Description of document:	Department of Veterans Affairs (VA) Emails containing the word "privatize" or "privatization", Jan 1, 2019 - May 23, 2019
Requested date:	14-September-2021
Release date:	15-December-2021
Posted date:	23-June-2025
Source of document:	FOIA Request Department of Veterans Affairs Freedom of Information Act Services (005R1C) 811 Vermont Avenue, NW Washington, DC 20420 Email: vacofoiase@va.gov VA Freedom of Information Act Public Access Website FOIA.gov

DEPARTMENT OF VETERANS AFFAIRS
Washington DC 20420

December 15, 2021

In Reply Refer To: 001B
FOIA Request: 21-09259-F

Via Email

This is the Initial Agency Decision (IAD) to your September 14, 2021 Freedom of Information Act (FOIA) request to the Department of Veterans Affairs (VA), FOIA Service. You requested "A copy of each email containing the word "privatization" OR the word "privatize" in the email account of the former Secretary, Robert Wilkie, the former General Counsel performing the duties of the Deputy Secretary James Byrne, the former Chief of Staff Pamela J. Powell, and/or the former Executive in Charge of VHA Richard Stone." You limited the search to the time frame of January 1, 2019 through May 23, 2019 and advised that we may omit news clippings, news articles and compilations of news clippings."

Your request was received by the VA FOIA Service on OSVA on September 14, 2021 and assigned FOIA tracking numbers **21-09259-F** and **21-09295-F**.

On September 15, 2021, the portion of your request specific to the email accounts of former Secretary Robert Wilkie, former Deputy Secretary James Byrne, and form Chief of Staff Pamela J. Powell was referred to and received by the VA Office of the Secretary (OSVA), under FOIA tracking number **21-09259-F**. Please know, I consider the portion of your request where you seek records pertaining to Pamela J. Powell to mean that you are seeking the records of the former VA Chief of Staff Pamela Powers.

On September 23, 2021, I conducted two searches of the mailboxes of Robert Wilkie, James Byrne and Pamela Powers. The searches were conducted as follows:

Search 1

From (Sender): Wilkie or RLW or Powers or Byrne
Sent Date: From Date: 1/1/2019
To Date: 5/23/2019
Search Terms: privatize OR privatization

Search 2

To (Recipients): Wilkie or RLW or Powers or Byrne
Sent Date: From Date: 1/1/2019
To Date: 5/23/2019
Search Terms: privatize OR privatization

On October 8, 2021, I provided a status update on the processing of your request in which I advised that I would be making rolling releases and there was a possibility that I may not meet the 20-day timeframe on the first release. That same day, October 8, 2021, you advised you had no objection to getting the information later and that you would greatly prefer not to get rolling releases but instead would prefer to get one single response.

In response to your FOIA request, I located a total of 1,600 pages of responsive records, subsequently Bates numbered as (21-09259-F) 000001 through (21-09259-F) 001600. I have determined that 329 pages are releasable in their entirety, 207 pages are partially releasable, and 646 pages are withheld in full pursuant to Title 5 U.S.C. §§ 552(b)(3), (b)(5) and (b)(6), FOIA Exemptions 3, 5 and 6.

FOIA Exemption 3 exempts from required disclosure information "specifically exempted from disclosure by statute." FOIA Exemption 3 and 41 U.S.C. § 2102 provides for the withholding of contractor bid or proposal information or source selection information before the aware of a Federal agency procurement contract to which the information relates.

FOIA Exemption 5 protects interagency or intra-agency memorandums or letters that would not be available by law to a party other than an agency in litigation with the agency. Moreover, this exemption permits an agency to withhold material reflecting the thoughts, opinions, and recommendations of federal officials and consultants reviewing an issue. Under the deliberative process privilege and FOIA Exemption 5, OSVA redacts internal government deliberations, thoughts, opinions, recommendations, and proposed solutions from federal employees and consultants reviewing VA programs in their professional capacities, as well as non-final or draft documents. The information contained in the responsive records is both predecisional and deliberative because it reflects preliminary opinions, proposed solutions, and recommendations, which do not reflect VA's final decision. Exposure of premature discussions before a final decision is made could create undue public confusion. The release of the redacted information would negatively impact the ability of federal employees and consultants to openly and frankly consider issues amongst themselves when deliberating, discussing, reviewing, proposing changes to, and making recommendations on VA programs. The information reveals the thoughts, deliberations, and opinions that, if released, would have a chilling effect on the ability of federal officials and consultants to discuss, opine, recommend or be forthcoming about the agency's issues which require full and frank assessment. Here, the disclosure of the withheld information is likely to compromise the integrity of this deliberative or decision-making process. Moreover, the predecisional character of a document is not altered by the passage of time. Bruscino v. BOP, No. 94-1955, 1995

WL 444406 at *5 (D.D. C. May 15, 1995), aff'd in part, No. 95-5212, 1996 WL 393101 (D.C. Cir. June 24, 1996).

FOIA Exemption 6 exempts from disclosure of personnel or medical files and similar files the release of which would cause a clearly unwarranted invasion of personal privacy. This requires a balancing of the public's right to disclosure against the individual's right to privacy. The privacy interests of the individuals in the records you have requested outweigh any minimal public interest in disclosure of the information. Any private interest you may have in that information does not factor into the aforementioned balancing test. Specifically, the information being withheld, as indicated on the enclosed documents, under FOIA Exemption 6, consists of names, email addresses, phone numbers and cellular numbers and other personal information pertaining to federal civilian employees and private citizens; we do however release the names of VA Senior Executives and individuals whose names are currently in the public domain. Federal civilian employees and private citizens retain a significant privacy interest under certain circumstances, such as in instances where the release of their information could represent a threat to their well-being, harassment, or their ability to function within their sphere of employment. The federal civilian employees and private citizens whose information is at issue have a substantial privacy interest in their personal information. In weighing the private versus the public interest, except names of VA Senior Executives, we find that there is no public interest in knowing the names, email addresses, phone numbers and cellular numbers or other personal information of federal civilian employees and private citizens. The coverage of FOIA Exemption 6 is absolute unless the FOIA requester can demonstrate a countervailing public interest in the requested information by demonstrating that the individual is in a position to provide the requested information to members of the general public and that the information requested contributes significantly to the public's understanding of the activities of the Federal government. Additionally, the requester must demonstrate how the public's need to understand the information significantly outweighs the privacy interest of the person to whom the information pertains. Upon consideration of the records, I have not been able to identify a countervailing public interest of sufficient magnitude to outweigh the privacy interest of the individuals whose names are redacted. The protected information has been redacted and (b)(6) inserted. "Withholding a telephone number or e-mail address, alone, is not sufficient to protect that [privacy] interest; alternate means of contacting and harassing these employees would be readily discoverable on the Internet if this court ordered their names disclosed." Long v. Immigration & Customs Enf't, 2017 U.S. Dist. LEXIS 160719 (D.C. Cir. 2017).

The following additional information is provided regarding records withheld in full:

> Bates numbered pages (21-09259-F) 000006-000031, 000040-000064, 000077-000079, 000082-000083, 000087-000111, 000178-000196, 000233-000246, 000265-000266, 000306-000307, 000318-000319, 000323-000324, 000344-000369, 000391-000415, 000421-000438, 000455-000456, 000458-000459, 000461-000463, 000473-000475, 000853-000866, 000949-000962, 001018-001022, 001024-001029, 001177-001271, 001287-001294, 001301-001399,

001401-001407, 001409-001415, 001417-001422, 001424-001434, and 001458-01600 are withheld in full pursuant to FOIA exemption 5;

Bates numbered pages (21-09259-F) 000216-000217 are withheld in full pursuant to FOIA exemptions 3 and 5; and,

Bates numbered pages (21-09259-F) 000272-000286, 000288-000299, and 001031 are withheld in full pursuant to FOIA exemption 6.

I have determined that the remaining 418 pages, fall under the cognizance of other VA directorates; as such, those pages have been referred to the other directorates for processing and a direct response to you. The pages have been referred as follows:

Bates numbered pages (21-09259-F) 000384-000387, 000490-000493, 000682-695, 000813-000836, 001032-001172, and 001272-001280 have been referred, under FOIA tracking number **22-01880-F**, to the VA Office of Assistant Secretary for Public & Intergovernmental Affairs at:

Department of Veterans Affairs
810 Vermont Avenue, NW
(002) VACO
Washington, DC 20420

POC: Anita Major
Phone: (202) 461-7440
Facsimile: (202) 495-5228
Email: Anita.Major@va.gov

Bates numbered pages (21-09259-F) 000439-000444 have been referred, under FOIA tracking number **22-01881-F**, to the VA Office of Electronic Health Records Modernization at:

Department of Veterans Affairs
810 Vermont Avenue, NW
(00EHRM) VACO
Washington, DC 20420

POC: Nigel Collie
Phone: (202) 461-0227
Facsimile: (202) 510-1685
Email: oehrmactions@va.gov

Bates numbered pages (21-09259-F) 000445-000451 have been referred, under FOIA tracking number **22-01882-F**, to the VA Board of Veterans Appeals at:

Department of Veterans Affairs

BVA (01C1)
P.O. Box 27063
Washington, DC 20038

POC: Kary Charlebois
Phone: (202) 382-2906
Facsimile: (202) 495-6803
Email: BVAFOIA-PrivacyRequests@va.gov

Bates numbered pages (21-09259-F) 000510-000525 have been referred, under FOIA tracking number **22-01883-F**, to the Veterans Health Administration, Office of Community Care at:

Department of Veterans Affairs
Veterans Health Administration, Office of Community Care
3773 Cherry Creek North Drive
Denver, CO 80246

POC: Julie Drake
Phone: (303) 331-7823
Facsimile: (303) 398-7176
Email: vha.occ.foia@va.gov

Bates numbered pages (21-09259-F) 000612-000637 have been referred, under FOIA tracking number **22-01884-F**, to the Veterans Health Administration at:

Department of Veterans Affairs
810 Vermont Avenue, NW
(10P2C1) VACO
Washington, DC 20420

POC: Michael Sarich
Phone: (877) 461-5038
Facsimile: (202) 273-9386
Email: vhafoia2@va.gov

Bates numbered pages (21-09259-F) 000638-000672, 000867-000901, and 000963-001012 have been referred, under FOIA tracking number **22-01885-F**, to the VA Office of Enterprise Integration at:

