminger, a retired drill instructor whose 9-year-old daughter died of leukemia in 1985.

"It's taken me almost 19 years," he said. "This is one more step in the process for me. This continues until complete justice is served."

Ensminger credited North Carolina Sens. Richard Burr and Thom Tillis, as well as former Sen. Kay Hagan for their efforts on behalf of the stricken military members. Burr introduced legislation that required the VA to provide health care to veterans and their family members who have certain diseases and conditions as a result of exposure to the water at Camp Lejeune.

"The VA is finally granting some justice to veterans who were exposed to contaminated drinking water while assigned to Camp Lejeune," Tillis said. "The victims of this tragedy have waited far too long to receive disability benefits."

Mike Partain, who was born at Camp Lejeune and developed breast cancer, said work needs to be done to add his disease, which has gone into remission, onto the list.

"This was a long time coming, but it's an important first step," Partain said. "As long as the VA remains open and continues to work with the community and with ATSDR, we look forward to progress in this matter."

Health officials believe as many as 1 million people may have been exposed to tainted water between the 1950s and when drinking water wells at the Marine base were closed in the 1980s. The wells were contaminated by leaking fuel tanks and an off-base dry cleaner.

[Back to Top](#)

**1.2 - NPR (the two-way, Video): [Department Of Veterans Affairs To Pay For Robotic Legs](#)**  
(17 December, Merrit Kennedy, 9.5M online visitors/mo; Washington, DC)

Eligible veterans with spinal cord injuries may soon be able to walk again.

The Department of Veterans Affairs will now pay for robotic leg devices for eligible paralyzed veterans, VA officials tell The Associated Press.

Dr. Ann Spungen, who led VA research on the device, told AP that the announcement represents a major shift in policy:

*"The research support and effort to provide eligible veterans with paralysis an exoskeleton for home use is a historic move on the part of the VA because it represents a paradigm shift in the approach to rehabilitation for persons with paralysis."*

Previously, the \$77,000 cost of the device was prohibitively expensive for many injured veterans.

This video from ReWalk, the company that developed and manufactured the robotic legs, shows how its "wearable robotic exoskeleton" works:

The system allows people to stand upright and walk, and uses "wearable brace support, a computer-based control system and motion sensors," ReWalk says in a statement. The FDA approved the system in 2014 for home use.

ReWalk says that the VA's decision means that veterans with spinal cord injuries can seek referral and evaluation at training centers around the country. Once an individual receives training, they'll be considered for a personal unit to use outside the center.

"The policy outlines a sound process to educate, train and importantly, to provide individual veterans with a ReWalk Personal device so that they may walk at home and in the community," says ReWalk CEO Larry Jasinski in the press release from the company. "We expect this landmark national policy will substantially improve the health and quality of life of many veterans in the years ahead."

But for most paralyzed veterans, there are more than just financial obstacles. NPR's Amy Held reported for our Newscast unit that the ReWalk "only works for certain paraplegics who meet height and weight requirements." That's only a fraction of the tens of thousands of paralyzed vets, she says.

A ReWalk representative tells Held that the company has so far determined that 45 paralyzed veterans meet the criteria for the device and have begun the process of seeking enrollment in the program.

AP spoke with Gene Laureano, a 53-year-old veteran who was part of a study on the robotic legs. Now, he's eagerly waiting for a response on his application for the system—and describes how much it meant to him during the study.

*'The tears came down,' said Laureano, who was left paralyzed five years ago after falling off a ladder. 'I hadn't spoken to somebody standing up in so long.'*

*'I just kept remembering the doctor told me it was impossible for me to walk, and then I crossed that threshold from the impossible to the possible.'*

[Back to Top](#)

**1.3 - Military.com: [VA to Expand Coverage for Vets Exposed to Polluted Water at Lejeune](#)**  
(17 December, Brendan McGarry, 6.5M online visitors/mo; San Francisco, CA)

The Veterans Affairs Department on Thursday announced plans to expand disability coverage for veterans exposed to contaminated water at Marine Corps Camp Lejeune in North Carolina.

For more than three decades, from 1953 to 1987, groundwater sources at the base were contaminated with industrial solvents leaking from underground storage tanks, according to the VA.

The pollutants included the dry-cleaning solvent perchloroethylene, degreaser trichloroethylene, petrochemical benzene, as well as vinyl chloride and dozens of other contaminants, the department said. Exposure to the solvents is linked to numerous health problems, from cancer to Parkinson's disease, it said.

"The water at Camp Lejeune was a hidden hazard, and it is only years later that we know how dangerous it was," Secretary Bob McDonald said in the release.

Navy and Marine Corps officials have downplayed the issue for years.

Speaking at a Sept. 14 event in Cleveland, Navy Secretary Ray Mabus said water at the installation has long been safe to drink and blamed the original problem on a nearby dry cleaner, according to an article by Patricia Kime, a reporter for Military Times.

Mabus acknowledged "allegations that there is a higher incidence of illness with people who had gone through as Marines," but said studies conducted by the Agency for Toxic Substances and Disease Registry "can find no correlation," according to the article.

Interestingly, the VA said its decision came about as a result of discussions between environmental health experts at this agency, which is part of the Department of Health and Human Services, and the Veterans Health Administration.

Lawmakers welcomed the VA's proposal.

"For decades, tens of thousands of service members and their families were potentially exposed to chemicals now connected to deadly cancers and other serious illnesses," Sen. Richard Blumenthal, a Democrat from Connecticut and the ranking member of the Senate Veterans Affairs Committee, said in a statement.

"Today's announcement that this exposure will qualify as service-connected is a critical first step toward providing disability compensation for men and women harmed in the line of duty," he added. "Generations of Marines, sailors and their families lived and worked at Camp Lejeune, and now the VA and Secretary McDonald must do everything in their power to expedite this regulation and conduct aggressive outreach to potentially-affected veterans."

Almost a million veterans, civilian employees, and their families were exposed to toxic drinking water at Lejeune, Blumenthal said. As of February, the VA had received 9,636 toxic water disability claims from Camp Lejeune veterans, denying 8,909 and granting 778, he said.

The VA currently provides benefits to veterans who served at Lejeune for 30 days or more between those 34 years, and were diagnosed with one or more of 15 health conditions, from esophageal cancer to renal toxicity to miscarriage.

McDonald proposed expanding coverage by creating "a presumption of service connection" for several conditions, including kidney cancer, liver cancer, non-Hodgkin lymphoma, leukemia, multiple myeloma, scleroderma, Parkinson's disease, aplastic anemia and myelodysplastic syndromes, the VA said.

McDonald's proposal would also expand benefits eligibility to Reserve and National Guard personnel who served at Camp Lejeune for any length of time from Aug. 1, 1953, through Dec. 31, 1987 -- making them eligible for VA disability compensation and medical care for the aforementioned conditions, and their surviving dependents eligible for dependency and indemnity compensation and burial benefits, the department said.

The VA won't grant any benefit claims based on the proposed presumption of service-connected disabilities until issuing final regulations at a later date. Even so, veterans who served at Lejeune during those years and who developed any of the conditions are urged to file a disability compensation claim by filling out Form 10-10EZ and submitting it online or at any VA medical center or clinic.

[Back to Top](#)

**1.4 - Military.com: [House Strips Medical Marijuana Provision from VA Legislation](#)** (17 December, Bryant Jordan, 6.5M online visitors/mo; San Francisco, CA)

A Senate-backed provision in a Military Construction and Veterans Affairs bill failed to make the cut when the House passed the final version of the legislation on Wednesday.

Stripped from the bill was language that would have allowed VA doctors to recommend medical marijuana as a treatment in states where it is legal.

Rep. Earl Blumenauer, a Democrat from Oregon who offered similar legislation in the House in February only to see it stalled in committee, said Thursday he is disappointed by his chamber's action.

Had the Senate version of the bill passed, it would have allowed VA doctors to recommend medical marijuana in states where it is legal. It also would have barred the department from preventing veterans in its care from participating in state-approved medical marijuana programs, or to deny any services to a veteran enrolled in such a program.

The VA said it had no comment on the action. While the department concedes some veterans use medical marijuana to relieve post-traumatic stress disorder symptoms, it questions its effectiveness and suggests the practice might actually be harmful.

"Controlled studies have not been conducted to evaluate the safety or effectiveness of medical marijuana for PTSD," states a report by Marcel Bonn-Miller and Glenna Rousseau on the VA website. "Thus, there is no evidence at this time that marijuana is an effective treatment for PTSD. In fact, research suggests that marijuana can be harmful to individuals with PTSD."

The federal government last year approved a study on medical marijuana to be conducted by the Multidisciplinary Association for Psychedelic Studies, a California-based nonprofit research center. But the study has not yet been completed.

Mike Liszewski, legislative affairs director for Americans for Safe Access, which advocates for safe and legal access to marijuana for therapeutic uses and research, called the House action "a disappointing and harmful outcome for veterans, because the veterans who are most hurt by this are those who have the greatest need for help."

These veterans have conditions and symptoms that are not treated effectively with conventional medication, not to mention the harmful side effects of some medications, he said.

Liszewski said some veterans will have the finances to go to a doctor outside the VA for a prescription for medical marijuana, but others don't have that option.

"Vets with financial hardship who can't afford a non-VA doctor are those who are hurt most," he said.

[Back to Top](#)

**1.5 - Tampa Bay Times: [After long fight, VA grants automatic benefits to Camp Lejeune's vets](#)** (17 December, William R. Levesque, 3.8M online visitors/mo; Saint Petersburg, FL)

The Department of Veterans Affairs announced Thursday it will grant automatic benefits to veterans of Camp Lejeune if they suffer one of eight diseases, a decision that throws a lifeline to potentially thousands of people sickened by the base's formerly polluted drinking water.



The decision is a striking contrast to the VA's overall 94 percent denial rate of claims for health and disability benefits filed by veterans of the North Carolina Marine Corps base, VA figures show.

"This is good news," said Karl Saffell, 60, of Lithia, who served at the base from 1977 to 1979 and had a VA claim denied for non-Hodgkins lymphoma, one of the diseases now covered.

"I try not to say bad things. But the claims process has not been one that helps people. It's designed to make people leap barrels and overcome obstructions to get benefits."

The VA announcement is an admission the scientific evidence overwhelmingly points to these diseases being caused by pollutants found in Camp Lejeune water. So veterans who lived on the base get benefits without having to go through the arduous and prolonged claims process, which can take years.

Those illnesses, called "presumptives" in the parlance of the VA, are liver and kidney cancer, leukemia, non-Hodgkin lymphoma, multiple myeloma, scleroderma, Parkinson's disease and aplastic anemia (myelodysplastic syndromes.)

"The water at Camp Lejeune was a hidden hazard, and it is only years later that we know how dangerous it was," said VA Secretary Robert McDonald said in a news release.

Scientists believe up to a million people may have been exposed to a toxic brew of chemicals, including several carcinogens, that make the Lejeune contamination perhaps the worst ever mass exposure to polluted drinking water in the United States. The contamination stretched more than 50 years, ending in 1987, and involved residents now scattered across the nation.

About 14,000 Lejeune veterans and family members live in Florida, the second highest total in the nation behind North Carolina, according to Marine Corps figures.

The base's water was tainted with industrial solvents and components of fuel from a variety of sources, including underground fuel tanks that leaked.

VA officials did not return messages seeking comment. One official asked the Tampa Bay Times to email questions, but did not respond when the newspaper did so.

What remains unclear is when these new rules go into effect. It won't be immediately since the VA must first promulgate regulations, which may take several months.

The decision covers veterans who lived at the base from Aug 1, 1953 to Dec. 31, 1987. It does not affect family members.

Veterans who suffered an illness not on the list can still apply for benefits. But they must go through the normal VA claims process. Veterans who have already been denied benefits are expected to be eligible to reapply.

The VA has taken heavy criticism from Lejeune veterans for an antagonistic claims process they say looks for any excuse to deny benefits. Donald Burpee, 57, of Marion County, who was stationed at Lejeune in 1975, died of kidney cancer in July. Days after his death, the VA said his cancer could not be tied to the base's water, said his wife, Brenda, who will now qualify for widow's benefits.

Up to Nov. 30, VA figures show the agency had denied 86 percent of Lejeune claims based on kidney cancer.

"We worked so hard to get the claim approved before he died," said Brenda Burpee. "So this is very bittersweet. My husband felt the veterans should get the benefits they deserved for being poisoned."

Jerry Ensminger, a former Marine Corps drill instructor whose 9-year-old daughter, Janey, died of leukemia in 1985, is the leader of a group of veterans and family members who have waged a prolonged battle against the VA and Marine Corps to win benefits for people dubbed "Poisoned Patriots" by Congress.

He credited several lawmakers, including U.S. Sen. Bill Nelson, and North Carolina Sens. Richard Burr and Thom Tillis, and former North Carolina Sen. Kay Hagan, with helping force the VA's hand. Ensminger said he hopes the VA can be persuaded to add other illnesses that may be linked to the contamination, including breast and bladder cancer.

"Basically, we had to beat them into doing this," said Ensminger. "We're not done yet."

Michael Partain, a Winter Haven resident who was born on Lejeune in 1968 and is the son of a Marine officer, was diagnosed with breast cancer in 2007, which is exceedingly rare in men. Partain, who has worked with Ensminger, said the VA's decision demonstrates that its claims denial rate is not supported by either science or common sense.

"This is a long time coming and is a welcome first step on behalf of the VA," said Partain. "Hopefully the VA will work with the community instead of against it in getting these veterans taken care of."

[Back to Top](#)

### **1.6 - Philadelphia Inquirer: [Homelessness 'effectively ended' for Philly vets, officials declare](#) (17 December, Tricia L. Nadolny, 3.5M online visitors/mo; Philadelphia, PA)**

City and federal officials announced Thursday that Philadelphia has "effectively ended" homelessness among military veterans, meaning every veteran in the city who wants housing has it.

Since August 2013, officials said, 1,390 Philadelphia veterans have been connected to permanent housing. Mayor Nutter said 15 remain on the streets, because they don't want to be housed.

"I have a message for each of you who are still out there," he said at a City Hall press conference, pausing for a moment to collect himself. "We honor your service and your sacrifices. You deserve a home. We won't give up on you."

The announcement - made by Nutter and Julián Castro, secretary of the U.S. Department of Housing and Urban Development (HUD) - comes about a year and a half after the mayor accepted a national challenge from President Obama to end veteran homelessness in the

United States by the end of 2015. About 859 mayors, 9 governors and 166 county and city officials took the challenge.

According to the HUD, veteran homelessness has decreased nationally by 33 percent and about 15 municipalities have reached the "functional zero" goal, including some large cities like Houston, Texas and smaller communities like Troy, N.Y. The state of Virginia declared it was at functional zero last month, on Veterans Day.

Philadelphia officials had pledged to meet the same goal but came in about five weeks behind.

Marie S. Nahikian, the city's director of supportive housing, said she believes the city made the Veterans Day deadline, but that the federal government wanted to see more data and further assess the system Philadelphia put in place before making the designation.

Nahikian said homeless veterans in Philadelphia, on average, are placed in emergency housing in a few days, transitional housing in 47 days and permanent housing in 105 days.

Castro on Wednesday called on the city to help other municipalities "as they reach for that finish line" and to apply the lessons learned in this project to ending all homelessness. City officials said there are about 600 chronically homeless people in Philadelphia.

"You have actually done it. You have effectively ended veteran homelessness," Castro said. "The thing is that we can't stop our work until every single veteran has a place to call home in the United States. That means that you have a role to play in teaching other communities how you did it."

Nutter said the project was carried out by a coalition, known as PhillyVetsHome, that includes nonprofits, the Philadelphia Housing Authority and the Corporal Michael J. Crescenz VA Medical Center in University City.

He said the system includes a single point of entry for veterans, a streamlined process to determine eligibility through the VA, immediate transitional housing available for up to 50 veterans, and an immediate permanent housing plan.

Sister Mary Scullion, executive director of Project HOME, said the success in Philadelphia is due as much to the federal government as to local stakeholders. She said the Obama administration has dedicated huge financial resources to ending veteran homelessness. Implementation falls on the local agencies, she said.

"I think the key has been the federal commitment," she said.

As for those who have yet to accept assistance, Scullion said it can take years of being offered help before a homeless person is ready to take it.

"It just takes time to reach the people, to build that relationship of trust and then to have the most appropriate place for them to come in."

Debra Devine, a mother of five and former specialist in the U.S. Army, said she had experienced more than a decade of homelessness when, during a routine visit to the VA Medical Center last summer, someone suggested she stop by the facility's housing office.

Devine was told she was eligible for a federal voucher to pay for permanent housing. Last Dec. 22, she, her son, her fiance and his daughter moved into their home.

"My kids... they went into the house, they was doing flips, they was kissing the walls," she said. They were so happy."

[Back to Top](#)

**1.7 - The Wichita Eagle: [Sen. Jerry Moran asks for answers about Wichita VA allegations](#)**  
(17 December, Tim Potter, 1.2M online visitors/mo; Wichita, KS)

U.S. Sen. Jerry Moran has sent a letter to the secretary of veteran affairs requesting immediate answers about "deeply troubling allegations of harassment and misconduct against personnel" at the Robert J. Dole VA Medical Center in Wichita.

Moran's letter, dated Wednesday, is one of three congressional letters in the past week addressed to VA officials over allegations made by surgical residents with the University of Kansas School of Medicine-Wichita. The residents were in training involving a surgeon at the VA center, the school said. KU said it removed the residents to protect the quality of their training environment.

The senator's letter includes the first public disclosure of the basic nature of the allegations – "harassment and misconduct" – which surfaced last week.

Neither KU nor the VA have commented on the nature of the allegations.

"The lack of transparency and cooperation from the VA is appalling and unacceptable, especially when the safety and well-being of medical students is at risk," Moran said, in the letter addressed to Secretary of Veterans Affairs Robert McDonald.

On Thursday, a spokesman for the Wichita VA center said for the first time that he could confirm that an internal investigation is occurring. "As it is an ongoing investigation, I cannot provide any other details," Dole VA spokesman John Orrell said in a statement he read to an Eagle reporter.

Orrell added that "all of our clinical and medical education programs with residents continue as normal."

Although there is no timeline for the investigation at this point, "we are making sure that the investigation is done timely and thoroughly," Orrell said. Any information released must follow privacy regulations, he said.

Among specific information Moran requested from the VA: a description of the allegations by the surgical trainees, the number of surgical residents involved in the allegations, whether any VA employee has been put on administrative leave as a result of the allegations, the names and titles of the Wichita VA officials who knew of the allegations, and how the investigation is being conducted and who is doing it.

“First and foremost,” the Kansas Republican wrote, “I am concerned that surgical trainees serving at the Dole VA Medical Center are at risk, jeopardizing their educational, professional and personal development due to inexcusable conduct.”

Moran said he also is concerned about whether the “accusations of harassment and misconduct are being handled properly.”

“I am disturbed that the uncooperative arrogance of the VA is preventing accountability, creating more distrust and perpetuating a culture of incompetence within the VA,” he wrote.

The senator requested a response from the VA within 14 business days.

Moran will meet with the VA center director later this month, his office said Thursday.

[Back to Top](#)

## **2. Access to Benefits/Care**

**2.1 - ABC News (AP): [VA Sets National Policy for Robotic Legs for Paralyzed Vets](#)** (17 December, Julie Watson, 22.9M online visitors/mo; New York, NY)

Paralyzed Army veteran Gene Laureano cried when he first walked again with robotic legs at a New York clinic as part of research sponsored by the Department of Veterans Affairs. But when the study ended, so did his ability to walk.

Now he may get the chance to walk everyday: The VA has agreed to pay for the powered exoskeleton for eligible paralyzed veterans with spinal cord injuries — marking the first federal coverage policy for robotic legs in the United States.

Veterans have been petitioning the VA to do this because many cannot afford the \$77,000 needed to pay for the device called the ReWalk. The electronic leg braces were approved by the U.S. Food and Drug Administration in 2014 for individuals to use at home. VA officials told The Associated Press that that the agency sent a memorandum Dec. 10 outlining its plans to train staff to be able to provide the ReWalk.

Florida Republican Rep. Jeff Miller, chairman of the House Committee on Veterans' Affairs, said his committee has been pushing for the VA to use "innovative private sector technologies and products in order to better serve veterans, and we hope to see more of this in the future."

"In an era where the department is much too fixated on defending its lack of accountability for misbehaving employees and providing services that are far outside the scope of its original mission, it's refreshing to see the VA focusing on something that strikes at the core of what it was set up to do," Miller said in an email.

News of the VA's decision sent shares for ReWalk Robotics up over 100 percent Thursday. Sales have been sluggish since the FDA approval of the system, with few private insurers agreeing to cover it. Most of the 36 individuals who bought the ReWalk in the United States so far paid for it through fundraising or out of pocket.

But the company hopes the VA's policy will prompt more private insurers to follow suit.

"The VA is leading the world with this," CEO Larry ReWalk Robotics said. "It's fabulous. It really gives individuals a much better life, and makes them much healthier to be able to walk again."

The company said it has evaluated 45 paralyzed veterans who meet the height and weight requirements for the technology — which consists of leg braces with motion sensors and motorized joints that respond to subtle changes in upper-body movement and shifts in balance.

Laureano, 53, is praying his application will go through soon. The former Army corporal remembers the day he first tried the ReWalk at New York's James J. Peters VA Medical Center in the Bronx two years ago.

"The tears came down," said Laureano, who was left paralyzed five years ago after falling off a ladder. "I hadn't spoken to somebody standing up in so long."

"I just kept remembering the doctor told me it was impossible for me to walk, and then I crossed that threshold from the impossible to the possible," he added.

The ReWalk was invented by Israeli entrepreneur Amit Goffer, who was paralyzed in an accident in 1997. Several competing products that use similar technology — nicknamed "electronic legs"— are also being tested in U.S. rehab hospitals.

None, including the ReWalk, are fast enough or can be worn long enough to replace wheelchairs.

VA pilot studies found paraplegics who used the exoskeleton as little as four hours a week for three to five months experienced better bowel and bladder function, reduced back pain, improved sleep and less fatigue.

"The research support and effort to provide eligible veterans with paralysis an exoskeleton for home use is a historic move on the part of the VA because it represents a paradigm shift in the approach to rehabilitation for persons with paralysis," said Dr. Ann Spungen, who led VA research on the system.

About 42,000 veterans are paralyzed. Of them, a fraction would meet the requirement for an exoskeleton. The apparatus requires specific height and weight requirements and works for paraplegics but not for quadriplegics. A supportive belt around the patient's waist keeps the suit in place, and a backpack holds the computer and rechargeable battery. Crutches are used for stability, and the FDA requires an assistant be nearby.

A dozen VA centers are expected to start training staff to provide the system. The program will likely be expanded in the future, according to ReWalk.

Former Army Sgt. Terry Hannigan, a 62-year-old paralyzed Vietnam veteran, was the first veteran to get the robotic legs as part of a test of the system. She uses them to walk through the mall and shop at the grocery store.

"It definitely is a show stopper, especially in the mall with kids. Some say things like 'Wow, look at Robocop!' They ask a lot of questions, but I don't mind," Hannigan said.



When she was in a wheelchair she said she had to ask people to pass her things out of her reach.

"To be able to hear the conversation, not miss half of what's being said because it's over your head, that in itself is a big plus," she said.

[Back to Top](#)

**2.2 - The Washington Times (AP): [Agency signs 5-year lease for veterans clinic in Fairlea](#)** (17 December, 3.5M online visitors/mo; Washington, DC)

The U.S. Department of Veterans Affairs has signed a lease agreement for a clinic site in Fairlea.

The Register-Herald reports (<http://bit.ly/1RTNBJF>) the clinic will serve about 1,700 veterans in the region.

Beckley VA Medical Center spokeswoman Debbie Voloski says the VA's lease for the 4,800-square-foot building was awarded for five years, with five additional one-year options.

The VA previously leased the 8,500-square-foot Community Based Outpatient Clinic at the Rahall Building in Maxwelton. That clinic was closed in April after employees complained for over a year about headaches and dizziness blamed on air quality issues in the building, where other businesses also operate.

Voloski says the Fairlea building was originally designed as a restaurant, noting that the structure has since been used for a variety of businesses.

[Back to Top](#)

**2.3 - Washington Examiner: [Veterans win victory over VA in toxic water case](#)** (18 December, Sarah Westwood, 2.8M online visitors/mo; Washington, DC)

Veterans who contracted crippling diseases after drinking, cooking with and bathing in the tainted water at a North Carolina Marine Corps base were finally granted disability status from the Department of Veterans Affairs Thursday, despite the fact that the government has known about contaminants there for decades.

The VA's decision to offer disability benefits to veterans who served at Camp Lejeune between 1953 and 1987, when the water was supposedly contaminated with a host of toxic chemicals, capped off years of struggles for veterans and their advocates to earn such compensation.

North Carolina Sens. Richard Burr and Thom Tillis praised the long-awaited ruling Thursday.

"The VA has conceded that it will no longer deny disability benefits to Camp Lejeune victims based on ridiculous scientific claims," Burr said.

"The VA is finally granting some justice to veterans who were exposed to contaminated drinking water while assigned to Camp Lejeune," said Tillis. "The victims of this tragedy have waited far too long to receive disability benefits."

The move Thursday will extend disability benefits to Camp Lejeune veterans who have one of eight illnesses linked to exposure to the base's water, including leukemia and liver cancer.

In August, the VA began offering "presumptive disability status" to eligible veterans with a more limited range of conditions. At the time, Burr blasted the VA for only offering those benefits under intense pressure.

The Marine Corps first found evidence of toxic chemicals in the drinking water at Camp Lejeune in 1982, according to the Center for Disease Control.

A dry cleaner located off the base was not disposing of its waste properly, causing perchloroethylene and other harmful chemicals to seep into the water supply. Officials closed some contaminated water wells in 1985, but others continued to provide Marines and their families with water until 1987.

Exposure to the chemicals even affected babies conceived and born at the base during that time period.

Documents reportedly show warnings about the toxic water supply were ignored by military officials for years, even after receiving scientific evidence that the water was tainted with something harmful. That dismissal of evidence allowed toxic water to flow through the base for several additional years, sickening thousands more veterans and their family members.

In 1997, the government sponsored a study of the water contamination and misleadingly concluded that those who were exposed to it were unlikely to contract cancer.

It wasn't until 2010 that the report was withdrawn and Congress began investigating claims from Camp Lejeune families that their cancers and other serious illnesses were linked to the time they spent on the base.