Department of Veterans Affairs
810 Vermont Avenue, NW
(008) VACO
Suite 300
Washington, DC 20420

POC: Jennifer Jessup
Phone: (202) 632-5246
Facsimile: (202) 461-5326
Email: Jennifer.Jessup@va.gov

Bates numbered pages (21-09259-F) 000739-000762, 000837-000840, and 001013-001016 have been referred, under FOIA tracking number **22-01886-F**, to VA Office of Assistant Secretary for Congressional and Legislative Affairs at:

Department of Veterans Affairs
810 Vermont Avenue, NW
(009) VACO
Washington, DC 20420

POC: Regina Mack-Abney
Phone: (202) 461-6459
Facsimile: (202) 273-6792
Email: regina.mack-abney@va.gov

Bates numbered pages (21-09529-F) 001435-001439 have been referred, under FOIA tracking number **22-01887-F**, to VA Office of Assistant Secretary for Information and Technology at:

Department of Veterans Affairs
810 Vermont Avenue, NW
(005R1C) VACO
Washington, DC 20420

POC: James Killens III
Phone: (202) 632-7728
Facsimile: (202) 632-7581
Email: vacofoiaservice@va.gov

Finally, please know the size of the releasable records exceeds that which may be sent in one email. As such, the records are being uploaded to the VA FOIA website under Document Retrieval at Document Retrieval - Freedom Of Information Act FOIA. Please allow up to three days for the records to post. The file is listed in Document Retrieval as 21-09259-F and will take a few minutes to upload once selected and the password is input. Once accessed, please download the files to your computer as the records will only be posted for ten calendar days before being removed. The password to the file is BFK57FsZSM4

FOIA Mediation

As part of the 2007 FOIA amendments, the Office of Government Information Services (OGIS) was created to offer mediation services to resolve disputes between FOIA requesters and Federal agencies as a non-exclusive alternative to litigation. Using

OGIS services does not affect your right to pursue litigation. Under the provisions of the FOIA Improvement Act of 2016, the following contact information is provided to assist FOIA requesters in resolving disputes:

VA Central Office FOIA Public Liaison:
Email Address: vacofoiaservice@va.gov
Phone: (877) 750-3642
Fax: (202) 632-7581
Mailing address:
Department of Veterans Affairs
VA FOIA Public Liaison (005R1C)
810 Vermont Avenue, NW
Washington, DC 20420

Office of Government Information Services (OGIS)
Email Address: ogis@nara.gov
Fax: 202-741-5769
Mailing address:
National Archives and Records Administration
8601 Adelphi Road
College Park, MD 20740-6001

FOIA Appeal
Please be advised that should you desire to do so; you may appeal the determination made in this response to:

Office of General Counsel (024)
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

If you should choose to file an appeal, please include a copy of this letter with your written appeal and clearly indicate the basis for your disagreement with the determination set forth in this response. Please be advised that in accordance with VA's implementing FOIA regulations at 38 C.F.R. § 1.559, your appeal must be postmarked no later than ninety (90) days of the date of this letter.

Sincerely,

Ruthann Parise 941640
Digitally signed by Ruthann Parise 941640
Date: 2021.12.15 12:16:35 -05'00'

Ruthann Parise
OSVA FOIA Officer

Enclosure: 536 pages, releasable records

computer. But we have a robust training strategy, a change management strategy to bring everyone to this new technology.

CAPITO:

Right, okay. Thank you and I'll just make a quick comment since Senator Baldwin and I work on this issue with the prescription of opioids and overuse and lack of accountability through the VA. I'm certain that this will help but it's only if everybody is doing it the right way, cross VAs, cross your C box and everything. So, I encourage you to do that.

And thank you, sorry I went over, sorry.

BOOZMAN:

Senator Tester.

TESTER:

Thank you, Mr. Chairman. I want to thank you and the Ranking Member for having this hearing and I want to welcome all the folks on the panel. Before I get into my questions on EHR modernization, I have a couple things I just want to hit on, very quickly.

Yesterday, members of Congress charged with oversight of the VAs policy in funding, including myself and the Chairman and Ranking Member of this Subcommittee, sent a letter to the Secretary with a simple message that the VA needs to be more transparent and the VA needs to work more collaboratively with Congress. I hope there are not folks within the VA that see us as an enemy because we're not.

Our job is oversight and if, in fact, there are folks within the VA that think we are an enemy, they need to change their opinion. We've got a lot of work to do and we can get a lot of work done by working together and I hope you folks agree on that. And let me give you an example.

The access standards. I don't know anybody in Congress that knew what was in those access standards before they were announced, okay. Maybe one person. It has impacts on appropriations and certainly has impacts on the authorization committee and, quite frankly, a better job should have been done in that regard.

Why, because ultimately, what we're talking about is that Dartmouth report that you talked about, Mr. Byrne, where the VA does have good healthcare and if these access standards are bad or have unintentional consequences, it could result in privatization of the VA.

So, secondly, last week, the Federal Court of Appeals ruled the territorial seize should be included in the definition of the service of the Republic of Vietnam. This is the Agent Orange

Act, Agent Orange situation. Mr. Byrne, does the VA intend to appeal this ruling to the Supreme Court?

BYRNE:

So, these types of matters are handled by the Department of Justice, in consultation with us, so--

TESTER:

--That's right, you'll be the driver. They'll have to do the work.

BYRNE:

That is correct, sir. And so, we're taking it under advisement, right now, what our recommendation is going to be.

TESTER:

So, a decision has not been made, yet.

BYRNE:

Correct.

TESTER:

Okay. Mr. Byrne, it's no secret that making joint decisions and balancing priorities with agencies the size of the VA and DoD, which are very significant, is a challenge. Yet, we are only a year away from the first rollout of the new EHR at VA and no one has been designated as the ultimate decision-making authority between the two agencies. The Secretary has committed, back in September, to create a joint governance structure, still hasn't happened and we've known since the Cerner contract in May that this process will be impossible without an entity at the top of the food chain to make final decisions.

I understand there will be an upcoming report laying out some of the joint governance options but we haven't received any commitments about when there will be a final solution. In the meantime, important decisions are being made without formal interagency structure and more importantly, many decisions are being kicked down the road because there's nobody in place to make them.

Senator Reed and I recently sent a letter to both agencies because we are growing increasingly concerned about the impact that this is going to have on the success of this project. So, tell me where we're at in this process and explain to me why this Committee shouldn't be concerned about what I just described.

BYRNE:

So, sir, we do have a governance construct in place, an interagency program office that is working. We have asked a DoD tiger team, VA tiger team to work together to determine whether there's a better solution, going forward for the long term.

At the end of February, we will receive a report out from them on what they think the recommended course of action will be, regarding some type of a joint or interagency organization to supplant, or take over for this IPO office that is existing right now, allowing us to move forward undistracted, to implement at the IOC sites.

The agreement between the two Secretaries, then General Mattis and Secretary Wilkie, was a 50,000-foot agreement.

TESTER:

Yep

BYRNE:

I can tell you that, on a more operational level, I work with the acting undersecretary over DoD on the Joint Executive Council. And ultimately, we are the decision makers, if there is a dispute that can't be resolved at the lower levels between DoD and the VA. All of us have agreed, despite any rumors that are out there, that we would like to consider the option and we're looking forward to the recommendations at the end of February, to have one arbitrator, whatever the title, a purple person, who we all agree, would make decisions, whether it's a dispute between DoD and the VA.

That's a purple person, not somebody from DoD, not somebody from the VA.

TESTER:

Yeah.

BYRNE:

And the example I've used, sir, would be, this is a bad example, but it's like a marriage. Give 90, take 10.

TESTER:

So, when is that purple person coming on board?

BYRNE:

Well, we're looking for the recommendation.

TESTER:

Yeah.

BYRNE:

That that is the right solution and we're still seeking names and looking for that person, right now. So, we don't even have the--if that's the idea we choose, if that's the construct that we're going to use going forward, we've not decided on that person, yet. We've not even interviewed them, yet.

TESTER:

So, and I'll put the rest of my questions through n writing for the record but my concern is DoD, and VA is not small partner here, it's big. But DoD can steamroll the VA if they want.

BYRNE:

I do not agree with that, sir.

TESTER:

Well, I hope you're right. But they've been down the road so I think they have some experience that the VA doesn't have that they can say, you know, we know better than you. And unless you have somebody who's able to look at it from both perspectives, this is critical. Just one final thing and will be very quick, Mr. Chairman. When does the VA intend to determine whether they're going to appeal the blue water Navy issue?

BYRNE:

So, the DOJ has 90 days, I believe to submit their package to, from the Solicitor General to the Supreme Court. And I'm not sure, exactly, what our deadline is. I probably should know that. At the 45 or 60 day point, we have to put forward our recommendation to DOJ.

TESTER:

It'd be really good to get some clarity on what's going to happen here because, as you know, we almost had a blue water Navy bill at the end of last Congress. We did not. This will have an impact whether we're going to move forward or not.

BYRNE:

Yes, sir.

TESTER:

Thank you. Thank you, Mr. Chairman.

BOOZMAN:

Senator Daines.

DAINES:

Thank you, Mr. Chairman. I'm honored to join you and the members of the MilCon-VA Subcommittee for the 116th Congress. The topic of today' hearing is timely. When I met with Robert Wilkie last summer, he shared a story about his father's service in Vietnam and the injuries his father incurred, the years he spent carrying around reams of paperwork to get treatment at VA facilities.

As the son of a Marine, myself, I appreciate the unique challenges that our service members face. Today, we are viewing a plan to create a viable electronic health record system at a cost of $16.1 billion. That's with a "B" over ten years. I spent years in the cloud computing, an overall software business, data integration, and so forth, and have had a fair amount of experience in this. Frankly, $16.1 billion, through my eye, I look at it is a lot of money. I appreciate the witnesses time and optimism but I think these numbers demand some scrutiny.

Mr. Byrne, you pointed out that the new office of electronic health record modernization emphasizes transparency. As a Senator from Montana, my first question in preparing for this hearing was simply, when will Fort Harrison go live. I cannot find this information on the VA's website nor any public facing outlet. Furthermore, VA documents provided to the Committee show conflicting information.