Years after the last toxic wells were shuttered, veterans hit the Marine Corps with waves of lawsuits in an attempt to seek compensation for the diseases they contracted. Some were unsuccessful, such as a major suit in North Carolina that was reportedly shut down over a law that bars legal action more than a decade after exposure to a chemical, even if the disease in question doesn't appear in a victim for much longer.

In 2012, then-VA Secretary Eric Shinseki said extending health care benefits to veterans stricken by Camp Lejeune's water supply was still "premature."

Later that same year, President Obama signed a law offering victims VA health care benefits.

But it would take more than three more years of pushing before many affected veterans would be eligible for disability benefits given the exposure to harmful toxins they encountered while on the job.

"The water at Camp Lejeune was a hidden hazard, and it is only years later that we know how dangerous it was," said VA Secretary Robert McDonald in response to the VA's ruling Thursday.

While critics argue the government knew about that danger for far too long, the move marked a significant victory for families who have been fighting the VA for years in order to get the benefits they deserve.

[Back to Top](#)

#### **2.4 - The Advocate: [Tucson Opens Arizona's First VA Clinic for Trans Veterans](#) (17 December, Cleis Abeni, 2.7M online visitors/mo; Los Angeles, CA)**

Transgender veterans in southern Arizona have a new resource to turn towards when they need medical, clinical, or mental health care: the nation's fourth trans-focused VA health clinic opened in Tucson on Wednesday.

At least 130 patients have already signed up to receive health services at Southern Arizona Department of Veterans Affairs Health Care System's newest clinic in Tucson, according to local TV station WCNC. The Transgender Treatment Team at the clinic, which offers specialized health services for trans vets, began seeing patients Wednesday in its location on the second floor of the Southern Arizona VA's Women's Health building.

"I think it's absolutely wonderful. We're finally recognized by the world and by the VA and for us to have our own special clinic is unbelievable," Sue McConnell, a Navy veteran who served in the Vietnam War, told Tucson News Now.

McConnell, who was a boiler technician, meaning she worked "at the very bottom" of ammunition ships, was adamant when speaking with WCNC that the specialized services offered at the Tucson clinic have been well-earned by the veterans seeking to access them.

Sonia Perez-Padilla, a physician who serves on the Tucson VA Transgender Treatment Team, praised the clinic's "welcoming environment" to WCNC. She noted that before the clinic opened, trans vets were at risk of poor health because they often avoided medical treatment for fear of transphobic censure or they self-medicated by obtaining transitioning medication such as hormones from the Internet. The clinic also provides an alternative for trans vets who previously would only see a primary care doctor for almost all care.

After years of piecemeal progress and legal challenges by trans veterans, the VA's trans-affirming measures have mushroomed this year. Last month the VA opened its first health care clinic dedicated to transgender service members in Cleveland. Using space inside the Louis Stokes Cleveland VA Medical Center in Ohio, this clinic offers primary-care services, along with hormonal therapy, and mental health care. Currently, there are about two dozen trans patients among the 112,000 people who receive care at that facility.

There are approximately 134,000 trans veterans, and an estimated 15,500 active duty service members are transgender, according to the Human Rights Campaign. In July, Secretary of Defense Ashton Carter confirmed that the Pentagon is working on a plan that would lift the military's long-standing ban on open service by transgender Americans in as little as six months.

[Back to Top](#)

**2.5 - WPVI-TV (ABC-6, Video): [V-A Will Pay For Robotic Legs For Paralyzed Vets](#)** (17 December, 2.4M online visitors/mo; Philadelphia, PA)

Some paralyzed veterans could soon be getting high-tech gear to help them walk again, thanks to a decision by the Department of Veterans Affairs.

This is a big break for veterans, who have been petitioning the V-A to pay for ReWalk.

On Thursday the agency said it will pick up the \$77,000 cost for qualified vets.

ReWalk is an exoskeleton, with robotic braces that fit around the legs.

The braces have motion sensors and motorized joints.

They respond to subtle upper-body movements to start a walking motion.

ReWalk doesn't move fast enough to replace a wheelchair.

But pilot studies show veterans who used ReWalk had less fatigue and back pain, better sleep, and better bladder and bowel functions.

The company, ReWalk Robotics, says it has evaluated 45 paralyzed vets who meet the height and weight requirements for device.

[Back to Top](#)

**2.6 - The San Diego Union Tribune: [VA approves robotic legs for vets, Exoskeleton device offers chance to walk again for paralyzed veterans](#)** (17 December, Jeanette Stelle, 1.8M online visitors/mo; San Diego, CA)

Retired Marine Staff Sgt. Michael Drivere doesn't expect to run around the park with his children. It would be enough to walk to the sink for water.

In a case of science fiction becomes reality, that dream may come true for Drivere and other paralyzed veterans now that The U.S. Department of Veterans Affairs has agreed to pay for robotic legs for qualified patients.

The ReWalk exoskeleton device, invented by an Israeli quadriplegic, could be offered to San Diego veterans as early as this spring, officials said.

It would give veterans paralyzed from the chest down the ability to stand, walk upright and -- important in an immeasurable way -- greet people eye-to-eye.

It couldn't come soon enough for Drivere, 37, a former Camp Pendleton Marine injured in a motorcycle crash in July 2014. His name is on a waiting list that began forming six months ago at the San Diego VA hospital, one of 25 spinal cord care units in the VA network.

“The longer I wait, the longer I don’t put my body weight on my extremities,” said Drivere, who first saw the exoskeleton early this year at an expo. “My bone density gets weaker, my circulation is slower.”

At least 42,000 American military veterans suffer from a spinal cord injury or disease. Just a sliver of those -- maybe a few hundred, said a Paralyzed Veterans of America official -- will initially meet the criteria to be good candidates for the device.

San Diego County has already been home to one.

Marine Capt. Derek Herrera was paralyzed by a sniper’s bullet in Afghanistan in 2012. But at his November 2014 Bronze Star ceremony at Camp Pendleton, the special operations team leader walked forward to accept his award.

Herrera, now medically retired at age 31, was an early user of the ReWalk exoskeleton.

“The biggest thing that’s a gamechanger for me, it made me hopeful for the future. It changed my mindset,” said Herrera, who has launched his own company, Spinal Singularity, to develop medical devices for paraplegics.

It hasn’t replaced his wheelchair. The Marine veteran only uses his ReWalk a few hours a week to put his weight on his legs, which helps keep his bones healthy and assists digestion and other functions.

“Emotionally, though, it’s important. I went from being 6-foot 2 special operations officer in the Marine Corps, having a very physical identity, to being in a wheelchair where people don’t even think of me as a physical being,” Herrera said.

“Being able to walk around, talk to people, look people in the eye, it’s pretty awesome. It’s pretty powerful.”

The difference for him: Donations paid the \$70,000 tab for his ReWalk back in 2013. The MARSOC Foundation, a charity focused on the Marine special operations troops, led a fundraising campaign in Coronado.

The going price for a device is \$77,000 -- well beyond the means of an average disabled veteran, without assistance from the VA.

ReWalk’s chief executive argues that the VA will make its money back over two to three years per patient through reduced costs for medicine and hospital visits. Paralyzed veterans commonly require pain medication and treatment for pressure sores after sitting in wheelchairs day after day.

Larry Jasinski said his Israel and Massachusetts-based company has distributed 200 of the exoskeleton devices worldwide, including 36 in the United States since the Food and Drug Administration in mid 2014 approved the equipment for personal use.

The VA’s decision opens the door to more users, plus ReWalk hopes the devices will eventually help stroke victims and people with multiple sclerosis and other disorders.

“Eventually you might see this on thousands of people,” Jasinski said Thursday.

It won't help everyone in a wheelchair.

Sherman Gillums, deputy executive director of Paralyzed Veterans of America, said the best candidates are only five years into paralysis.

In terms of those injured in the Iraq and Afghanistan wars, that's perhaps 200 to 400 veterans, said Gillums, who was a Camp Pendleton Marine when he was paralyzed during training in 2002.

Good candidates are also between 5-foot 2 and 6-foot 2 and weigh less than 220 pounds. Good upperbody strength and movement are also required, among other criteria.

Still, advocates for disabled veterans say they are happy to see the VA provide leadership on new technology.

They hope it opens people's imaginations about how other devices might change the lives of those injured in uniform.

At present, two other companies make robotic legs and are close to attaining FDA approval.

"It think it will be a template for other businesses who want to see the type of success we assume ReWalk is going to have," Gillums said.

"People want to see soldiers, sailors, airmen and Marines stand up after becoming paralyzed," he said.

"It does something to you as a proud American, to think that, 'My tax dollars are going to that' -- that's the vein that ReWalk has hit."

[Back to Top](#)

**2.7 - Stars and Stripes: [VA to expand coverage for contaminated Lejeune drinking water](#)**  
(17 December, Travis J. Tritten, 1.2M online visitors/mo; Washington, DC)

The Department of Veterans Affairs said Thursday it plans to cover eight diseases newly linked to toxic contaminants once found in drinking water at Camp Lejeune, N.C.

Veterans who served at the Marine Corps between 1953 and 1987 could be eligible for medical care and disability coverage if they develop kidney or liver cancer, non-Hodgkin lymphoma, leukemia, multiple myeloma, scleroderma, Parkinson's disease or aplastic anemia, the VA announced.

About 1 million Marines and dependents might have been exposed to industrial solvents present in the base drinking water for more than three decades and 15 health conditions have already been linked to the contamination.

"The water at Camp Lejeune was a hidden hazard and it is only years later that we know how dangerous it was," VA Secretary Bob McDonald said in a released statement. "We thank



ATSDR for the thorough review that provided much of the evidence we needed to fully compensate Veterans who develop one of the conditions known to be related to exposure to the compounds in the drinking water.”

The change would also make reserve and National Guard personnel who served at Camp Lejeune for any length of time during the decades that the water was polluted eligible for disability, the department said. Surviving dependents would be eligible for dependency and indemnity compensation and burial benefits.

Expanded eligibility is, for now, a proposal by McDonald and must be accepted by the department as a final rule before veterans will be eligible. It provided no timeline Thursday.

The VA currently covers 15 health conditions for Camp Lejeune vets and considers other disability claims on a case-by-case basis.

[Back to Top](#)

## **2.8 - KWCH-TV (CBS-12, Video): [Moran demands answers from VA hospital over investigation](#) (17 December, Pilar Pedraza, 709k online visitors/mo; Wichita, KS)**

We need something more than the VA telling me they can't talk to me."

It's a demand for answers from U.S. Senator Jerry Moran of Kansas. It's about an investigation into a surgeon at the VA hospital here in Wichita, involving KU Medical School residents. Moran says the hospital is refusing to answer his questions about what's going on.

"What's going on? What's happened? What's transpired? When did you learn about this? What did you do about it? And we have received no answers to these questions," he said.

Moran says he only learned about an ongoing investigation involving a surgeon at the Robert J. Dole VA Medical Center through media reports. So far all he knows is the investigation involves inappropriate behavior between a surgeon and surgical residents.

"Being that it's an ongoing investigation I really cannot comment on the specifics of the allegations," said Francisco Vazquez, medical director at the hospital. "The VA has some rules, some privacy guidelines which we have to follow."

Eyewitness News caught up with Vazquez at a public town hall meeting Thursday afternoon. When asked about the investigation he said he wasn't free to reveal much. But he did want to reassure patients.

"There has been no impact on patient care, on the relationship with the school," he said. "Surgical residents are being trained here and general medicine residents, behavioral health. So our relationship with the school is normal."

Moran says that's not good enough.

"I don't want to know about personnel matters. I want to know what transpired. I want to know what the VA knew, when they knew it, what they did about it, what's going to happen to make

certain that this potential improper behavior isn't something that continues either with residents or anyone else," Moran said. "It's another example of where there is little accountability, almost no transparency and everybody hiding under the cloak of personnel matters."

The KU School of Medicine says it has removed some surgical residents "from the service of one surgeon" at the VA hospital but that the investigation hasn't affected the rest of the residencies there.

Senator Moran says he's been trying to get answers for days with no response from the hospital in Wichita so he sent a letter to the Secretary of Veterans Affairs demanding answers.

In it he says, "The lack of transparency and cooperation from the VA is appalling and unacceptable, especially when the safety and well-being of medical students is at risk."

There are still a lot of questions out there about this investigation. Exactly what are the allegations against the surgeon? Who does the investigation involve? When did all of this happen and how soon did the VA know about it? We'll keep asking these questions and let you know when we get answers.

"I have never found it easy over the last several years to get answers from the Department of Veterans Affairs," Moran said. "Either in Kansas or in Washington, D.C."

[Back to Top](#)

**2.9 - WFTS-TV (ABC-28, Video): [Veteran says squatters moved into his VA apartment, sheriff's office says they can't help, He says he can't use his own bed or bathroom](#)** (17 December, Adam Walser, 640k online visitors/mo; Tampa, FL)

A program aimed at helping homeless veterans get off the streets is falling short, as unwelcome guests are now calling one local veteran's apartment home.

Veteran Ron Burden says the Veterans Affairs Supportive Housing (VASH) program got him off the street and into his own place.

But when he ended up in the VA hospital for an extended stay, he says squatters moved in and are refusing to leave.

The I-Team spotted the woman now staying inside Burden's apartment walking up and down Nebraska Avenue earlier in the day.