One schedule showed 2020. Another schedule showed 2027. Mr. Byrne, when will Montana veterans be able to use a modern electronic health record system?

BYRNE:

Well first, sir, I'm glad that you're excited about this being rolled out in your state. I believe there is a rollout schedule. I just don't know it off the top of my head and, unless Mr. Windom does, we can get that, we can take that for the record and get it back to you.

WINDOM:

Sure, I'll have to take it for the record. We do have a full deployment schedule that reflects the ten years or the nine years, six months, that does in fact, capture Montana, the great state of Montana. And we will, we can tell you where your facility lies in that. And so, I'll take that for the record. Please, the terms and conditions of the contract has an agreed to deployment schedule. We will make sure your staff has that, sir.

DAINES:

I think transparency is really important, here. You know, especially in light of the huge amount of money being spent, as well as the importance of this project here to help our veterans. And so, I'll look forward to that response.

Last month, the GAO released a report finding the VA spent $1.1 billion over five years on two previous attempts to update its health information system. This latest effort by VA is expected to cost upwards of $16 billion over ten years. I'm just skeptical. I watched in the days in the private sector, particularly, in the public sector, as well as private companies, but spending huge amounts of money. Any time you hear about ten-year rollouts and project time lines, consider myself, consider me in the camp of skeptical, where you can spend a lot of money and by the time something gets implemented after that long period of time, oftentimes, it's obsolete from the day it goes live.

Mr. Byrne, you noted that with congressional support, the VA has been able to stay on track, unquote. In its report, the GAO stated the VA must work expeditiously to reach its goal. My question is, is ten years an ambitious time line and would you describe the VA's efforts as expeditious?

BYRNE:

So, ten years is a long time, Sir. And I--I appreciate that. And the technology that we're starting with in the Northwest will be different than those rollouts later on in the deployment schedule.

What I'll share with you--what I am looking forward to as a big metric, as a big decision maker, as some visibility into where we are, is the roll-out of these IOC sites in Washington state up in Spokane and Seattle and Tacoma, how those are rolled out. The efficiencies, we--we've learned from those, the challenges we learn from those are going to give us a picture of how much this is actually going to cost.

And so, for us to guess, we're guessing right now on--on the amount. I think it's an educated guess. But after the IOC rolls out, I believe we're going to have a much clearer picture and be able to address your question more specifically.

DAINES:

So, I'm running out of time. Thought, Mr. Windom, if the idea behind this initiative is to leverage quote, commercial best practices, where in industry do we see software solutions being introduced over a ten-year horizon?

WINDOM:

Sir, I think it's important to understand that the contract, the signing of the contract is a static document for a very dynamic environment. And so, we will continue to evolve with the commercial product. Things like cloud computing that you mentioned, definitely something that's on the horizon.

You know, when you put a mechanism in place, you--you challenge me to manage cost schedule performance and risk.

DAINES:

Yeah.

WINDOM:

And so, I will continue to update you on our strategies moving forward. But we--we, the vehicle that we have in place, the IDIQ Indefinite Deliver Indefinite Quantity structure, will allow us to take advantage of technological advancements.

So, what the product looks like today, in year one, may look like something different in year nine, but it'll be interoperable. And I think that's the key.

DAINES:

It may look different two quarters later with speed of--of technology.

WINDOM:

Yes, Sir.

DAINES:

And just lastly, make a comment. We used to say as we were working toward--and any time these great big enterprise solutions are put in place like this with a ten-year timeline and $60 million price tag, that is a recipe for disaster. It's a recipe for, frankly, not spending tax dollars wisely, but the--the--the people that are hurt the most are our Veterans here who won't see a timely implementation here.

As we say these great big rector set kingdom building within IT organization systems like this, they're dinosaurs.

WINDOM:

Yes, Sir.

DAINES:

They just don't know they're extinct yet.

WINDOM:

Yes, Sir.

DAINES:

Thank you.

WINDOM:

Sir, may I comment one, is that, and that's why I also see it so important. Secretary Byrne indicated that it's that bite of the apple that's a manageable bite, that we'll be allowed to assess what efficiencies can be gained. I can assure you, Cerner wants to go faster. It is our implementation ensuring we employ the appropriate change management strategies to ensure the embracing of the users that's important. So, Sir, we'll be pushing to go as fast as we can. And I can assure you under my watch, we'll be incredibly judicial. Thank you, Sir.

BOOZMAN:

Senator Baldwin.

BALDWIN:

Thank you. And I want to thank you Chairman Boozman and Ranking Member Schatz for holding this hearing. Thank our witnesses for being here. The wait time crisis that was brought to light in 2014 really revealed tragic deficiencies in caring for our nations Veterans and the need for a modern and functioning scheduling system at the VA.

And five years later, I'm fearful that we are not closer to a solution. Mr. Byrne, is the VA currently operating a Cerner Scheduling program in any VA Medical Center?

BYRNE:

I'm concerned to answer that question. I know there is an intent to do so. Rolling it out simultaneously with the overall rollouts of the AHRN system, starting with the three locations in Washington state, we're also rolling out this portion of this suite of options offered by Cerner. And so, I know we are intending to.

BALDWIN:

Is the answer no?

BYRNE:

I'm not sure. I can ask--.

BALDWIN:

When will a pilot Cerner scheduling module go live?

WINDOM:

So, so Ma'am, the answer is no to the Cerner millennium scheduling suite. The--we have deployed separately in Columbus, Ohio and epic based solution. We have committed to deploying a Cerner scheduling module out of sequence post IOC. And the intent is to leverage the learnings of IOC to deploy, if you will, out of the VistA suite solution, simply the scheduling module.

BALDWIN:

So, what is the tentative date that a Pilot Cerner scheduling module will go live?

WINDOM:

So, I would, by itself, so, within the framework of the VistA suite, March of 2020.

BALDWIN:

March 2020.

WINDOM:

By itself, post March 2020.

BALDWIN:

Okay. When will the Cerner scheduling module go live nationwide?

WINDOM:

The nationwide is nine years and six months from that point because nationwide means incorporating all the medical centers. And so, that would be at the end of the deployment timeline. And so, what--.

BALDWIN:

--So, nine months and--or nine years and some months after March of 2020.

WINDOM:

That would be the total solution deployed nationwide to all VA facilities. The scheduling--the scheduling piece alone, our intent is to deploy the scheduling piece separately to the appropriate facilities. The timeline for that has yet to be fully flushed out because we have not developed fully our execution strategy. But we expect that to start shortly after we achieve IOC milestones in March of 2020.

BALDWIN:

What is the total cost for the Cerner scheduling module to go live nationwide?

WINDOM:

Ma'am, all those--those estimates are rough order magnitude right now. In the coming months, we should have the full profile of our execution strategy built out and we'll gladly come brief you or your staffers on that full profile. I--I think--what I'd like--.

BALDWIN:

--What's the rough range?

WINDOM:

Pardon me?

BALDWIN:

What's the rough range?

WINDOM:

Ma'am, I wouldn't even offer a--a rough estimate because it's important in--in hearings like this to be accurate. And so, in the coming months, we will have that full profile for you.

BALDWIN:

Last week, the Secretary announced proposed access standards for Veterans seeking care in the community. And they are, once again, tied to wait times. Last week the VA also announced that it was cancelling the medical appointment scheduling system that you just referred to, the Mass Pilot Project deployed at the Columbus VA Ambulatory Care Center.

Here are some of the results of that Pilot. There was a 30 percent improvement in primary care wait times, and 18 percent improvement in behavioral health wait times, 30 to 50 percent reduction in the time required to schedule an--an appointment by a scheduler.

The Mass Pilot allowed schedulers to schedule across VA medical centers and into specific departments without multiple phone calls and faxes. This is not possible to do today for VA medical centers that are using the legacy VistA scheduling system. So, Mr. Byrne, will this higher level of functionality be required under the Cerner scheduling model?

BYRNE:

Yes, Ma'am. And two--.

BALDWIN:

--Okay. And will the Cerner model allow VA schedulers to schedule outside of the VA?

BYRNE:

Yes, Ma'am. Community Care.

BALDWIN:

Okay. In fiscal year 2019, the subcommittee included report language that required the VA to report back on the status of this scheduling system component. Chairman Boozman, if I can enter that VA response into the hearing record, I--I would like to do so.

BOOZMAN:

Sure, without objection.

BALDWIN:

VA notes in its response that we'll not implement any of the existing scheduling Pilot programs and will instead, go with the Cerner scheduling solution. And the response says, and I quote, VA

believes that there is a return on investment and productivity an efficiency realized by accelerating the scheduling system.

Now, that's a really great statement. But I would like to see some of the metrics attached to this conclusion, this statement. So, I asked the VA to provide the actual data and metrics used to justify that statement. Another statement made was quote, this will improve access for Veterans and streamline workflow for staff.

Since no VA medical center is currently operating on a Cerner scheduling module, I'm not sure how the VA can make such a statement. And so, I'd like you to provide the committee with metrics and actual data on how this decision will improve access for Veterans and streamline the workflow for staff.

Almost five years after the scheduling problems that the VA came to light, the VA is telling Congress that Veterans are going to have to wait another five years or more for nationwide deployment of a modern scheduling system, a system that VA hasn't tested and doesn't know the capabilities of.

In its report to this Committee, the VA says that we should trust this new solution, and that it will provide improved access to care and streamline workflow for staff. I have to tell you, I'm skeptical. And I would like to hear those answers from the VA. I think our Veterans have waited too long and we've spent over $30 million on a canceled scheduling Pilot that showed tremendous progress and promise.

And now we're being told cost won't change, but resources will be needed sooner and somehow, this is going to lead to better outcomes for our Veterans. So, given the track record, I am highly skeptical, and I hope that you will be able to provide some answers that elaborate on conclusions that you gave on your--in your report to this Committee.

BOOZMAN:

Senator Collins.

COLLINS:

Thank you, Mr. Chairman and thank you for holding this hearing on this very important issue. This modernization effort is incredibly important. I don't need to tell the witnesses over here that fact. It should mean a great improvement for Veterans in the state of Maine once it is finally implemented nationwide.

And I can't emphasize enough how important it is that we get this right, so that Mainers and others who are leaving the military and going into the VA system have a seamless transition. I've never understood why we had different electronic medical record systems in the first place. And I'm glad we are finally acting on that.

We also need to make sure that in addition to the seamless transition between the DoD and the VA that there is interoperability between the Togus VA Hospital in the state of Maine, the oldest VA hospital in the nation, and community providers because there's only one VA hospital in Maine, and a lot of Veterans get their care at community based clinics or through what used to be known as the ARCH program in Northern Maine.

So, one of my questions is when DoD encounters a problem implementing the new electronic health record systems, and comes away with lessons that might be helpful to the VA, how are those lessons learned? How--what is the system for ensuring that that is transferred to the VA or vice versa? Mr. Windom.

WINDOM:

Ma'am, we've had an ongoing relationship with DoD since day one. Those lessons learned are not only physically captured in the data base, but they're addressed individually with mitigation strategies to prevent us from, if you will, duplicating elements that may have been challenges that they faced.

And so, we've got not only a data base associated with that, we have an ongoing interchange monthly all day interchange with DoD to share ongoing progress, a weekly interaction with DoD and VA to exchange weekly interactions.

So, I think we're--we're--we're getting to that in a number of ways. And we also have workshops that DoD is participating in as part of our clinical work for development process that I'll defer to Doctor Kroupa to touch on.

KROUPA:

So, we have 18 councils that are made up of VA clinicians from across the country. They meet on a regular basis over the next nine months to design and build the--and configure the Cerner product for VA. We have DoD representatives on each of those councils who participate in the both online and in person workshops to--to help us understand why they made the decisions they made, the consequences of those, and to work together to build the--the system.

COLLINS:

Thank you. Mr. Byrne, as DoD works to overhaul its electronic health record system, I was chagrinned to read a Bloomberg story that reported that DoD had discovered cyber security vulnerabilities.

Now, the good news is that these vulnerabilities were discovered by a team of military hackers and IT specialist, but the test conclusion is very disturbing because it was--the system was not survivable when hit with staged attacks.

As a member of the Senate Intelligence Committee, we are dealing a lot with cyber security issues, and I'm well aware of just how vulnerable our government systems and private sector systems are. And here we are having this huge merger of two enormous departments that are going to have very sensitive personal information plus identifying information. How will the VA go about identifying and addressing cyber vulnerabilities in the new system?

BYRNE:

So, Ma'am, what I can answer to you on that is that we have a new CIO, Mr. Jim Gfrerer, and his strength, I believe, is in cyber security, not--not that that's relevant, but he's really a--very large organization. And I'll have one comment and then I'm going to ask Mr. Short who I--I know, in fact, I heard him give the answer the other day much better than I could to address your question.

But the-- red team at DoD is the best of the best. And so, I don't know that them penetrating the environment necessarily means that it's not a robust defense. But I'm not an expert, Mr. Short is. And if you are okay, Ma'am, I'd like to kick it over to him.

COLLINS:

Absolutely, but I would just say that believe me, there are a lot of foreign actors who are also very, very capable in this area.

BYRNE:

Yes, Ma'am.

SHORT:

Ma'am, I've reviewed the DoD report before it came out in the Press and spoke with DoD about it. The good news is, is every month since MHS Genesis, DoDs name for the new EHR has gone live, every month, Cerner has drove down the vulnerabilities that DoD discovered. So, every month, the number of vulnerabilities in this system keeps going down because Cerner is improving the system.

Cerner has also moved all their platforms, even on the commercial side, to using DISA standard setting for all security, improving all their security platforms. So, DoDs conclusion discussion with me is, this was a good thing because our team found that we expect DoD red team to always get in to any system they go after.

But the good news is, is every day Cerner's reducing those vulnerabilities and DoD feels confident as well as I do that, we're safe.

COLLINS:

Thank you, Mr. Chairman.

BOOZMAN:

Senator Udall.

UDALL:

Thank you very much Chairman Boozman. Thank you, Ranking Member Schatz for pulling together on this because this--this I think is a crucial issue to really helping Veterans, right, on the line every day. It was good to hear, Doctor Kroupa, that you said that the clinicians are going to be actively involved in coming up with a system.

I hope that you will inform your--your new CIO about that because he said recently, James Gfrerer, now the VA CIO said in his confirmation hearings, clinicians--clinicians, he said, I'm quoting, will have to go through a substantial rigorous process to conform their workflows to the IT systems, end quote.

To me, that's backwards. The clinicians should be driving the process. And so, I hope with what you said, that--that that's the direction that--that we're headed. But my--my question today to Mr. Byrne, last year members of Congress called this transition process deteriorating and rudderless. The rising cost, underscore, that the Administration did not start this process with a clear view of what would be required.

That is unfortunately a particularly an acute example of what is a government wide problem with upgrading IT systems. Senator Moran and I were actively involved in passing FITARA and the Modernizing Government Technology IT Act. Does the VA plan to use the newly authorized working capital fund to reprogram their IT budget to fund this modernization project?

BYRNE:

So, if I may, I'd like to address one quick matter you had addressed our CIO during the confirmation hearing making--making a fickler statement about clinicians. And if you were to ask him that same question again, I think his--the answer would be very lined up with--with Doctor Kroupa.

UDALL:

Kroupa. Okay, good, good.

BYRNE:

And he's a good man and we're very, very fortunate that he's on board with our team.

UDALL:

Yeah.

BYRNE:

And Sir, I have to tell you, I--I don't know the answer to your question. And I'm hoping one of my colleagues up here knows the answer about the working capital group.

WINDOM:

Senator, I think that's a CIOs call on how he's going to employee the new policy or the new law regarding FITARA. I can tell you that OEHRM adheres to the--the--the existing structure of FITARA that the CIO has approval authority on our expenditures. And we have the appropriate interactions with them in advance of--of obligating moneys.

I think that Congress has been very clear to me with regards to the accounting of EHRM expenditures and they don't want that money comingled with other IT investments. But I can tell you from our joint infrastructure strategy that we work hand in hand with OI&T to develop.

We are exchanging ideas, we are cross pollinating, we both understand our fiscal responsibilities and have no desire to waste tax payer money on not being aligned. So, we are doing that. And, Sir, I will talk with the CIO when I return. But I think that question is--is likely and is--and is--and is corner.

UDALL:

Okay. Well, I--I'm going to submit that question for the record.

WINDOM:

Yes, Sir, right.

UDALL:

And hope that you get me back--.

WINDOM:

--Yes, Sir, we'll do--.

UDALL:

--a thorough answer with regard to the working capital fund because I think when you're doing such a big project you're going--you're going to need those kinds of dollars. And--and I would be happy to hear what you say. Mr. Byrne, just to--to get a final question. And really, it's more of a statement.

But I have a pending request to meet with Secretary Wilkie. Unfortunately, it has been pending since July. And I've heard from other members that have similar difficulty meeting with VA leadership. I'd like to ask you personally to commit to being responsive, but also that you advise the Secretary to respond to our congressional request. Would you please do that? Would you commit personally today to be responsive when we have request of the VA Administration and the leadership?

BYRNE:

Yes, to both of your questions, Sir.

UDALL:

Okay. Thank you. Thank you both. Appreciate it.

BOOZMAN:

Thank you. Let me just ask a couple more things. Doctor Kroupa, Mr. Byrne talked about the importance of the rollout. As we go forward, DoD, I think they would agree, we would all agree that they stumbled a little bit, maybe a little bit more than a little bit with their rollout. You're doing your councils and things like that. I guess, my thought is, it's one thing to do them, but we really do need to listen to the problems that are coming out with this specialties and things. Reassure us that that's happening.

KROUPA:

So, even before the contract was signed, we started talking to DoD about their experiences at all levels of the organization. As I mentioned we have our clinical councils, which are made up of both national program leaders and people from the field who have a lot of experience with electronic health records.

Many of them use electronic health records at their academic sites. So, it is not just VA expertise. We've brought DoD folks in to those counsels so they--we can hear first hand from them. We have a--so, and then after the national workshops, we take it to the local sites or IOC sites, so we have a week in Kansas City where our clinical councils are working together, then we take it to the local sites where the folks in Spokane and Seattle, the American Lake can actually see what the decisions have been made and say, yes, that's going to work for us or no, you know, let's tweak this let's change that or we have a question about that.

So, in doing that, we're not only configuring and designing it, but we're also educating our users of what's going to happen and so that they can anticipate and participate in the challenge. We--so, I think we're also have industry best practice advisors on the councils. These are folks from various academic and--and centers that have rolled out large integrated electronic health records to advise our council chairs on some of the pitfalls and problems that they might run into.

BOOZMAN:

Very good. Another issue I think you've heard discussed at length today is the scheduling. And ten years is too long. You're going to have to figure out a way to do that much more rapidly with the new access standards that have come out which will help Veterans.

One of the things that we're being told by VA is that in--efficiencies in the VA system will help pay for that because we're going to become more efficient. The way that you do that, the critical way that you do that is through scheduling.

Senator Baldwin, you know, talked about the efficiencies that were gained and you all are--are choosing the system that we do, but we simply have to have those efficiencies and we have to have it in a timely fashion for mission to work and for it to be affordable.

So, that's--that's something that--that we're going to have to, I think, push really hard. I think we're all in agreement on the Committee that, again, a ten-year--a ten-year reprogram, that is just simply unacceptable.

BYRNE:

So, maybe I can--maybe I can comment on that scheduling solution. And I'll ask John and Company to correct me if I'm wrong. But my understanding is it's going to be well before ten years that the scheduling solution will be across the United States, will be in every medical center in the United States.

We're doing a dual effort as the--as the EHRM rolls out, within the various medical centers, we'll, of course, implement a scheduling solution. But there's a separate effort in other locations to do the same. So, I--I--I won't say that it's going to be in four or five years, but that is probably more likely than, certainly than nine years.

WINDOM:

Yes, Sir. That's the intent Mr. Chairman. The scheduling, again, IOC is our reserve, testing platform, if you will. And we--we intend to get scheduling out to our Veterans as soon as we possibly can. The--the commitment--the reason the return on investment was what it is, is we've paid for the Cerner licenses.

And so, in promoting interoperability objectives, installing two different systems, we would, in fact, complicate that interoperability objective. So, I think we've got a plan. It's being refined over the next three months including what the cost profile looks like, what the timing of deployment--deploying scheduling is and look forward to coming back and updating either you or your staff, Sir, on that progress.