Burden says she often brings strangers back with her.

We confronted her about that when we ran into her again, after Burden let us into his government subsidized apartment.

She claims Burden allowed her to stay there and that she is paying him rent, something he denies.

"It's outrageous. It's crazy. It's messing our whole neighborhood up," says a neighbor who didn't want to be identified due to fear.

She said the squatters are attracting unwelcome traffic and suspicious people that never used to be in the neighborhood.

Burden says the woman moved in while he was at the James A. Haley VA Medical Center for two weeks receiving treatment for a brain injury.

"She found a key I had hidden outside under a brick," Burden said.

The woman's boyfriend also moved into the home with her.

"She's the one that knocked that hole in the wall," Burden said, pointing to a hole in the drywall in his kitchen.

Burden is now dealing with rotting food, empty beer cans and even injuries.

"She bit me right here," he says, showing two bite marks on his hand.

Taxpayers are footing the bill for Burden's \$700 per month apartment, but Burden says he can't sleep in his own bed or access his bathroom.

The VASH Program is part of a \$75 million joint partnership between the U.S. Department of Housing & Urban Development and the VA. It's intended to provide permanent housing for homeless vets.

But Burden says neither agency nor the Hillsborough County Sheriff's Office has taken any steps to get the squatters out.

The Hillsborough County Sheriff's Office describes the situation as a civil matter, since they can't determine who has legitimate residency.

"They just moved in and took over my house and the cops said it was cool, and once they told her it was cool, she ain't leaving," said Burden.

"He fought for us. But for her just to use him, that's not fair," his neighbor said.

Burden says he can't handle it much longer.

"I can't live in my own house. I gotta go live on the street while they live in my house," he said.

The sheriff's office says it can't do anything about the squatters.

The VA says it can't discuss individual cases, but a spokesperson referred us to the Tampa Housing Authority, which administers the grant.

A housing authority spokesperson called us back late Thursday, saying the agency was not aware of the situation, but is beginning an immediate investigation.

Tampa Housing Authority says it will do what it can to help the veteran.

[Back to Top](#)

**2.10 - Military Times: [VA to change disability claims rules for Camp Lejeune veterans](#)** (17 December, Patricia Kime, 540k online visitors/mo; Springfield, VA)

The Veterans Affairs Department has determined that eight medical conditions are linked to service at Camp Lejeune, N.C. from 1953 to 1987, and veterans with these diseases who were stationed at the sprawling Marine Corps base are eligible for disability compensation.

VA officials said Thursday that these eight diseases that have been determined to be service-connected to consuming contaminated drinking water at the base: kidney cancer, liver cancer, non-Hodgkin lymphoma, leukemia, multiple myeloma, scleroderma, Parkinson's disease and aplastic anemia or other myelodysplastic syndromes.

VA Secretary Robert McDonald said research by health experts at the Veterans Health Administration and the Agency for Toxic Substances and Disease Registry, an arm of the Centers for Disease Control and Prevention, indicated that the risk of developing these illnesses is elevated by exposure to contaminants found in the water, including perchloroethylene, trichloroethylene, benzene and other volatile organic compounds.

"The water at Camp Lejeune was a hidden hazard, and it is only years later that we know how dangerous it was," McDonald said. "We thank ATSDR for the thorough review that provided much of the evidence we needed to fully compensate veterans who develop one of the conditions known to be related to exposure to the compounds in the drinking water."

Nearly a million people, including troops, family members and civilian employees working at Camp Lejeune from the 1950s through the 1980s were exposed to these chemicals and other cancer-causing agents in the base's drinking water, supplied by two water treatment facilities polluted by dry cleaning compounds, leaking underground storage tanks, industrial spills and poor disposal practices.

The VA has provided health care or reimbursement for medical costs for veterans who served at Camp Lejeune at least 30 days during the affected period or family members with 15 illnesses related to exposure to water contaminated by solvents and fuels, but it had not awarded "presumptive status" to any condition until now.

The changes will take effect after VA publishes regulations regarding these presumptions, and will apply to new disability claims. Veterans who have previously been denied on such claims may seek to be re-evaluated. Also, any pending claims that might be denied under current regulations will be placed on hold until the VA issues its final rules, according to a department press release.

The bedrock eligibility rules will be that veterans must have one of the eight specified conditions and must have served at Camp Lejeune between Aug. 1, 1953, and Dec. 31, 1987.

The new rules also will expand eligibility to reserve and National Guard members who served at Camp Lejeune for any length of time during that period.

A VA spokeswoman said compensation awarded as a result of the proposed regulations, if adopted, will "be effective no earlier than the date the final rule is published."

Veterans have expressed frustration over the low rate of claims approvals for illnesses related to the Camp Lejeune water. Hundreds of veterans attended a meeting of the Camp Lejeune Community Assistance Panel on Dec. 5 in Tampa to express frustration with the VA's handling of claims and plead with VA officials to improve the process.

Paul Maslow, a veteran who walks with a cane and said he has inoperable tumors on his spine and elsewhere, said he and thousands of former troops need assistance.

"You are not helping us, you are hurting us," Maslow told VA officials attending the meeting. "And the more you delay, the more of us ... are going to die."

Two senators who pressed VA to change its policies regarding benefits for Camp Lejeune veterans said Thursday they applaud the VA's decision, calling it a "victory for those who have suffered."

"The VA has conceded that it will no longer deny disability benefits to Camp Lejeune victims based on ridiculous scientific claims," Sen. Richard Burr, R-N.C., said.

"VA is finally granting some justice to veterans who were exposed to contaminated drinking water while assigned to Camp Lejeune," said Sen. Thom Tillis, R-N.C. "The victims of this tragedy have waited far too long to receive disability benefits."

[Back to Top](#)

**2.11 - St. Cloud Times: [Legion visits VA to assess concerns](#)** (18 December, Kevin Allenspach, 329k online visitors/mo; Saint Cloud, MN)

Cliff Teigland has an appointment Friday at the St. Cloud VA Medical Center to see his new doctor. It will be the first time he has visited a primary physician in 18 months, having worked through nurses and physicians' assistants in the interim.

Teigland, 57, served in the Coast Guard from 1976-1979, after which he worked for the U.S. Postal Service. He said he has received his medical care at the St. Cloud VA since his discharge and has generally had a good experience. In recent years, however, he has been assigned to seven different primary care doctors — including one that was replaced within a week, before he ever got to meet the person.

"I hope there will be some continuity now," Teigland said. "What's happening is they've been overwhelmed. Maybe Congress wasn't ready for it or the Veterans Administration wasn't ready for it. But there's been an influx in veterans in recent years to the point that it has overloaded the system. Those of us who were in the system are now getting pushed around."

That led Teigland, of St. Cloud, to address a group of about 75 people at a town hall meeting Tuesday night at the St. Augusta American Legion Post 621. Among those in attendance were national representatives of the American Legion who spent two days in the area this week

talking with veterans, visiting the St. Cloud VA and talking with management and caregivers there.

Those officials, working with the System Worth Saving program — which coordinates VA site visits by the American Legion Veterans Benefits Center Committee — returned to Washington, D.C., Thursday with armloads of documentation for an after-action report. Expected early in 2016, the report will be distributed to Congress and VA officials, and posted at [www.legion.org/systemworthsaving](http://www.legion.org/systemworthsaving).

Teigland wanted the Legion officials as well as St. Cloud VA Director Barry Bahl to hear about his most recent experience. On Dec. 3, Teigland thought he might be having heart trouble. His abdomen got hard and he had chest pain. His wife called an ambulance that took him to St. Cloud Hospital, protocol since the local VA does not have an emergency room.

It turned out Teigland had a kidney stone. It passed, but doctors told him he needed to connect with his primary physician within a couple of days to determine whether there were any additional problems.

"What got to me was I was supposed to call in and get an appointment with my provider as soon as possible," Teigland said. "I called the VA and the girl on the phone said, 'What do you want us to do?' I don't know. That's why I'm calling. I'm doing what it says to do."

#### Latest scrutiny

The St. Cloud VA has come under scrutiny since a 2014 internal investigation came to light this year, showing a significant number of health care provider resignations there. The report also said the center's leadership fostered an environment in which some employees said they were afraid to report problems.

Rep. Tom Emmer, Minnesota's 6th District congressman, earlier this fall called for a requirement that reports such as the 2014 internal investigation be made public when they are completed. Tom Walz, Minnesota's 1st District congressman, joined Emmer for listening sessions between employees and management at the St. Cloud VA and said he was troubled by a "lack of transparency." Together, they discovered different factions had an "inability to bridge the gap, to have certain discussion, to get together and resolve some challenges."

Lou Celli, director of the national veterans affairs and rehabilitation division of the American Legion, was one of the lead officials from Washington on the visit. He said his group was satisfied with what they heard on the trip.

National representatives of the American Legion metBuy Photo

National representatives of the American Legion met with veterans Tuesday, Dec. 15, at the St. Augusta American Legion Post 261 to discuss health care at the St. Cloud VA Medical Center. (Photo: Jason Wachter, [jwachter@stcloudtimes.com](mailto:jwachter@stcloudtimes.com))

"It doesn't help the VA and it doesn't help the vets if there's a black cloud hanging over St. Cloud," Celli said Thursday morning before the VA had a ribbon-cutting for a new \$8.5 million rehabilitation center. "Any entity of this size is going to have some issues with employees. That doesn't mean it's a bad system. It seems like it's a great location and the veterans we spoke to were largely satisfied with the care they receive. They're insulated from any internal strife that may be going on between the doctors and leadership, and that's a testament to the organization if they're keeping those types of problems away from the patient."

Celli said the report will detail the findings but that more and better communication between the doctors providing care and the staff overseeing the hospital will be a top priority.

"Our findings here are consistent with some of what we've seen elsewhere," Celli said. "Frankly, I think this can be an easy fix if everyone gets on the same sheet of music. Then what you'll hear will be harmonious and the discord that may be apparent is going to vanish."

The St. Cloud VA has about 1,700 employees and a routine day includes more than 2,300 patient encounters and 1,000 face-to-face appointments. Nightly, more than 350 patients occupy one of 388 beds and about two dozen people are cared for in community hospitals. According to Bahl, recruitment of providers and space continue to be the main challenges and that the facility has hired more doctors and decreased patient loads, also known as panel sizes, since the internal investigation was complete in January 2014.

Panel sizes are higher than the national average at the St. Cloud VA. Bahl says this is because the medical center is not affiliated with a medical school, doesn't have a medical-surgical unit and serves a rural area. According to data from the St. Cloud VA, panel sizes were a peak problem in the summer of 2013 when about 1,800 patients were assigned per provider. VA spokesman Barry Venable said the "band of normalcy" runs between 1,000 and 1,400 patients per provider, and in recent months the national average has been less than 1,000. In St. Cloud, it is still at about 1,400.

In the summer of 2013, there were about 18 primary care physicians at the St. Cloud VA. By the summer of 2015, that number had increased to 27. Between fiscal 2013 and fiscal 2015, the St. Cloud VA had 18 primary care providers leave. Five were for voluntary retirement, six were lost to another VA and seven resigned for various reasons. One quit to return to school and another because of a lengthy commute, Venable said. He added veterans who need urgent care are seen the day they present and, if they can't be accommodated at the St. Cloud VA, they are transferred by ambulance to the Minneapolis VA Medical Center or St. Cloud Hospital.

As of Dec. 1, the St. Cloud VA reports 92.81 percent of its scheduled appointments occur within 30 days, compared to 90.98 percent for the national average. Primary care average wait time also is shorter than the national average but specialty and mental health wait times are longer.

In 2013, the St. Cloud VA ranked 113th of 152 VA medical centers as a "best place to work," according to VA data. In 2014, that had improved to 85th — although employee satisfaction remained at the bottom of the list both years, according to the internal investigation report.

Director to improve communication

Bahl said this visit was similar to others the American Legion has made in the past.

"They did a thorough job of visiting with staff and walking our campus," Bahl said. "There was nothing that came up that I didn't already know. The issues that are out there involve communication and trying to get the word to 1,700 staff is complex with a 24/7 operation. We're trying to improve on that and, every spring, I have open dialogue sessions with about 50 people at a time. But if you're hiring 25 or 30 people every month, there will be a few hundred by the time the next cycle comes around who weren't there for the last time you talked to them."



Bahl said there will be more forums set up and information about staffing will be relayed at greater volume and more often. VA management and union officials also have agreed to take part in a mediation program that is scheduled for January.

"There's been a lot of turnover in the union staff in the last five or six years," Bahl said. "I've been here 23 years and a lot of the leadership has a long experience, too. I think there is a lot of misinterpreted information. As people hear things and the stories are repeated, they change and it's a long way from where they originated.

"The important thing is huge numbers of our veterans are being treated timely with outstanding care. Our quality and efficiency measures are among the top in the nation of all VAs. We're proud of that. If something doesn't seem right, speak up. Our patient care advocates are excellent and all they need to do is talk to those people and we'll work it through the system. I get many positive letters and hear nothing but positive things when I'm out talking to groups. But if you read the newspaper articles, it sounds like a chaotic environment. That's flat-out not true. I'm dealing with some people who have not had the right attitudes or performance that we want and we deal with that. But for the most part it's not clinical issues."