I can assure you we--we--we have the same concerns that you have, Sir. And we are going to address them and be able to formerly present that to you that plan.

BOOZMAN:

Good. Now, we appreciate that. The last thing, and Senator Tester eluded to this. General Mattis, Secretary Wilkie, you know, got together, said we're going to do this, made the statement, overall patting each other on the back.

The reality though, is that somebody has to be in charge. We have to have a--and organizational flow chart as to how things are decided. We've all been around government for significant years, and--and simply that will bog down tremendously.

So, what we'd like for you to do, is provide an update on--on joint oversight, how this is going to work, including the organizational structure and accountability and mechanisms that facilitate coordinated decision-making oversight. And we really want that like soon. That should already be in place. I doubt that it is.

And I'm not really being critical about that, but it is a necessary function for us to go forward efficiently. And we're going to push really hard, you know, to see that and if not, you're going to have to come back here and explain why it's not being done. Senator Schatz.

SCHATZ:

Just following up on the Chairman's last request. Do you already have this, an organization chart that clarifies who does what?

WINDOM:

Sure, we have an existing governance structure that is supporting us today. The--the more efficient, more agile governance structure that you're speaking to that identifies, if you will, that single belly button, that single point, that's part of the assessment that's ongoing. I can assure you that we're working hard daily to gain joint efficiencies, joint process improvements.

SCHATZ:

Right. But do you know--the question is driving that, right. Is push comes to shove, who's in charge? Do you know the answer to that question?

WINDOM:

Sure, push comes to shove, who's in charge? The Deputy Secretary is in charge. I'm a 30-year Naval Veteran, Sir. And so, I--I relish that single person to ask. One thing I'd like to highlight is that governance is working at the lowest levels, in which is where it has to work. I could tell you, there's very few issues on the table that are immediate with regards to that person being in the seat.

And we haven't hit critical path on any of those decisions yet. So, we're very--we want that mechanism in place. We're letting the assessment team flush out, if you will, all the buckets of consideration that have to take place.

SCHATZ:

Okay.

WINDOM:

And so, we look forward to that reporting out on that.

SCHATZ:

Mr. Byrne, being General Council for the VA is a full-time job.

BYRNE:

Yes, Sir.

SCHATZ:

When are we going to get a Deputy Secretary nominee so we can relieve you of one or the other of these duties?

BYRNE:

I don't know how to answer that, Sir. That's up to the President and Mr. Wilkie to secretary the VA to determine. And, of course, with the consent of this body.

SCHATZ:

Okay. Let's talk a little bit about VistA sustainment. Obviously, you're going to be making a transition. And some of these are operational question. I know, Mr. Windom, that you will reassure me that there will be no operational glitches. I guess the question is, since some of these are really moving targets, do some of these slide appropriations either to the left or to the right depending on how long you have to keep VistA sustained?

You know, this can get a little clunky as you're launching to--to maintain a sort of seamless experience from the customer side. So, that part we haven't really talked about and how it could impact the need for appropriations either positively or negatively.

WINDOM:

Sir, again, you've entrusted me to support our Veterans. We're not going to prematurely turn things off. That's why we've got a robust testing strategy--yes Sir--.

SCHATZ:

--No, I don't think you're going to do anything stupid or cruel.

WINDOM:

Right, thank you, thank you, Sir.

SCHATZ:

We're satisfied that you're trying to make the right choices.

WINDOM:

Yes, Sir.

SCHATZ:

What I'm not satisfied about is that you're going to tell us as we go along so that we can make appropriations that are--that are dialed in, right, so that we give you enough runway to make smart choices.

WINDOM:

Yes, Sir.

SCHATZ:

We don't penalize you for not spending, you know, one fiscal year's money. And we don't put so much political pressure on you that you do a dumb thing. But we still need better fidelity from the standpoint staff's ability to do a markup. It doesn't appropriate money into a pile.

WINDOM:

Yes, Sir.

SCHATZ:

So, that's the part I want you to kind of get a little bit more clear with our staff about.

WINDOM:

Yes, Sir.

SCHATZ:

We get that there will be a transition. We get that VistA has to be operational all the way until the end really, at least portions of it. We want to know how much more--.

WINDOM:

--Yes, Sir--.

SCHATZ:

--or less that may cost. Finally, there was a--a--there were reports last Fall on the condition of IT infrastructure in the Pacific Northwest Pilot sites to try to figure out whether you had the IT infrastructure to roll a new system out. Were there shortfalls in IT infrastructure? And from a planning standpoint and from the standpoint of this Committee, does that indicate something system-wide that we should be planning for? Or is that all baked into the ten odd billion that we're planning for?

WINDOM:

Sir, I'm going to make a quick statement and turn it over to John Short. First of all, the carryover from '18 allowed us to cover what we perceive to be about a 78--$70 million expenditure for infrastructure upgrades that were unplanned, things like in user devices and things like that.

We have been working hand in hand with the CIO such that there is a joint strategy such that, you know, we're going to be able--.

SCHATZ:

--Yeah but let me stop you there.

WINDOM:

Yes, Sir.

SCHATZ:

You have a $200 million carry over, I think.

WINDOM:

Yes, Sir, $203 million, yes, Sir.

SCHATZ:

250?

WINDOM:

203.

SCHATZ:

203, okay.

WINDOM:

Yes, Sir.

SCHATZ:

So, you have $200 million carry over and part of that is like contracting delays. So, out of the presumably, it was 270, you spent 70 to deal with IT infrastructure. But it's not like you found savings. You just moved money to the right on your--on your--on your appropriation schedule. So, the question is, on a year-over-year basis, are you able to absorb the needs for new infrastructure? Or are you just pushing this out to the right and as you delay contracting and cumbering money and all the rest of it, that you sort of book that in the current year as savings, plow it into infrastructure? But we're going to be left with a 2 or $3 billion infrastructure bill on the back end.

WINDOM:

Well, Sir, that's why I think it's important that the CIO and I have an incredibly cooperative effort. Again, he has a--a budget that supports maintaining infrastructure today. Our--our funding supports the installation of the Cerner millennium solution. So, those have to work hand in hand.

SCHATZ:

So, the question is, you--you do this analysis in the Pacific Northwest.

WINDOM:

Right.

SCHATZ:

It tells you what you need. Presumably, you could do some back of the envelope and say, well, this is X percentage of our system. We should probably multiply that by whatever and figure out whether the number we have for IT infrastructure upgrades, you know, sort of rhymes with what--what we now--we now have some hard numbers that we can extrapolate.

WINDOM:

Right.

SCHATZ:

So, the question is, have you done that? And do they--does it look okay?

WINDOM:

Sure, we're--we're doing that as part of--as OI&T creates its budget, they're incorporating the challenges that we're finding with regards to what infrastructure upgrades. We--we've got a--the ability to go out and do current state reviews and we're out in front of our deployment efforts such that we're identifying those cost, if you will, early. And we intend to report those out as necessary.

SCHATZ:

So, so the answer is you actually don't--I don't mean this as a criticism. The answer is, you don't know the answer to that.

WINDOM:

The answer is, we have not been to every site to assess what deficiencies may exist. But as part of our deployment strategy, we are going to be out front enough to make sure that we understand whether there are any funding needs. Right now, there's no additional funding needs in support of the IOC requirements as it relates to infrastructure.

SCHATZ:

Right, but I don't want you to wait until you're 100 percent sure to tell us.

WINDOM:

Yes, Sir.

SCHATZ:

If you're at 98 percent sure, look--this looks like it's going to be more money.

WINDOM:

Yes, Sir.

SCHATZ:

We don't want to find out at the last minute in one of your quarterly reports. I guess I'll let Mr. Short--.

WINDOM:

--Please--.

SCHATZ:

--answer the question and then that'll be my last.

SHORT:

So far, Sir, our indications, our budget for infrastructure is on track. We don't see any indications otherwise. We would have alerted that. We have a lot of communication. The last thing I'll mention, we did provide to the Hill last year, towards the end of last year, integrated infrastructure planned with OI&T, and they're looking at the big things we're finding that are throughout the system and they were incorporating that in their '20 budget and beyond to make sure all the systems are taken care of. So, right now, we don't believe we're going to find something like that, but we will let you know.

SCHATZ:

Thank you.

BOOZMAN:

Senator Hoeven's on his way, so. Senator Hoeven's on his way and would like to--to weigh in. But let me go ahead and just kind of close up and then we'll gavel it out once he gets done. But thank you all so much for being here. The--I know that you all work very, very hard and have huge jobs to do.

This is certainly not a small or insignificant undertaking, in fact, it's just the opposite of that, it's huge. The new medical record system, though, has tremendous opportunity for efficiency and all of that translates down to better care for Veterans. And that really is what it's all about. So, we look forward to working with you and I think we can be a huge help in pushing things forward.

And, you know, we've got the easiest thing in government when you bog down is just not to make a decision. And so, we're going to--we're going to do our best to help you come up with a decision one way or the other. So, we do appreciate it and appreciate all of your efforts. Have you got any other things on your--on your plate?

I think we've asked about every possible question that can be asked. You guys got anything? Let me ask you about the 2020 budget. Are you maintaining your commitment to funding the initiative through the electronic health record account, not really--not rely on transfers?

WINDOM:

Yes, Sir. We--we've given you a budget that we believe supports our implementation strategy over the next three years. And so, we are not relying on transfers. I guess, what I would offer is that, as I've stated before, static contract dynamic requirement, or dynamic environment. And so, as there are emerging requirements, I think we will remain transparent with your staff and be proactive in identifying whether we think there in your perspective funding shortfalls. But right now, we feel very good with the budget that you've allocated and we're pressing forward.

BOOZMAN:

Very good. Okay, we'll wait just a few minutes. Catch your breath and get psyched up for the next. Okay, you're off the hook. What he's going to do is he--he is running a little bit late. This--today is unique, you know, we've got the State of the Union, the Prayer Breakfast is going on, the National Prayer Breakfast and the list goes on and on.

And so that's another reason you all are in the same situations. You've got a lot going on. So, we appreciate you taking the time to come over. And with that--yeah. For members of the subcommittee, any questions for the record should be turned into subcommittee staff no later than the close of business, Tuesday February 12. And with that, we're adjourned. Again, thank you very much.

List of Panel Members and Witnesses
PANEL MEMBERS:

SEN. JOHN BOOZMAN (R-ARK.), CHAIRMAN

SEN. MITCH MCCONNELL (R-KY.)

SEN. SUSAN COLLINS (R-MAINE)

SEN. LISA MURKOWSKI (R-ALASKA)

SEN. JOHN HOEVEN (R-N.D.)

SEN. SHELLEY MOORE CAPITO (R-W.VA.)

SEN. MARCO RUBIO (R-FLA.)

SEN. STEVE DAINES (R-MONT.)

SEN. RICHARD C. SHELBY (R-ALA.), EX-OFFICIO

SEN. BRIAN SCHATZ (D-HAWAII), RANKING MEMBER

SEN. PATTY MURRAY (D-WASH.)

SEN. JACK REED (D-R.I.)

SEN. JON TESTER (D-MONT.)

SEN. TOM UDALL (D-N.M.)

SEN. TAMMY BALDWIN (D-WIS.)

SEN. CHRISTOPHER S. MURPHY (D-CONN.)

SEN. PATRICK J. LEAHY (D-VT.), EX-OFFICIO

WITNESSES:

VA GENERAL COUNSEL JAMES BYRNE

VA OFFICE OF ELECTRONIC HEALTH RECORD MODERNIZATION EXECUTIVE DIRECTOR JOHN WINDOM

VA OFFICE OF ELECTRONIC HEALTH RECORD MODERNIZATION ACTING CHIEF MEDICAL OFFICER DR. LAURA KROUPA

VA OFFICE OF ELECTRONIC HEALTH RECORD MODERNIZATION CHIEF TECHNOLOGY INTEGRATION OFFICER JOHN SHORT

Source: CQ Transcripts

From: Rychalski, Jon J.
Sent: Wed, 27 Feb 2019 19:50:46 +0000
To: RLW;Powers, Pamela
Cc: Tucker, Brooks;Haverstock, Cathy;(b)(6) Ullyot, John;Murray, Edward;(b)(6)
Subject: CQ Transcript - 2.26.19
Attachments: CQ Transcript - 2.26.19.docx

Attached is the CQ transcript from yesterday's hearing. We'll pull out the follow up items and task them out this afternoon.

Jon

Congressional Hearings

Feb. 26, 2019 - Final

House Appropriations Subcommittee on Military Construction and Veterans Affairs Holds Hearing on VA General Oversight

LIST OF PANEL MEMBERS AND WITNESSES

WASSERMAN SCHULTZ:

Let's call this hearing of the House Military Construction and Veterans Affairs Appropriations Subcommittee to order.

Welcome everyone. Welcome, Mr. Secretary. Today, we welcome the Department of Veterans Affairs Secretary Wilkie and Dr. Stone, the Executive in Charge--Secretary Robert Wilkie and Dr. Richard Stone, the Executive in Charge for VHA.

We appreciate you both being here and look forward to exploring topics outside of our traditional budget hearing. Given that we'd a slight delay in the budgetary process, we thought this was the perfect opportunity to be able to bring you in when normally we don't have that opportunity in terms of the timeframe that we're dealing with to explore the myriad of issues that our veterans are facing.

Mr. Secretary, you're currently leading an agency that's facing some fairly significant changes that will fundamentally affect how veterans will receive care on a daily basis for years to come. First, I think we need to address the cost of care.

With the passage of the MISSION Act, VA will need a sustainable funding stream that continues to support core VA programs. And I absolutely don't want to see community care funded at the expense of traditional VA medical services.

Second, we must make sure that the community care overhaul is done correctly. Although the MISSION Act called for a restructuring of the departments outside medical care and even though I've heard you say in your confirmation hearing that you'll "oppose efforts to privatize the VA," I'm very concerned that recent access standards announced by VA will ultimately send more veterans into the community.

The Subcommittee staff has shown me this flowchart. This flowchart, which you can see--not very well--on the screens, that's--was provided by the VA regarding community care eligibility has every pathway of care leading the veteran to be shifted to the community.

I--I--I--and I'd really ask the committee members to take--to--to read through this entire--even though it's complicated--this entire flowchart because there's no path, Mr. Chairman, in this flowchart that leads to care at the VA, except in perhaps the rarest of circumstances and that's deeply concerning.

If there's not an intentional effort to privatize the VA, this sure seems like a backdoor effort to back ourselves into it, so that that's the result.

Third, we've to make sure that the medical records modernization that we're going through is done correctly and managed correctly. As you know, this complex project at the moment is projected to cost $16 billion. Now to put that in perspective--that number in perspective because when we deal in billions and trillions of dollars it can be dizzying.

The nuclear-powered aircraft carrier, the U.S.S. Gerald R. Ford, the lead vessel of the U.S. Navy's latest class of carriers, cost $13 billion. That should give us some idea of just how massive this project is and how expensive it is.

Mr. Secretary, implementing and improving the VA's Electronic Healthcare Records System, executing Congress' mandate for full interoperability, the DoD systems, has been this committee's top priority for several years.

Mr. Secretary, fourth, I'm curious as to why 17 percent of VA's leadership positions are still vacant two years into this administration. You're in the middle of two massive overhauls and both positions, the Deputy Secretary and the Undersecretary of Health, who are supposed to oversee the EHR modernization and the MISSION Act implementation, are currently vacant.

Congress is already struggling to get detailed briefings, real transparency, and a true partnership on implementing these initiatives and those key vacancies make it even harder.

And finally, I'm extremely concerned about the VA's efforts on mental health. I was horrified as long--I--and I'm sure everyone in this room was as well to read in read in the Washington Post an article titled "The Parking Lot Suicides," which detailed 19 suicides that occurred on VA campuses from October 2017 to November 2018, seven of them--seven of them in parking lots according to your department.

Mr. Secretary, the most recent parking lot suicide was in my home state of Florida. The Trump administration has said over the past two years that preventing suicide is a top priority. It's certainly been a top priority of this subcommittee and you also mentioned in your "state of the VA" address that veteran suicide is one of your top priorities and I take you at your word, but I have to ask the question, "What's going on?"

We've increased funding for mental health every year and I can state for a fact that every member on this dais, every member on the Appropriations Committee, and every member in this Congress strongly supports VA Mental Health programs. So, if there's one thing, Mr. Secretary, that we need to get right, and we have spoken about this privately, and I know you agree, it's preventing veterans' suicide.

It's an epidemic. We have to ensure that you've adequate resources to do so, but once we give you those adequate resources, you have to succeed and success--what success looks like to me is significantly reducing veteran suicide.

So, I appreciate you both being here today. I look forward to your testimony, Mr. Secretary, and I'd like to recognize my Ranking Member, Judge Carter, for his opening remarks.

CARTER:

Thank you, Madam Chairman. Good morning. I want to thank Chair--Chairwoman for holding this hearing--excuse me. I also want to thank you, Secretary Wilkie and Dr. Stone for being here. I look forward to having a discussion on how we're doing in serving veterans who've kept our country safe and free.

I was pleased to read in your written statement, the customer service and trust scores are rising and that the VA is leading in other ways, such as safe and appropriate use of opioid medications, but there continues to be problems and challenges.

Just yesterday, the Washington Post--Post reported now the VA Medical Center in the nation's capital is ranked in the bottom 10 percent of all of the departments of hospitals. News articles like this are disturbing, not only for the problems they reveal but also because they obscure the amazing work and dedication of so many VA's employees and volunteers.

I think you'd agree with me that there's no excuse not to do the best for our veterans. Speaking of dedicated employees, I'd like to mention Christopher Sandles, he just left us and we're really going to miss him. He's been the Director of the Central Texas Veterans Health Care System in Temple.

We worked tirelessly to revitalize VA services. He's a devoted public servant--servant, has been a trusted friend to both my office and the community at large. I'm sad to lose him to the VA's San Antonio office but I know he'll continue to be an excellent leader who puts veterans first.

In closing, Secretary Wilkie, I'd like to publicly invite you to visit Central Texas to see our facilities and incredible staff as well as the veterans they serve. My congressional district has the most veterans of any district in Texas.

I'd--we'd give you a big hearty Texas welcome, and you've already been there before, you just told me that, learnt a little Texas history, and you might even get some good Texas barbecue. Thank you for--I hope you'll consider this invitation and let's make it happen soon. I yield back my time.

WASSERMAN SCHULTZ:

Thank you, Judge Carter, and Secretary Wilkie, your full statement will be entered into the record and if you can summarize your remarks in five minutes.

WILKIE:

Thank you, Madam Chair and Judge Carter. I'll start, Madam Chair, with the conversation that you and I had. I'm relatively new to this side of the house. I've spent most of my career in the other body. And my

first full day on the job at VA was August 1st, and by way of my own history, I'm the son of a gravely wounded combat soldier.

I've served as an officer in two services, the Navy and the Air Force, and I've been a senior leader in the Pentagon. So, when the president asked me to take on this wonderful opportunity, it was my father's recovery that was on my mind and as a result of that I'm very proud to be part of the VA team.

Last September, I testified in front of the Senate and then later in December to a joint House Senate Authorizing Committee that the state of the Department of Veterans Affairs is better. It's better because of the support from this subcommittee and the authorizers.

It's better because of the attention paid to the department by the president.

I said then that we were on the cusp of the greatest transformative period in VA's history. I now say we're in the middle of that. But in addition to the things that you, Madam Chair, pointed out, let me talk for a minute about where VA is as a department.

Last fall, the Partnership for Public Service for the first time in decades listed the department as one of the best places in the federal government to work. In addition, the Annals of Internal Medicine put together by Dartmouth said that the medical care provided our veterans at our VA facilities is as good or better than in any region of the country throughout the private sector.

And the Journal of the American Medical Association said that our wait times in three of the four major categories exceed any found in the private sector. We're in the middle of several major modernization efforts, but the first thing I'll say today in terms of a new initiative is that I'll be announcing that for those who hold the Purple Heart, a recognition of wounds taken in battle, that we will now place those who hold that decoration at the front of the line when it comes to claims before the Veterans Department.

Appeals and modernization, which stems from that--we're on schedule to fulfill the mandate of the Appeals Modernization Act and we announced last--last week that the Appeals Modernization Act is now being completely fulfilled. As you mentioned, we're adopting the electronic health record use by the Department of Defense, I say that as part of personal pride.