At Tuesday's meeting, there were veterans critical of their care and employees disappointed with the way they had been treated. But there also were many patients who stood and defended the St. Cloud VA. Bahl apologized for any problems his staff may have caused and acknowledged, "We can do better."

Teigland hopes so.

"I don't want to blame the leadership," he said. "I'm not afraid to say things out loud because it's my VA and the veterans' VA. All we're asking for is that we get the care we need. Most of us, if you looked around the room on Tuesday night and asked who had gone to the doctor in the last 30 days, there wouldn't have been too many hands come up. We don't run to the doctor. But when we do, we would like care. It's also not the media's fault, but it's easy to talk about the bad stuff and not the good stuff. There are many good things going on there. They've just opened this rehab center for the Iraqi vets coming back and their arms are missing or their legs are missing. The VA is making an honest effort. I just think they're underfunded."

Roscoe Butler, American Legion deputy director for health care, veterans affairs and rehabilitation, said he and his staff will reach out to everyone they spoke with and have an email address for after he returns to Washington. He wants to assure those he spoke with that their issues will be addressed or else his officers will strive to get an answer for the veteran.

The American Legion report will be shared with the Veterans Affairs committees in the U.S. House of Representatives and the U.S. Senate. It will include findings and recommendations, he said.

"I can't say more about what might be in the report right now, but I can tell this visit has already been a success," Butler said. "We allowed the veterans to vent their frustrations and we also heard about the positives of the care received. The fact that we have this dialogue of understanding and inquiry hopefully will put us on the right path forward."

[Back to Top](#)

**2.12 - WFLA-TV (NBC-8, Video): [Benefits expanded for Camp Lejeune veterans](#)** (17 December Steve Andrews, 298k online visitors/mo; Tampa, FL)

The Department of Veterans Affairs plans to make it easier for Marines affected by water contamination at Camp Lejeune, North Carolina, to get medical coverage, as well as disability benefits.

For Joe Zambito and his wife Judy, of Zephyrhills, this is a game changer. Joe is a former Marine. He was stationed at Camp Lejeune in 1964. In later years, he lost his kidneys and bladder to cancer.

The VA rejected Joe's claim that his kidney cancer was tied to toxic water at the base. It also claimed his bladder cancer was in remission and denied him disability benefits. Joe's bladder is gone.

Secretary of Veterans Affairs Robert A. McDonald proposes presumptions of service connection for certain conditions associated with chemical solvents in the water at Camp Lejeune. This proposal followed discussions between environmental health experts at the VA administration and the Department of Health and Human Services Agency for Toxic Substances and Disease Registry (ATSDR).

"The water at Camp Lejeune was a hidden hazard, and it is only years later that we know how dangerous it was," Secretary McDonald said. "We thank ATSDR for the thorough review that provided much of the evidence we needed to fully compensate Veterans who develop one of the conditions known to be related to exposure to the compounds in the drinking water."

ATSDR determined drinking water at Camp Lejeune was contaminated with perchloroethylene, trichloroethylene, vinyl chloride, benzene and other petroleum contaminants from leaking storage tanks from 1953 to 1987. ATSDR also determined that prolonged exposure to these chemicals increases the risk of certain health conditions.

Based upon the VA's review of current medical science and ATSDR's findings, McDonald intends to propose creation of a presumption of service connection for the following conditions:

- Kidney Cancer
- Liver Cancer
- Non-Hodgkin Lymphoma
- Leukemia
- Multiple Myeloma
- Scleroderma
- Parkinson's Disease
- Aplastic Anemia / Myelodysplastic Syndromes

McDonald's proposal would expand benefits eligibility to Reserve and National Guard personnel who served at Camp Lejeune for any length of time from August 1, 1953, through December 31, 1987. The V.A. is working on regulations that would make it easier for affected Veterans to receive VA disability compensation for these conditions, which is exactly what Joe and Judy Zambito have been fighting for.

[Back to Top](#)

**2.13 - Worcester Business Journal: [100K square foot Worcester VA facility off the table](#)**  
(17 December, Sam Bonacci, 250k online visitors/mo; Worcester, MA)

The UMass Medical School and the U.S. Department of Veterans Affairs will offer expanded medical coverage for veterans at the UMass Medical School in Worcester despite pulling plans for a 100,000 square foot new construction.

Despite the lack of new construction, collaboration between the two entities will move forward, according to a release from the Veteran's Affairs.

Beginning in 2016, the UMMS campus will begin providing specialty care within 13,000 square feet the Biotech 4 building at 365 Plantation St., according to the VA of Central Western Massachusetts. The annex will provide highly demanded specialty services including podiatry, optometry and audiology.

Congress has also authorized the VA, through the Veterans Choice and Accountability Act, to lease a 40,000 square foot clinical space to replace the current outdated, 25,000 square foot community-based outpatient clinic on Lincoln Street. The VA has advanced two lots as finalists for that clinic, including the MassDOT property at 403 Belmont St. which is owned by UMMS, which is adjacent to the medical school campus.

There was no information given in the release about the proposed construction of a new building announced last fall. A report this fall indicated that project had been put on hold. However, VA Chief of Staff Rob Nabors said that "many options remain on the table" in the release, announcing the expanded partnership.

Additionally, both institutions are working toward a short-term agreement that could make clinical space available for VA health care providers to treat veterans in the 15,000 square foot Ambulatory Care Center on the UMMS campus.

*Clarification: The headline of this story has been changed from the original version to reflect that UMMS is still currently bidding to build a 40,000 square foot facility for the VA.*

[Back to Top](#)

**2.14 - WKMG-TV (CBS-6, Video): [Camp Lejeune veterans with 8 conditions to get benefits, VA says, Some vets to be granted presumptive service connection for disability benefits](#)**  
(17 December, Tara Evans, 230k online visitors/mo; Orlando, FL)

The Veterans Affairs Department has announced that veterans with eight medical conditions linked to Camp Lejeune will soon be eligible for disability compensation.

Those eight conditions include:

- Kidney Cancer

- Liver Cancer
- Non-Hodgkin Lymphoma
- Leukemia
- Multiple Myeloma
- Scleroderma
- Parkinson's Disease
- Aplastic Anemia / Myelodysplastic Syndromes

VA Secretary Robert McDonald made the announcement Thursday following years of disability benefit denials.

The announcement comes after years of studies and talks with veterans and the Agency for Toxic Substances and Disease Registry. The ATSDR maintains that from 1953 until 1987, water sources at Camp Lejeune were contaminated with several chemical solvents, including perchloroethylene, trichloroethylene, vinyl chloride, benzene and others. The agency said those chemicals, and prolonged exposure to them, increase the risk of certain health conditions.

"The water at Camp Lejeune was a hidden hazard, and it is only years later that we know how dangerous it was," said Secretary McDonald. "We thank ATSDR for the thorough review that provided much of the evidence we needed to fully compensate Veterans who develop one of the conditions known to be related to exposure to the compounds in the drinking water."

As of April 2015, only 778 out of 9,636 veterans who applied for disability benefits with a Camp Lejeune-associated illness were approved. But now, veterans with eight conditions would have presumptive service connection-- meaning they will no longer have to fight for their benefits. Their claims would also forego the Subject Matter Expert process, a process with problems News 6 has exposed in the past.

Many will still require medical examination for the purpose of establishing the severity of the disability.

Camp Lejeune veteran advocate Mike Partain said this is a great victory for the veterans, but that work still needs to be done.

"A big thank you goes out to Senator Nelson for his efforts to help the veterans from Camp Lejeune," said Partain. "Today's announcement is a welcome first step by the VA and hopefully a sign that the adversarial relationship they have had with the Camp Lejeune community has improved. While this is welcomed news, the SME program still remains and needs to be dismantled before it can harm other veterans. I look forward to working with the VA on other disease such as breast cancer and bladder cancer to have them included for service connection."

Camp Lejeune Master Sergeant Jerry Ensminger, who has been fighting for presumptive service connection for these veterans for years, echoed Partain's thoughts.

"I applaud the announce made today by the VA, albeit too late for many Camp Lejeune veterans who have passed away," said Ensminger. "The VA also left bladder cancer off of the announced health effects list today and there are questions currently being asked of them by Congress and other health agencies as to why they excluded it. To make this point clear, they had accepted bladder cancer in October, but instead of including it in today's announcement they substituted

aplastic anemia in its place. I hope getting this corrected doesn't take another 6 months to a year. This announcement today in no way lessens my resolve in getting to the bottom of the VA's so-called Subject Matter Expert (SME) process, this process can not be allowed to continue or stand in its present form. I want to thank Senators Burr, Tillis, Nelson, former Senator Kay Hagan (including their staff members) for their steadfast dedication to this issue, without them we wouldn't be anywhere near where we are today."

The VA's announcement did stress that at this time, these conditions are proposed for presumptive service connection. The VA said it is working on regulations to establish the presumptions officially. No presumptive service connection will be granted until the final regulations are issued, and the VA said it would announce when that does happen.

News 6 asked a VA representative how this announcement affects current claims, and received back the following statement:

"The changes, which would take effect after VA publishes final regulations regarding these presumptions, apply to new and pending disability claims. But in cases where veterans have been denied previously, they can seek to be re-evaluated. Also, any current claims that might be otherwise be denied under existing regulations will be placed on hold until the VA issues its final rules."

In the meantime, the VA urges anyone who does not have a current claim, has one of those eight conditions and has a record of active service between August 1, 1953 and December 31, 1987 for at least 30 days, to file a disability compensation claim with the VA.

Under a 2012 law, veterans, civilians and family members who lived and/or worked on base with one of 15 medical conditions, which include those above, may be eligible for healthcare at no cost. Right now, there's no word on if or when those remaining seven conditions will be eligible for presumptive service connection at a later date. The disability benefits pertain only to the veterans, and not to their family members, regardless of if they qualify with one of the eight conditions.

[Back to Top](#)

**2.15 - KVII-TV (ABC-7, Video): [New VA director speaks out on future plans for the medical center](#)** (17 December, Nathalie Granda, 206k online visitors/mo; Amarillo, TX)

It's one of the largest health care systems in the panhandle.

The Thomas E. Creek VA medical center in Amarillo treats more than 20 thousand patients annually from all over the Texas and Oklahoma panhandles and eastern New Mexico.

It's was under scrutiny for a while these past few years.

Now, the Amarillo VA has a new director. Michael Kiefer is a retired army colonel with a background in healthcare.

"I'm a 28 year retiree from the Army medical department in hospital and health systems on active duty. I retired almost 2 years ago and been with the VA since then," Kiefer said.

Kiefer said during his six weeks on the job, he's scanned and surveyed the facility to see what needs improvement.

"It's access. It's always about access. We can do a little bit better, and we're working on that. It's about being efficient and in any systems, there's always room for that," Kiefer said.

Another factor Kiefer said he wants to work on is community collaboration to give veterans the best service across the board.

"One of our secretary's goals is for us to work as a collaborative environment. We may be able to connect vets with other organizations. It's not just the VA that takes care of vets, it's the community," Kiefer said.

Kiefer said they currently have a new emergency room that will start up in the next few months, and plans for a new outpatient care center both in Amarillo and in Lubbock.

He says with a recent increase in budget, the VA hopes to continue to better their system.

"Here in the Amarillo healthcare system, we've gotten over 3 percent increases in our budget that was passed, so we're well-resourced for this year. It's all about forward leaning leadership, that's not waiting for things to happen, its probing and investigating to make sure we're always moving forward and that's what I plan to do," Kiefer said.

Kiefer also touched on the issue of the VA's transportation. He said as of now there is not any issue with the transportation, but it's a program they will continue to monitor and seek improvement.

[Back to Top](#)

**2.16 - Healio.com: [VA issues national coverage policy for ReWalk exoskeleton systems](#)**  
(17 December, 102k online visitors/mo; Thorofare, NJ)

ReWalk Robotics Ltd. announced the Department of Veterans Affairs has issued a national policy for the evaluation, training and procurement of ReWalk personal exoskeleton systems for qualifying veterans with spinal cord injury.

"The policy outlines a sound process to educate, train and importantly, to provide individual veterans with a ReWalk Personal device so that they may walk at home and in the community. We expect this landmark national policy will substantially improve the health and quality of life of many veterans in the years ahead," Larry Jasinski, ReWalk chief executive officer, said in a company press release.

The Department of Veterans Affairs (VA) policy allows veterans with spinal cord injury (SCI) to receive referral and evaluation at all designated ReWalk Training Centers across the United States. Veterans who meet the physical criteria for an exoskeleton system will be referred for training on the use of the device. Those who successfully complete training will be eligible to obtain a ReWalk personal system.

According to the new policy, veterans with SCI may be evaluated for use of the system at one of 24 VA Health Administration SCI Centers nationwide. All SCI Centers are encouraged to pursue designation as a ReWalk Training Center.

"We are also pleased that the VA's fundamental clinical research conclusively demonstrated that there are significant medical benefits associated with enabling an individual with a spinal cord injury to walk again," Jasinski said. "Based on their data, the VA's national policy now defines use of an exoskeleton as the standard of care for qualifying veterans with spinal cord injury. We are hopeful the VA policy will pave the way for additional positive national coverage decisions."

According to the release, ReWalk has the only FDA-cleared exoskeleton system in the United States and has clearances for use in homes, communities and the rehabilitation setting.

[Back to Top](#)

**2.17 - FierceContentManagement: [DOD and VA say EHR interoperability flap is much ado about nothing, Both agencies insist there's been progress with the behemoth project](#)** (17 December, Lisa Hoover McGreevy, 20k online visitors/mo; Washington, DC)

The Department of Defense and the Veterans Administration have been getting their hats handed to them by various governmental oversight committees for some time now over their collective lack of interoperability. Both federal agencies came forward last week in a meeting with Congress and said the criticism is largely unwarranted because the departments have in fact made substantial progress toward increasing file-sharing capabilities.

The DOD has been on the hook since 2009 to develop a way to seamlessly share military member medical records with the VA. The agencies worked together to get an electronic health record sharing system up and running by 2016, spending nearly \$1 billion in the process. Earlier this year, critics called the attempt an expensive flop that may end up costing as much as \$11 billion over the next decade.

To be fair, the interoperability project isn't an easy undertaking. The sheer logistics involved in connecting the records of 10 million service personnel spread all over the world are a huge challenge. There's also concern about the amount of control EHR vendors will have over sensitive medical data simply because they happened to have the winning bid.

"Last week, IT staff from the VA and DOD, as well from the departments' joint Interoperability Program Office, visited members of Congress to showcase the capabilities of the Joint Legacy Viewer, an interoperable EHR platform that lets the DOD send soldiers' records to the VA as they move on to veteran status, according to Elaine Hunolt, co-director of the Interoperability Office for the Veterans Health Administration," FedScoop reported.

Hunolt said agency representatives sought to dispel the notion that interoperability is a hopeless goal and overcome "ridicule" they've encountered during similar presentations in the past.

It's likely that overcoming the resistance and doubt of lawmakers won't be easy no matter how many times the VA and DOD plead their case, a situation both departments had a hand in creating.



"It has been a history of the two departments going down particular paths that they wanted pursue for this, changing at certain points, and there has not in our view been the accountability for them doing it," Valerie Melvin, director of the Government Accountability Office's Office of Information Management and Technology Resources Issues, said following a similar hearing in October.

[Back to Top](#)

**2.18 - Telegram & Gazette: [Official visit to Worcester spurs hope for UMass-VA clinic](#)** (17 December, Brad Petrishen, 17k online visitors/mo; Worcester, MA)

A high-ranking member of the U.S. Department of Veterans Affairs came to Worcester this week for a private meeting with officials of the University of Massachusetts Medical School – a sign, U.S. Rep. James P. McGovern said, that the VA remains committed to partnering with the school despite recent news that a large-scale VA clinic pitched for the campus has been rejected.

"I'm not prepared to concede there won't be a shiny new building on the campus of UMass Medical School," Mr. McGovern said Thursday, two days after he and VA Chief of Staff Rob Nabors toured the campus with school officials.

"Many options remain on the table," Mr. Nabors said in a press release Thursday. "The conversation and tour allowed us to see firsthand the potential to move forward both in the short-term and, in the long-term, to expand VA's ability to offer the very best medical care to veterans."

The visit by Mr. Nabors – who local VA officials described as the third-highest-ranking VA administrator – comes almost three weeks after the Telegram & Gazette reported that plans for a new 100,000-square-foot outpatient clinic on the UMass Medical School campus had been rejected by the federal government.

The plans had been announced at a Veterans Day 2014 press conference that included Mr. McGovern, top state officials and a call-in from then-Gov. Deval Patrick. Officials at the time were optimistic that the proposal – which called for UMass to construct and lease the building to the VA – would be approved, but last month said the "first of its kind" model hit an unforeseen snag when federal lawyers ruled the VA didn't have authority to approve such a partnership.

Though plans for the large building were rejected, the local VA had in its back pocket a prior approval from Congress to build a clinic about half the size. It moved forward on that front, selecting two final sites for such a building, following a mandated solicitation process – a tract of land at 222 Brooks St. and the piece of land at UMass on which the larger facility was to be built.

That parcel, 403 Belmont St., is currently occupied by the state Department of Transportation, but is to be transferred to UMass in a land swap that would see the DOT's District 3 Headquarters move to a UMass parcel on Plantation Parkway.

Thursday, John P. Collins, director of the VA Central Western Massachusetts Healthcare System, cautioned against construing Mr. Nabors' private visit as a sign that UMass has the edge, noting that Mr. Nabors does not make the decision on where the new facility will be built.

Still, he said, his system had not had a visit from such a high-ranking VA official in "many, many" years, and was confident the visit underscored to national administrators the positive results of a partnership between his organization and UMass.

Mr. Collins noted that the VA and the medical school are already partnering in multiple ventures. A 13,000-square-foot specialty care annex for veterans is set to open at UMass next spring, and talks are underway that could lead to 15,000 square feet elsewhere on the campus being opened up for VA use.

"I think we're all in agreement there's lots of potential between the VA and UMass," said Mr. McGovern, D-Worcester, adding that he strongly supports building the new clinic at the UMass site.

Mr. McGovern said that after the T&G report in late November, his office and the VA headquarters talked about ensuring that the partnership with the medical school was a top priority.

"They (the VA) asked if it would be helpful if the chief of staff came to Worcester," Mr. McGovern said. "Our answer was, 'Absolutely.'"

Mr. McGovern, who has known Mr. Nabors for years, said the administrator's visit was not mere lip service.

"The chief of staff of the VA doesn't fly up to Worcester just to take a tour for the sake of taking a tour," he said. "He's interested in more collaboration with the medical school, and I've got to tell you, I think he was impressed."

Mr. McGovern said he's bullish on the idea that UMass is named the site for the new clinic, which is authorized by Congress for 40,000 square feet of usable space.

"We have some challenges in Central Mass. that we need to fix," he said, and added that it only makes sense to intensify the partnership with UMass.

The VA Central Western Massachusetts Healthcare System, which serves more than 25,000 veterans annually, is based in Northampton and has five outpatient clinics, one of which is in Worcester. It has long lagged behind other systems regionally and nationally in patient wait times, but has seen some improvements in the last year.

Mr. Collins, a veteran who was appointed to his VA position last year, said he is optimistic that those improvements will continue as more clinic space is added.

Even if a 100,000-square-foot clinic is not built, the plans currently in motion have the potential to materially boost the space dedicated to Worcester veterans in the short term.

The current clinic on Lincoln Street is 25,000 square feet. When the annex opens next spring, veterans will have 38,000 square feet of space – a number that could increase to 53,000 square feet should the ongoing talks regarding additional clinical space at UMass prove successful.

That would be a significant boost to local care, VA officials said, since the earliest the 40,000-square-foot VA clinic could be expected to open would be 2019.

Mr. Collins said it could take a year before a decision is rendered regarding the siting of that clinic, and he stressed that Mr. Nabors' visit was primarily meant to allow him to observe firsthand the conceptual benefits of expanding the partnership between the VA and UMass.

"Advancing meaningful partnerships with strong academic partners such as UMass Medical School is critical to our mission," Mr. Nabors said in the press release.

Michael F. Collins, the chancellor of UMass Medical School, did not have time for an interview Thursday, but a spokesman for the school said it is "absolutely hopeful" it will someday be the site of a VA clinic. In Thursday's press release, UMass President Martin T. Meehan said he'll support increasing collaboration with the VA any way he can.

[Back to Top](#)

### **3. Ending Veterans' Homelessness**

**3.1 - The Post-Standard: [Collaboration key in solving Syracuse's homeless veterans issue \(Commentary\)](#)** (17 December, Kayleen Wilkinson, 3.1M online visitors/mo; Syracuse, NY)

Cities across the country have begun declaring an end to veteran homelessness, embracing the notion of "functional zero." Sadly, the reality is that the problem is prevalent in each of our own neighborhoods. Clear Path for Veterans, Soldier On, Catholic Charities and the VA are organizations in our greater Syracuse community who have accepted the responsibility to provide relief to those in need and to support homeless Veterans each with their own unique strategy.

The homeless population is not easily profiled. The men and women on street corners holding signs asking for spare change are not the archetype. This condition arises from a vast array of causes and circumstances and reaches deep into our community. Placing the focus solely on shelters and urban communities excludes a large percentage of those in need. Homelessness does not end at city limits. Rural and low population areas of our region feel the weight of this plight to the same degree as those in bustling cities.

Clear Path co-founder Melissa Spicer sees homelessness as "a result of becoming disconnected from a community or home base." From years of working with veterans in transition, she has seen many who become emotionally, then physically isolated, then unplug, and finally go completely "off the grid." They then get caught in a wandering state; couch surfing, living in tents and sleeping in cars. This pattern "is more common than people know and not always a result of addiction" said Spicer.

*The legal definition of homelessness is widely encompassing. Governmental and federally supported organizations consider individuals and families to be homeless if they :*

*"lack a fixed, regular and adequate nighttime residence [or] will imminently lose their housing, [that] they own, rent, or live in without paying rent, or are sharing with others, including rooms in hotels or motels... lack resources or support networks needed to obtain permanent housing... [have endured] frequent moves...[and] can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment," according to the McKinney-Vento Homeless Assistance Act.*

The chronically homeless are those who have faced these conditions "continuously for one year or on at least four separate occasions in the last three years." Residing in institutional facilities such as jails or treatment centers for fewer than 90 days still qualifies them homeless. Soldier On, the VA and other groups who operate within HUDVASH and Supportive Services for Veteran Families (SSVF) parameters use these criteria to define the populations of those in need of their services.

When we expand our scope of understanding of those who are homeless, it is clear to see that there is a dire need for creative and comprehensive programs and services.

Clear Path for Veterans has established a Wingman Peer Mentor program that provides wrap around support for veterans struggling with or seeking guidance before, during or after their transition. Mentors are men and women who are veterans themselves, many of whom have at one time faced the same situations as those they serve.

Clear Path demands that their mentors be active listeners who are empathetic, knowledgeable, and flexible. Wingmen become experts on service dog policy, integrative medicine, Clear Path programs, Summit community partnerships and ACE benefits. Each component of the program is designed to help veterans of all ages and eras break isolation, practice self-care, achieve independence, and feel comfortable in their communities.

This program was formed in partnership with New York State's Joseph Dwyer Grant and works closely with Soldier On, an organization that is dedicated completely to meeting the needs of those who are homeless or at risk. Between January and November, Clear Path and Soldier On have assisted 137 Veterans who were homeless or at risk in the Syracuse area.

"In our effort to ensure every veteran that has served our country receives the services and benefits they are entitled to, Soldier On relies on the training, supervision, and ethics that Clear Path has brought to the peers we employ." said John F. Downing; CEO of Soldier On.

Clear Path provides peer training to Soldier On and other organizations across five states. Clear Path is able to share best practices and sync the support philosophies across the region. These organizations work together to set the national standard in Veteran care.

Our Central New York region accepts its responsibility to care for its military men and women. Homelessness among veterans arises oftentimes a result of an unprepared community that is not willing to work together. A responsible community understands the special place that veterans hold. When we see the tangible evidence of full and complete collaboration, then, and only then, can we claim that homelessness has been eradicated.

[Back to Top](#)

**3.2 - The Morning Call (AP): [Philadelphia becomes latest city to end veteran homelessness](#)** (17 December, 973k online visitors/mo; Allentown, PA)

Philadelphia has effectively ended homelessness for the city's military veterans, answering a challenge issued last year by First Lady Michelle Obama.

Mayor Michael Nutter announced the milestone on Thursday with U.S. Department of Housing and Urban Development Secretary Julian Castro. A letter to the city sent earlier this week from a federal homeless agency confirmed Philadelphia has "ended veteran homelessness" by "ensuring veterans have access to housing and services" through a network of resources — providing housing for nearly 1,400 vets.

Obama called for mayors across the country to tackle veteran homelessness by the end of 2015. She and Jill Biden praised the city's success in an op-ed published this week in The Philadelphia Inquirer (<http://bit.ly/1Ze87qu>).

The announcement comes as Nutter prepares to leave office next month.

[Back to Top](#)

**3.3 - Pittsburgh Post-Gazette: [Program reduces number of homeless veterans in Pennsylvania](#)** (18 December, Adam Smeltz, 908k online visitors/mo; Pittsburgh, PA)

Philadelphia on Thursday joined a growing list of U.S. cities to announce an effective end to homelessness among veterans, reaching a bipartisan goal to tighten the social safety net.

Allegheny County may not be far behind. More than two dozen communities nationwide, including Lancaster, have made similar declarations after satisfying a federal to-do list for keeping veterans off the streets.

"We're really close," said Stacy Pethia, who co-chairs the Pittsburgh Rapid Results Veterans' Homeless Boot Camp. She said the multi-agency program could bring homelessness among veterans in Allegheny County to a functional conclusion by March, at least under federal definitions.

The local effort has helped reduce to about 160 the number of homeless veterans in the county, nearly all of them in transitional housing or emergency shelters, said Chuck Keenan, the county homeless-services administrator. That's down from about 230 overall when the program started in August 2014.

Mr. Keenan said two veterans are known to be without any shelter, down from nine in January. The county had 1,424 total homeless residents that month, the most recent tally available.

"This has really tightened up relationships and processes" among agencies and service providers, Mr. Keenan said of the boot camp program. "It just made people more aware of what

was available to veterans and put that at the forefront of people's thinking — more so than in the past.”

County, city and other organizers set out to find permanent homes for 484 veterans by Dec. 31. By this week, the drive met the benchmark for 450 veterans, including 69 who had been chronically homeless, according to the county.