I mentioned my father earlier in my statement, when he finished 30 years of service, he concluded that service, after jumping out of airplanes for most of that time and receiving terrible wounds in Vietnam, holding an 800-page paper record.

It was my decision and in cooperation with then Secretary of Defense, Mattis, that the days of our veterans carrying around one non-interoperable record will no longer be the case. That will be the center of the transformative period that we've now entered. A transformative period that includes the modernization of our VA supply chain and the reform of our human resources capability.

We're on the path set by this Congress to fulfill the mandate given to us by you in the MISSION Act and I'll conclude by saying what I did in front of several VSO conventions about what our mission is. I believe

that our mission is to help remind all Americans that they sleep soundly at night because of the service of 19.9 million American veterans, 9.5 million of whom are in our VA system.

So, I look forward to answering your questions and I thank you for your many courtesies to me.

WASSERMAN SCHULTZ:

Thank you, Mr. Secretary, for your remarks. Members will proceed with the standard five-minute rounds alternating sides, recognizing members in order of seniority as they were seated at the beginning of the hearing at gavel in. I'd ask just that members be mindful of the length of time it takes for you to ask--you to ask your question leaving enough time for the Secretary or Mr. Stone to answer within your five-minute time block.

With that, Mr. Secretary, as I mentioned in my opening remarks, you recently came out with the proposed MISSION Act's access standards that allowed greater flexibility for veterans to receive care in the community. And that certainly what the MISSION Act's intention was, however, the flow chart here is concerning because, as I mentioned in my opening remarks, every single pathway here essentially leads a veteran to care in the community as opposed to care at the VA.

This to me looks like the VA is trying to push veterans out into the community. So, please tell me how this process that you have laid out here in this flowchart is not taking giant steps towards privatizing the VA?

WILKIE:

Thank you, Madam Chair. Let me--let me go back to the history of our department. My most famous predecessor was Omar Bradley, who took the reins of this department after the end of World War II. Since that time, about 30-35 percent of all VA care has been in the private sector. What that chart shows you is not a deliberate path to privatization.

No one has advocated for that. This Congress certainly didn't intend that and I don't intend that. What that does meet is the mandate of Section 104 of the MISSION Act which says that the interest of the veteran will be central to any decision that we make. What that does is, if we're unable to provide a certain service to that veteran, that veteran then has the choice to go into the private sector to receive that particular type of care.

It doesn't mandate that we're turning veterans out into the street and I believe that, based on the statistics that I gave at the beginning of my presentation, that we've a customer service satisfaction in VHA of about 89.9 percent.

Veterans will go where people understand their culture and speak the language of service. What we saw with the Choice Act was less than 1 percent of those eligible for Choice, took advantage of that.

WASSERMAN SCHULTZ:

Mr. Secretary, I--I also--I want to be mindful of my--of my own request on five minutes. So, with--and I--I've heard you say many times, you've said it to me privately and I've heard you say it publicly that you're not interested in privatizing the VA and that's not your intent.

So, how are you working to keep veterans in the VA system because this chart certainly doesn't--isn't demonstrative of that goal? Are you making any efforts to encourage veterans to continue to receive care within the traditional VA system, if it's the best option for them?

And most importantly, under the current Choice Act, access--the--the asset for the access standards, 8 percent of enrollees are eligible for community care options. And the new proposed MISSION Act standards will increase the eligible enrollees that can receive care outside of the VA to 20 percent for pri--primary care, 31 percent for specialty care.

That will more than double the number of veterans eligible for care in the community and that will undoubtedly increase the cost of the program and we will still be supporting medical services as we should in the VA.

There's not been an--a real excellent ability demo--demonstrated by the VA at projecting the actual costs of the community care and Choice Act costs. So, how are you not going to have an explosion of costs here and how are we not going to be driving veterans out of the VA system?

WILKIE:

Well, what you described is my point, eligible, and what we're doing in VA today is making sure that we change to fit the new demographics of the veterans' population in the country. We're expanding the aperture on women's choice. We're expanding the aperture on traumatic brain injury and a host of other issues that particularly affect the modern veteran. But eligible for the veteran to make the choice.

I'm a classic example of what happens with Choice. As a youngster, my parents, under CHAMPUS, the precursor of TRICARE, when Fort Bragg couldn't provide me with medical care, Fort Bragg sent me to Duke University. Rest of my care that was not addressed by Duke in that particular circumstance was taken care of by military medical facilities.

So, again, the mandate is to keep the veterans' health at the central--the central node of our change but allow the veteran to choose, if we don't have the service to keep him healthy, the opportunity to go into the private sector. And as we've seen, with Choice and as we--as we've seen throughout our history, a vast majority of veterans choose to stay in--in our system.

UNKNOWN:

Thank you very much, Mr. Secretary. Ranking Member, Carter.

CARTER:

Thank you. I think you know that I was proud to be the--to sponsor the provisions of the MISSION Act that allowed the VA to cover medical costs for someone who donates an organ or bone marrow to a veteran, even if that person is not eligible for VA services.

Last week, VA announced that this new authority will be addressed later and in a separate regulation from the proposed access standards. Please explain the rationale for this decision. Are there unique challenges to implementing the new authority? What's your projected timeline to issue the regulation on this?

STONE:

Ranking Member Carter, we did separate that out. The complexity of the access standards became such that we felt that it was much more straightforward for us to bring these out as separate pieces. That's actively in development, and within the next three weeks, we will be releasing the--the trend--the--this additional regulation.

Now, we're very proud of our transplant program and the fact that it leads the way in quality in many districts and in many areas of the country, and therefore, it's essential that we bring this out and link it back to the access standards.

CARTER:

My concern for doing this in the first place was I keep hearing and it seems to be a fact that about 1 percent of American population actually serves in the military and if you couldn't donate unless you're a veteran--that would--that leaves you with about 99 percent of the people not eligible to donate and that seemed to be a ridiculous rule.

STONE:

And we appreciate, sir, the--the leadership in this. We do participate in the National Donor Program list and therefore our veterans are eligible to receive donors from across the country and previous legislation that you're well familiar with has led us down that road.

CARTER:

Well, I'm looking forward to, you know, that--once you're in the category of you either get a donation or you die, delay is very concerning and that's what I'm trying to avoid. So, I'm looking forward to the new regulation. I'll be looking forward.

STONE:

Yes, sir.

CARTER:

New Construction and Facility Maintenance--somewhat like this subcommittee you're required to take a broad look at the conditions of--in current facilities and those needs. I know you're into the MISSION Act. VA also is conducting capital asset reviews. Tell us about how you approach construction and maintenance programs? What factors do you consider when thinking of building a new VA Medical Center and how much of a role does community support play in that decision?

WILKIE:

Judge Carter, we're at the beginning of the process of conducting major market assessments across the country which will then inform the Asset Infrastructure Review Commission, which was established by the MISSION Act, of the current budget for construction for this current fiscal year is about $13 billion.

Our purpose in the market assessment reviews is to determine where assets need to be delivered to address the greatest need of our veterans. We'd the contract kicked off for the market assessments in mid-December and phase one of that will be completed in 2019.

In your district, as you mentioned, the fastest growing VA district in the second fastest growing state, when it comes to a VA population, we're moving on the road network in Temple and we're prioritizing Temple's VA Center to address the needs of that exploding population. So, this is part of our reform and it's a vital part of our reform.

I'd like just to--to address for a minute--I--I--didn't finish answering the question about privatization and where our veterans vote with their feet.

Last year, there were 58 million appointments in the VA. That was an increase of 630,000 veterans from the previous year. So, our veterans are voting with their feet and they're--they're voting to stay in our system.

CARTER:

My time has expired. Thank you.

WILKIE:

(OFF-MIC)

WASSERMAN SCHULTZ:

Okay. Mr. Case.

CASE:

Mr. Secretary, I spent in the--in the district work period. I went to a veteran's fair in Honolulu. You say here that you've been to Hawaii, thank you for that first of all. And I was--it was--I was struck by some disparities in that fair. I--I went relatively unannounced. They knew I was coming but I--it was--I had no official role other simply to walk around and talk to people. It was a fair where you'd the--the--our federal effort represented very well as well as state as well as private. And so, in that sense it was a very good example, I thought, of cooperation across the various sectors in caring for our veterans.

And there was a great diversity of veterans there as well. Some very senior veterans as well as some very recent veterans, and I guess my overall impression was that there were so many programs that were of benefit for the veterans but being delivered somewhat inconsistently and I--and I--and I reflected that perhaps Hawaii, and I don't want to focus only on Hawaii because we've many, many veterans across the county that there was a great disparity in--in availability of care, quality care because in some parts of our country there's great care, very available, very timely, and then in other parts and this is true inside of Hawaii itself, it's very hard to get the care. You wait a long time for care and it's not exactly the right care that you need.

And so I--I would like you to just step back for a second and give me three of the biggest challenges you think you are facing right now and what you really want to--to try to cover the continuum to kind of take all of these great programs and--and make them all work better together for a greater variety of veterans across this country.

WILKIE:

Well, I--I will focus on Hawaii. One of the reasons I went to Hawaii is that it's one place in the country where you don't have to explain military service to anyone. It has unique history. I believe I was the first VA Secretary to visit the Big Island and had discussions with the governor, he--

CASE:

Since that's my home island, that's a very good answer but--

WILKIE:

Yes sir. But let me tell you why I--I focused on Hawaii; 129 thousand veterans in Hawaii and about 55 thousand are not part of VA. When I talked to the governor about, who was working with us to reach those 55, the reason it is so uneven and there were probably many people at that seminar with you who are not part of the VA system and this impacts on issues like homelessness and suicide.

Those are the three areas, I believe, that we have to form a more ro--more robust partnership with the states, with NGOs, with VSOs. Getting people into the system, suicide prevention as--as the Chair stated and homelessness.

Hawaii has a homeless problem, and with so many of the veterans outside of our system, I need to put more resources into our homelessness outreach because there is a continuum in Hawaii that I saw. Homelessness, suicide, mental health, they all form the basis for a great problem.

If we can make it work in Hawaii by putting more resources in, I think we can make it work in other parts of the country. The other side of that, and I know you are concerned about it and it's something that's been central in my seven months, is the outreach to native peoples, your sister state in Alaska, over half of the veterans aren't in our system.