The collaboration features a master list of homeless veterans. If an agency isn't able to help one of them, other groups can step in, organizers said.

”Now everyone is having a shared conversation about it. Just having the groups convene the way we do — it helps in that effort,” said Marlon Ferguson, executive director at Veterans Place of Washington Boulevard.

Pittsburgh and Philadelphia are among more than 800 communities that have accepted the Mayors Challenge to End Veteran Homelessness, the push under President Barack Obama with a Dec. 31 deadline. To meet the challenge, a community must identify any homeless veterans, move them into shelter and have a plan to put them in permanent housing.

”If we do a better job of identification and prevention up front, any veteran becoming homeless will become a rare experience because we got better at stopping it in the first place. When it happens, it's much more brief,” said Jennifer Ho, a senior adviser on housing at the federal Department of Housing and Urban Development.

Homelessness among veterans nationwide has fallen by 36 percent since 2010, shortly after the administration announced its intention to end the problem, according to the Department of Veterans Affairs.

For veterans still struggling, Iraq War veteran Kevin Carmichael, 33, of Brentwood has a message: There's no dishonor in asking for help.

”I think it's important for them to know they're not alone,” said Mr. Carmichael, who escaped homelessness in 2013 and is working toward a degree at the University of Pittsburgh. ”I think it's important for them to know that people care.”

[Back to Top](#)

**3.4 - Al Dia: [Major breakthrough: Philly 'effectively' ends veteran homelessness](#)** (17 December, Ana Gamboa, 60k online visitors/mo; Philadelphia, PA)

The Secretary of the U.S. Department of Housing and Urban Development, Julián Castro, visited Philadelphia and announced the city has effectively ended veteran homelessness by ensuring 1,390 Philadelphia veterans have access to housing and services.

On Thursday, Castro, who was joined by Mayor Michael Nutter and other city officials at a press conference, stated that over the past five years nationally veterans homelessness declined by 33 percent.

He added that Philadelphia now has a role to play in teaching other communities and sharing best practices as they reach for that finish line. “We can’t stop our work until every single veteran has a place to call home in the United States.”

“I hope that in the months and years to come that Philadelphia would use the lessons that you have learned in this challenge that ends homelessness throughout the city for everybody,” Castro said.

The effort was spearheaded as part of the Mayors Challenge issued by First Lady Michelle Obama set a goal of preventing and ending homelessness among veterans by the end of 2015.

Philadelphia collaborated with the Philadelphia Housing Authority, the Philadelphia VA Medical Center and other service providers in the region — a coalition also known as PhillyVetsHomes — to accomplish this goal.

Marie S. Nahikian, the city's director of supportive housing, said that currently there are 600 chronically homeless people in Philadelphia.

Nutter said there are still 15 veterans on the street because they don’t want to be housed.

"I have a message for each of you who are still out there," Nutter said. "We honor your service and your sacrifices. You deserve a home. We won't give up on you."

[Back to Top](#)

### **3.5 - Federal Way Mirror: [Rental units needed to end veteran homelessness in King County](#) (17 December, 39k online visitors/mo; Federal Way, WA)**

Over the last several months, a variety of local agencies — including the King County Housing Authority, the U.S. Veterans Administration, nonprofits serving veterans and their families in Seattle/King County, King County Veterans Department and the Seattle Housing Authority, have been collaborating to address the housing needs of veterans in our community.

Working in partnership with the United States departments of Veterans Affairs and Housing and Urban Development, the Housing Authority administers nearly 500 housing choice vouchers dedicated to homeless veterans and their families. In addition to rental subsidies the Housing Authority provides, eligible veterans get help with certain move-in expenses, such as deposits and application fees.

Despite resources available from multiple partners in the community, there is a lack of available and affordable rental units in King County to help achieve the regional goal to end veteran homelessness.

The landlord community holds the key to solving veteran homelessness in King County. If you are a landlord or property manager willing to rent units to veterans or are interested in more information about these special voucher programs for veterans, contact Jim Green, the Housing Authority’s veteran landlord liaison, at jamesg@kcha.org or 206-957-2257. Information can also be found at [www.kcha.org/landlords/veterans](http://www.kcha.org/landlords/veterans).



In addition to the satisfaction of helping a veteran, landlords who commit rental units through these programs get fair market value for rental units, stabilized occupancy rates, guaranteed and timely rental payments for stable operating income and expedited initial unit inspection, plus ongoing annual inspections to ensure your unit is being maintained.

[Back to Top](#)

## 7. Other

**7.1 - Bloomberg: [ReWalk Soars on Coverage to Let Paralyzed U.S. Veterans Walk](#)** (17 December, Michelle Cortez and Jack Clark, 12.2M online visitors/mo; New York, NY)

ReWalk Robotics Ltd. shares surged after the U.S. Department of Veterans Affairs agreed to pay for the company's robotic exoskeleton to help paralyzed soldiers walk again.

The shares rose 83 percent to \$11 at the close in New York, the biggest single-day jump since their September 2014 debut. The stock had fallen from a peak of \$37.15 just days after the initial public offering as the Israeli company struggled to build a market for the device that is strapped onto paraplegics to power their knees and hips and provide support as they walk again.

The VA issued a national policy to cover the evaluation of users, their training and the potential purchase of the ReWalk Personal exoskeleton system for veterans across the U.S. who have suffered from spinal cord injuries, the company said in a statement. There are 42,000 U.S. veterans who have lost the use of their legs, and ReWalk has estimated about half would be eligible for the system, creating a \$1.9 billion market, said Raj Denhoy, an analyst at Jefferies LLC in New York.

"It's not difficult to see how many people need this, it's a question of can we get it to them and are the insurers going to accept this and provide it," said ReWalk Chief Executive Officer Larry Jasinski. "This is the first of the major elements on the insurance side that were important."  
Work Remains

The company still has work to do to get the \$77,000 devices into the hands of soldiers. First, people must be evaluated at one of 24 Veterans Health Administration centers for spinal cord injuries across the U.S. Then they need training to use the machine, a service most of the VA centers now have, the company said. The VA didn't immediately reply to requests for comment.

After training at a center and in the patient's home is complete, the VA will consider purchasing a ReWalk Personal system for use at home and in the community, the company said. It is working on using lighter materials, a more compact motor design and stronger batteries to further improve the technology, Jasinski said.

"The training of centers, so that they can, in turn, train patients for home use, remains a gating factor," Denhoy said. "While the headlines of the VA having formal policy to cover ReWalk's exoskeletons is undoubtedly positive, the government moves at its own pace and the details on when significant revenues will develop are unclear."

The company said it has sold a total of 186 of its exoskeletons globally through the third quarter, with 102 going to rehabilitation centers and 84 for personal use. Preliminary data show the motorized devices reduce complications and the need for medication, cutting health-care costs, Jasinski said.

### Insurance Coverage

The company needs to get insurance reimbursement in place to commercialize the exoskeleton, which is why the VA's decision is important, said William Plovanic, an analyst at Canaccord Genuity. Most of the 250,000 Americans with serious spinal cord injuries can't afford to pay for the systems out of their own pockets.

Rewalk's competitors include Parker-Hannifin Corp., which is developing a similar exoskeleton technology called Indego, and Ekso Bionics Holdings Inc. For now, ReWalk is the only exoskeleton approved for use at home, letting paraplegics transition from therapy centers back to their own lives, perhaps walking there on motorized legs.

[Back to Top](#)

### **7.2 - The Oregonian (AP): [Portland man who tackled Vancouver VA shooter named Carnegie Hero](#) (17 December, 9.6M online visitors/mo; Portland, OR)**

A Portland man who tackled a shooter at a veterans health center and a Seattle student who stopped a campus gunman are among 24 people being honored with medals and cash from the Pittsburgh-based Carnegie Heroes Fund Commission.

Jon Meis, 22, pepper-sprayed and tackled a gunman as he paused to reload his shotgun at Seattle Pacific University on June 5, 2014, likely preventing further carnage, according to police and university officials.

Police have said the shooter, who killed 19-year-old Paul Lee of Oregon and wounded two other young people, had 50 additional shotgun shells and a hunting knife. He told authorities after his arrest that he wanted to kill as many people as possible before taking his own life.

After the shooting Meis shied away from interviews but said in a written statement he found the label of hero "hard to accept."

"I know that I am being hailed as a hero, and as many people have suggested I find this hard to accept," he wrote in the days after the shooting. "I am indeed a quiet and private individual; while I have imagined what it would be like to save a life I never believed I would be put in such a situation. It touches me truly and deeply to read online that parents are telling their children about me and telling them that real heroes do exist."

Vancouver Veterans Affairs shooting: Heroism and stalking, police reports show  
Vancouver Veterans Affairs shooting: Heroism and stalking, police reports show  
A former auditor shoots the VA center's chief financial officer, police said. Court records show that she was stalking him. A co-worker subdued the shooter.

The Carnegie Hero awards are named for Pittsburgh steel magnate and philanthropist Andrew Carnegie, who was inspired by stories of heroism during a coal mine disaster that killed 181 people, including a miner and an engineer who died trying to rescue others.

The new honorees, who will be formally announced Thursday, include Portlander Neil C. Burkhardt, 32, who tackled a woman who fired on an executive at the Veterans Affairs health center in Vancouver on Feb. 4, 2014. The former Marine wrested the weapon away and held her at gunpoint until security arrived. The executive, who was shot several times in the chest, recovered.

"His quick action really did save the day as far as I'm concerned," Sgt. Fred Neiman, a spokesman for the Clark County Sheriff's Office, told The Oregonian/OregonLive at the time. "He put his safety and possibly his life in jeopardy."

The shooter, Deborah Lennon of Portland, has since pleaded guilty to attempted murder, assault and cyberstalking charges, and was sentenced in March to 22 years in prison.

Dennis Hunke, 51, of Plainfield, Illinois, died trying to rescue an 84-year-old woman from an out-of-control vehicle on Oct. 8, 2014. Peter Radke, 43, of Medina, Ohio, was killed May 31, 2014, trying to save a woman from drowning after she was struck by a wave on Lake Erie.

The commission also honored four men who died trying to save others. Wayne Hoffman, 66, of Spring Green, Wisconsin, died on Dec. 23, 2014, trying to save a man struggling in the waters of Lake Superior in Minnesota. Boyce Coleman, of Yonkers, New York, drowned on Sept. 7, 2014, trying to save a 5-year-old boy who floated away from the banks of the Hudson River during a community event. A woman who helped lift the boy to safety, 23-year-old Jennifer Fanelli, survived and is also being honored.

Two men who saved a 48-year old man whose wheelchair malfunctioned during a house fire in Maquoketa, Iowa, were also lauded by the commission.

Matthew Tranel, 39, and Cory Simonson, 29, saw Harvey Untiedt's home ablaze on Dec. 14, 2014. The fire broke out near 48-year-old Untiedt's Christmas tree, but as he attempted to flee, one of the chair's wheels stopped working, trapping him between the kitchen and living room as flames grew. Tranel busted down a door and he and Simonson crawled to Untiedt, together maneuvering his wheelchair outside.

The commission investigates stories of heroism and awards medals and cash several times a year. It has given away \$37.7 million to 9,821 awardees or their families since 1904.

[Back to Top](#)

**7.3 - The Post and Courier (Video): [MUSC, Roper St. Francis and VA hospital plan redesigned medical district](#)** (17 December, Lauren Sausser, 558k online visitors/mo; Charleston, SC)

The City of Charleston approved a Memorandum of Understanding on Tuesday to re-design the downtown medical district.

The multi-million-dollar proposal would transform the campuses of the Medical University of South Carolina, Roper Hospital and the Ralph H. Johnson VA Medical Center into “a healthy space for the benefit of patients and the entire community.” It would also convert Doughty Street into a pedestrian mall and add an additional parking garage.

“This pedestrian mall will provide (employees), and all of our patients and visitors, a great venue to walk across our campuses and enjoy the beauty of this area,” Roper St. Francis CEO David Dunlap said in a press release about the project. “We expect this Medical District to become another iconic Charleston landmark and an incredible addition to the many reasons why Charleston is a world-class city.”

In a video about the project, Roper Hospital CEO Matt Severance acknowledged that the existing medical district needs improvement.

“If you step back and you say, ‘OK. Look at the medical district,’ I don’t think anyone’s terribly proud of the way that it looks and the feel it exudes,” he said.

Charleston Mayor Joe Riley called the plan “unprecedented.”

“This is so exciting because we go from a term, ‘medical complex,’ whatever, to a place, a neighborhood, that’s physically beautiful and energized with all the diverse participants that do such worthwhile things,” Riley said. “It’s a thrilling opportunity for the city and, obviously, for the partners in this. It’s just fabulous.”

A press release about the project did not explain how much it will cost or when it will be complete.

“We still are in the conceptual stage of this multi-phase project,” said Roper St. Francis spokesman Andy Lyons. “We will share in its future costs.”

MUSC spokeswoman Heather Woolwine did not have an exact cost estimate for the project, but said it will likely be “in the millions.” She said it will be paid for by MUSC and Roper St. Francis.

[Back to Top](#)

#### **7.4 - The Florida Times-Union: [Agency files intention to negotiate for new VA clinic at St. Johns County site](#) (17 December, Sheldon Gardner, 324k online visitors/mo; Jacksonville, FL)**

Negotiations could begin soon between St. Johns County and the U.S. Department of Veterans Affairs to bring a permanent VA clinic to San Sebastian View at the site of the county’s Health and Human Services building.

The VA announced plans via a notice of intent on the Federal Business Opportunities website to negotiate and possibly award a sole source contract to the county for design and construction of the St. Augustine Community-Based Outpatient Clinic as well as operation of the lease.

“We’ve wanted the VA to consider this site from the very beginning, and it sounds like we are now about to have a real discussion and [begin] negotiating that site to see if it is something that

will work for both them and us,” said Darrell Locklear, assistant county administrator for operational services.

But the announcement is just a starting point, Locklear said, and it’s unclear what the outcome will be.

The sole source notice will open for five business days to get any public comments on the matter, Locklear said. Once that window closes, negotiations can begin.

If the outcome is successful, the County Commission would have to approve the contract and funding for the project, Locklear said.

The contract is expected to be awarded within six months, according to Glenda Powell, VA public affairs officer. A timeline for construction should be available soon after that.

The process of moving the clinic from 1955 U.S. 1 S. began several years ago.

St. Johns County notified the VA in 2011 of the possible sale of the property to home-improvement retailer Lowe’s and the requirement for the clinic to relocate by the end of March 2015.

But the process was delayed, and the VA finally opened its current location at 195 Southpark Blvd. in September. The VA cited procurement regulations as the reason for the delay. Lease extension payments were part of the VA’s penalty for overstaying its welcome.

The VA also did not accept a more than \$5 million offer made by the county in August 2014 to build the clinic, citing a need to keep the process competitive.

Powell cited regulations Tuesday as part of the delay.

“[The] VA understands and shares the frustration regarding the time associated with providing a long-term facility that complies with federal acquisition regulations,” according to Powell. “[The] VA fully appreciates the continued support of St. Johns County in this effort and looks forward to working closely with veterans and stakeholders in the St. Augustine area to complete this clinic as quickly as possible.”

The VA is interested in leasing space from the county, so under that scenario St. Johns County could build the clinic, Locklear said. But the cost for the building will have to be re-estimated.

When the county made its offer in 2014, a contractor was ready to begin work at the Health and Human Services complex site, Locklear said.

The attention surrounding the VA clinic, which serves thousands of veterans, caused local and national officials to get involved.

Among those involved in the process is U.S. Rep. Ron DeSantis, R-Ponte Vedra Beach, who issued a statement Tuesday via his communications director.

“Since I took office, my staff and I have been heavily involved in the transition to a new Community Based Outpatient Clinic out of concern that our veterans receive uninterrupted and timely care,” DeSantis said in a statement Tuesday. “I am encouraged that the Department of

Veterans Affairs has issued a notice that it intends to award a contract to St. Johns County to construct a new facility for the 5,000 veterans that rely on this clinic for care.”

The issue also drew then-assistant county administrator Jerry Cameron to appear on the county’s behalf in front of DeSantis’ subcommittee of the House Committee on Oversight and Government Reform.

Since his retirement from the assistant administrator job in August, Cameron has still been involved in helping find a solution for the permanent clinic, he said.

Cameron pointed to Stella Fiotes, executive director of the VA’s Office of Construction and Facilities Management, as the reason for progress on the permanent clinic. Fiotes was at the House committee hearing.

“Once she got involved, she was determined to resolve the issues here in Northeast Florida,” Cameron said.

[Back to Top](#)

**7.5 - The Columbian: [Man who stopped VA shooter honored, He’s named a Carnegie Hero, credited with saving lives in Feb. 2014 incident](#)** (17 December, Tom Vogt, 292k online visitors/mo; Vancouver, WA)

Neil C. Burkhardt has been honored as a Carnegie Hero after tackling a woman who shot an official in the Vancouver Veterans Affairs office in 2014.

Burkhardt is one of 24 people honored with medals from the Pittsburgh-based Carnegie Heroes Fund Commission.

Police credited Burkhardt with saving the life of Allen Bricker, a VA administrator, after a stalker shot him twice on Feb. 4, 2014.

Bricker “was a mentor to me. I spent seven years in that office,” the Portland resident said following the Wednesday announcement.

“Allen and his family were put through years of hardships, having this woman stalk them,” Burkhardt said. “My involvement was the last three minutes.”

The Marine Corps veteran was in a room at the end of the hall when he heard the shots, according to the citation from the Carnegie commission.

“I had been in the Marines, and served in combat in Iraq,” Burkhardt said. For about one second, Burkhardt said, he was thinking: “Crap!”

Then a half-second of: “What do I do?”

“I felt pretty secure,” he said. “She was running away from me; I was confident she wasn’t going to see me coming.”

The Carnegie citation continued: "Seeing the assailant pursuing Bricker, Burkhardt ran after her and tackled her, taking them through an interior window in the hall as Bricker escaped ... and collapsed."

The project manager wrested the .38-caliber revolver from the intruder and held her at gunpoint until a security officer arrived and handcuffed her.

Burkhardt likely saved other people in the office that day, too, former Clark County Sheriff Garry Lucas said about a year ago after presenting Burkhardt with a Citizen Service medal.

"One thing I always want to say, there were many heroes that day," Burkhardt, now 33, stressed in Wednesday's phone interview. "Staff members provided lifesaving first-aid measures to Allen. He was able to move several hallways away and someone had a very extensive first-aid kit; other staff members treated him for shock" and stopped the flow of blood from his wounds.

They stayed with the injured man without knowing that the shooter was in handcuffs.

"In their minds, that person could have come around the corner at any moment," said Burkhardt, who now is a compliance officer at the Portland administrative center.

The assailant, Deborah Lennon, was convicted and sentenced to 22 1/2 years in prison.

The Carnegie Hero awards are named for Pittsburgh steel magnate and philanthropist Andrew Carnegie, who was inspired by stories of heroism during a coal mine disaster that killed 181 people, including a miner and an engineer who died trying to rescue others.

The commission's latest honorees include a man who took action in another Washington shooting incident. The gunman killed one man and wounded two people on the Seattle Pacific University campus on June 5, 2014. Student building monitor Jon Meis pepper-sprayed and tackled the gunman as he paused to reload his shotgun.

Four of this year's Carnegie honorees died trying to save others.

The Carnegie Heroes Fund Commission investigates stories of heroism and awards medals and cash four times a year. It has given away \$37.7 million to 9,821 awardees or their families since 1904.

[Back to Top](#)

**7.6 - KSNW-TV (NBC-3, Video): [Investigation into Wichita VA surgical residency program](#)**  
(27 December, Craig Andres, 272k online visitors/mo; Wichita, KS)

The KU School of Medicine-Wichita has moved some of their surgical residents out of the Wichita VA program.

"We can confirm our only part in this story is that we have removed surgical residents from one physician at the VA," says KU School of Medicine-Wichita spokeswoman Denise Bruce. "It's important to mention that the rest of the residency programs are functioning normally."

Allegations of misconduct by one VA worker who trains surgical residents surfaced last week. KSN has learned it involves one person, who lawmakers say, has been placed on leave.

“It’s my understanding that (surgical trainer) worker is not on the job right now, and we want to know if that is leaving any gaps in the surgical program at the (Wichita) VA,” says U.S. Congressman ( R ) Tim Huelskamp from Kansas.

KSN asked Wichita VA Director Francisco Vazquez on Thursday to explain what the allegations are against the VA employee.

“I can confirm that there is an ongoing investigation going on the allegations.” says Vazquez. “And being that it is an ongoing investigation, I really can not comment on the specifics of the allegations. However what I can tell you is that all of our surgical programs are working as they are normally. We are able to cover all of our surgical needs. And our relationship with the KU School of Medicine (Wichita) and the surgical residents continues normally.”

But some lawmakers, who are calling for a full investigation, say the investigation is not normal.

“Well we’ve had so many difficulties over a long period of time getting answers from the VA generally here in Washington but also at home in Kansas,” says Republican U.S. Senator Jerry Moran of Kansas. And... the KU School of medicine (Wichita) has withdrawn its residents from participating with a particular physician at the VA.”

Senator Moran has sent a letter to national VA Secretary Robert McDonald, demanding answers.

“And we have now raised this from trying to talk to the folks in Wichita at the department of Veterans affairs, to the Secretary, Robert McDonald,” say Senator Moran. “The number one person at the department and we are asking him the questions that we think are important for us to know the answer on. On behalf of Kansas veterans on behalf of the people who work at the Dole Hospital in Wichita and on behalf of those residents who get training at the Wichita VA.”

U.S. Congressman Tim Huelskamp from Kansas says he wants answers very soon.

““It feels exactly like the same old story. You ask and get some of the story or a false story,” says Huelskamp. “And this not sharing information with the (Congressional) committee is not right. We could subpoena this information. We gave them a very short timeline to answer our questions. A subpoena... That is still on the table.”

Vazquez maintains it’s a matter of privacy not giving out more information. And, he says, the VA surgical unit is still able to function with on employee no longer on the job.

“Well we need to also respect privacy. And the VA has some rules, some privacy guidelines which we have to follow,” says Vazquez. “So the information that I have been able to share to this point has been the information that I have been able to follow based on our privacy guidelines. So, as I told you, we are currently ongoing with an investigation that is ongoing and is going to be pursued. But there has been no impact whatsoever on our mission and no impact whatsoever in the care we provide to our patients and there has been no impact whatsoever in the training we give to our surgical or our general medical residents that we have here.”



KU School of Medicine-Wichita spokesperson Bruce says other operations with the VA continues. Vazquez tells KSN they have “normal and excellent” relations with the KU School of Medicine-Wichita.

“Well, I don’t know if pulling surgical residents in training is normal,” says Congressman Huelskamp. “But if we don’t get more answers, then that subpoena is certainly an option. It’s up to them to respond.”

[Back to Top](#)

**7.7 - FedScoop: [Veterans Affairs names no. 2 in IT office, Ron Thompson, currently a senior IT official with the Department of Health and Human Services, will join VA as deputy to CIO LaVerne Council](#)** (17 December, Billy Mitchell, 97k online visitors/mo; Washington, DC)

Ron Thompson, executive director of IT infrastructure and operations for the Department of Health and Human Services, will become the leading adviser to Chief Information Officer LaVerne Council at the Department of Veterans Affairs in January.

Thompson will join VA's Office of Information and Technology as its new principal deputy assistant secretary, Council announced Thursday in an email to staff obtained by FedScoop. Thompson's PDAS position sits directly under Council's role as CIO and assistant secretary for OI&T, serving as her adviser "for all Department-wide information technology, security and privacy matters including policy/budget formulation, planning, assessment of Department business requirements, acquisition, execution and oversight; internal and external coordination; and development and analysis of department level program data," according to a VA description of the position.

"The role of PDAS is critical to the IT leadership team," Council wrote in her email. "As the senior career executive in OI&T, the PDAS provides the day-to-day operational leadership our team needs to accomplish our IT strategic initiatives. Ron's breadth of hands-on experience in organizational design and transformation will bring new perspectives in partnership and creative problem solving, and his years of service in the United States Army will help him ensure that the Veteran remains the focal point of everything we do."

A career civil servant, Thompson also spent time in IT roles at the U.S. Census Bureau, the IRS and the U.S. Treasury Financial Management Service, according to his LinkedIn.

Thompson, one of several new high-profile hires since Council took over as CIO in July, will start Jan. 10, 2016.

[Back to Top](#)

**7.8 - The Meridian Star: [Congressmen oppose McDougall appointment](#)** (17 December, 33k online visitors/mo; Meridian, MS)

U.S. Senators Thad Cochran, Roger Wicker, along with U.S. Representatives Bennie G. Thompson, Gregg Harper, Steven Palazzo, and Trent Kelly are opposing the appointment of Dr. Skye McDougall to the South Central Veterans Affairs (VA) Health Care Network.

In Mississippi, McDougall would be responsible for the network's headquarters in Ridgeland, the G.V. "Sonny" Montgomery VA Medical Center in Jackson, the Gulf Coast Veterans Health Care System in Biloxi, and the Jackson Regional Benefits Office.

In a letter, the delegation is urging U.S. Department of Veterans Affairs Secretary Robert A. McDonald to rescind the appointment and replace the candidate with someone more qualified, according to a press release.

They cited McDougall's testimony to the House Committee on Veterans' Affairs, in which she misled members of Congress about the extent of wait times for veterans to receive care in Southern California and the VA's recent efforts to place her in other parts of the country.

The letter reads in part: "It is well documented that on March 13, 2015, Dr. McDougall misled members of the United States House of Representatives when she testified to the House Committee on Veterans Affairs that wait times for veterans to receive care at VA facilities that she oversaw in Southern California averaged only four days. In actuality, the wait times were at least ten times longer. In view of her deplorable record in the VA system and her questionable testimony to Congress, Dr. McDougall has proven to be, at the very least, untrustworthy as it relates to the vitally important task of providing for the health care needs of our veterans."

"It seems that the Department of Veterans affairs has been 'hopscotching' Dr. McDougall around the country - from Southern California to New Mexico and from Arizona to Mississippi - searching for a soft landing for her. We are determined to see to it that her soft landing is not in Mississippi," the letter states.

The letter concludes: "Given Dr. McDougall's track record and the VA's ongoing effort to earn back the trust of veterans in Mississippi and across the country, we strongly urge you to rescind this selection and, instead, appoint a senior leader who will work to provide the best possible service for our veterans."

[Back to Top](#)