Hawaii and Alaska are two states where people go to get lost and we have to find them. And I've asked the native peoples to help in Alaska to double the number of tribal representatives out in the--the islands of the Pacific where you have the highest per capita particip--of service and the highest per capita awarding of the medal of honor amongst the warrior cultures of the Pacific. We haven't paid enough attention to them.

And so, those are the areas that I'd focus on and I am not saying that because you're--you're asking the question, I think it was evident by my approach in Hawaii and I'm headed out to the Pacific Islands later this year.

CASE:

Thank you. I would really encourage you on the outreach because care is accessible to many but it is inaccessible to too many and as you well saw especially on the island of Hawaii, the Big Island. I think you said it well. Sometimes people go to some places to get lost. So, it's not a matter of just being available, it's a matter of actually going out and reaching veterans who have those needs, where frankly many times they don't want to be found. Thank you. Thank you very much for your comments, very relevant.

WASSERMAN SCHULTZ:

Thank you, Mr. Case. Mr. Rutherford.

RUTHERFORD:

Thank you, Madam Chair. Mr. Secretary, I--I really appreciate you being here this morning and--and in fact, I also have some constituents here this morning from Florida who do some amazing work with canines working with veterans who are suffering from PTDS and--and also TBI and MST. As you know, we're--we're waiting for the report--on the service dogs study to be completely and released. Can you give me any timeline on that?

STONE:

I can't, but will--will get it for the record and--but that program has been very positive and we've experienced, what we think are, really outstanding outcomes from the use of canines in both traumatic brain injury, chronic traumatic encephalopathy as well as PTSD.

WILKIE:

And--and--and I would say, sir, that in my previous life as the Undersecretary of Defense for Personnel and Readiness, I did expand the use of service dogs for our wounded veterans. I know the impact that that has had on veterans who have--have suffered from the conflicts in Iraq and Afghanistan, so I'll get you the data on that.

RUTHERFORD:

Thank you. I--I will tell you, the K--K-9 is for warriors--uh--down in St. Augustine-- and this had an amazing--I--I mean the anecdotal stories are amazing of the lives that they are saving with--with that program. So, I--I await anxiously for that report.

STONE:

If I--If I might add, and this goes back to Madam Chairwoman, your comments in the opening; transitions in life and especially transition from uniform services results in risk, and that risk is about isolation. What the K-9's do is correct that isolation. And all of us grew up in a time where there was cohesive communities.

Many of our service members do not come from cohesive communities and therefore, we appreciate what you're saying, we agree with your impression, and we will get you the data as soon as we release it.

RUTHERFORD:

Thank you, Dr. Stone. Also, Mr. Secretary, due to our high veteran population and the lack of a VA Medical Center, other than, you know, a couple of sea box that--that we have. Providing prompt payment to our community providers, through the Choice Act is--is critical to our success. I can tell you in Northeast Florida, we've had some serious issues with payment and as a result, we've actually had facilities write letters that they are not going to treat veterans because their accounts receivable have gotten to be so enormous.

And--and I know the MISSION Act was designed to address some of that, can you tell me how--how that's going forward?

WILKIE:

Yes sir. And--and--and you have hit on something that was stunning to me. The best example is actually what happened in Minnesota, with the Mayo Clinic, a clinic that really began as the outgrowth of--of medical deed after World War I. Mayo doesn't participate in community care any longer. What we have done is, we have let the contracts for companies to take over the accounts for community care. Choice cannot exist as you pointed out, particularly in the fastest growing veterans' population in the country, which is Florida, unless we pay our small-town doctors, our community hospitals and clinics.

So, we are on track with the MISSION Act, to have the four regions of the country and the Pacific Islands, which will be region five, to have those account procedures in place. Legacy payments will be taken care of first. A place like Florida, Texas, and--and Hawaii will probably be at the top of the list because of the size of the veteran's population.

RUTHERFORD:

Thank you. And last--last question before my time runs out here; the Veterans Healing Veterans Program under section 304 and actually sections 301 and 303 which deal with, you know, the--the getting doctors in and keeping them into the VA, good qualified doctors. Can--can you talk about those programs and how they're--how they're moving forward now, after the MISSION Act?

STONE:

Yes. Hiring veterans that have recovered from addiction as part of Veterans Healing Veterans has been a very slow process. And although we're making progress, really getting the right veteran that it ensures that they are well qualified to take on that role has been slow.

I think the easier portion of the question to answer is really about retaining physicians and providers. We have done very well at both recruiting and--and retaining physicians, recognizing the fact that there are remote areas of the countries that are difficult to reach. And in those remote areas, this is why we've dramatically expanded our telehealth services.

RUTHERFORD:

Thank you. My time has expired. I yield back.

WASSERMAN SCHULTZ:

Thank you, Mr. Rutherford. Mrs. Bustos?

BUSTOS:

Thanks. I want to thank the Chairwoman for ho--hosting this committee hearing and also our ranking member. And--and thanks to both of you for your wiliness to be here in front of--in front us. Mr. Secretary, I love how you mentioned the big island and your focus on that. I'm going to take you to Rock Island, okay? Along the Mississippi River. So, that's the county where I live.

And just to--to give you a little context about the congressional district that I serve, it's 14 counties, 7,000 square miles, goes up to the Wisconsin State Line. Of course, the western boarder of the district is the Mississippi River and we boarder Iowa.

Of the 14 counties in my congressional district, 11 are almost entirely rural. And we have some unique needs in--in rural America, so this doesn't just apply to a district like mine but in rural areas across our country. And what I hear when I visit any one of the seven VA clinics that serve our congressional district is, first of all, I think most are very satisfied.

I hear a lot of good reports from--from our veterans very satisfied with their service, but transportation is an issue in--in a lot of our areas. How they get to two of the hospitals, that's VA hospitals that serve the congressional district that I represent, are outside the state. One is in Iowa City, one is in Madison, Wisconsin, the other one is, you know, and hour away from--from a good part of the people who--who go there.

So, I'm just wondering if there's any way to address transportation needs in rural America, that--that would be like 1A. And then 1B would be; any thoughts of partnering, for example, with mass transit districts or just--just kind what we could see ahead where I could give answers to these veterans who bring this up.

WILKIE:

Well, I--in my original presentations, I talked about the leadership of VA and the nation not understanding the scale of the American West, but I would add that Illinois is the Plain State. And it's just as every bit rural as Montana and Dakota.

The reforms that we need to implement to make VA a modern 21st century healthcare administration include, making access, as you pointed, to rural America a reality. One of the ways we're doing that is expanding telehealth. That also addresses the mental health issue that the Chair has championed for so many years.

Getting our veterans on the screen with doctors across the country. In their homes, which is vital in--and the doctors tell me for mental health, that is the key, and also addressing the transportation needs. But I think, immediately, getting them access to our VA Medical Centers through telehealth and also coming to this committee and to your counterpart in the Senate and discussing ways that we can make it easier for medical health professionals to come to VA and spend their time in rural areas of our country.

That to me is as great a concern as any, and I'll let Dr. Stone finish the answer.

STONE:

So, many of the VSO's support us in rural areas with the donation of vans and then run various transportation districts, and that's been a great partnership, and I would be happy to discuss that in--in your area, to see could we get it expanded into that.

In addition, going back to the Chairwoman's opening concept of holding up the, sort of flow. In--in the MISSION Act, there are six ways in which veterans qualify to go out. One of those, written in the statutes is; is it in the best interest of the veteran? And in some of these areas, they are so remote that it is in the best interest of the veteran to not travel a great distance, even when transportation is provided.

And it's one of the things that--that we really like about those sort of six criteria in the MISSION Act is that we can reach into that to do what's best for veterans.

WILKIE:

And I would add, with Judge Carter sitting here, I've said in many of my speeches that loneliest sign in America is on Interstate 10 in Houston, and it says, "El Paso, 910 miles." Those distances are something that we have to overcome with modern technology and I--I believe that MISSION gives us the framework to do that.

BUSTOS:

Thank you. And Dr. Stone I'll follow up with you separately on--we do have some clinics where--where the transportation literally is, we don't have a partnership with the VSO's who are--who are providing that transportation in some of our clinics. So, we--we'll follow up with you on that. And again, really appreciate your--both of your service to our country.

WILKIE:

Thank you.

WASSERMAN SCHULTZ:

Thank you, Mrs. Bustos.

BUSTOS:

Yield back. Thank you.

WASSERMAN SCHULTZ:

Thank you. Mrs. Roby?

ROBY:

Well, good morning, Mr. Secretary, Dr. Stone. I'm not really sure where to begin other than to say, I'm grateful for the opportunity to have you here today. I'm grateful to be back on this subcommittee for this congress.

Central Alabama VA has continued to be one of the worst VA's in the country. We had Dr. Teresa Boyd here, your Under Secretary for Clinical Health. Two weeks ago, I'm not sure you've had a chance to talk to her about our discussion, but specifically, VISN 7 and Central Alabama's Healthcare System, CAVHCS is what we call it, which falls within the jurisdiction in the facility's current state.

I'm not sure, Madam Chair, that my five minutes is--is enough for you to fully appreciate and us to have a real conversation about what's been going on there for many years. But in my time in Congress, I have worked diligently with leadership there and at the Vison to make sure that our veterans are receiving the best care that we can give them. As I said to Dr. Boyd, we don't know each other well, but you will learn in--in the course of this time that I'm very passionate about this issue, but I'm very frustrated.

I don't understand why the VA works on a bell curve, and somebody always has to be at the bottom of the barrel with a one star. We should warn every single healthcare system across this nation to be the very best that it can be in serving our veterans. But we are unable to get simple things right, like just saying, "Hello" and greeting a veteran in the morning when they come in for their appointment, to make them feel valued and that somebody cares, to very egregious behavior that I can give you some really specific examples, which I would like the opportunity to do so, so that you can fully appreciate what's been going on in this healthcare system over the course of many years.

A culture of complacency, gross mismanagement that is taking place over many, many years. Again, I would like the opportunity to talk to you very specifically about some of the worse cases that have come through, but I can tell you, I want to be in the grocery store and have a veteran come up to me and tell me how wonderful their experience was at the VA, not have to look into a man or a woman's eyes that has served our country honorably and see tears in their eyes where they have just flat out given up, because they cannot get appropriate care.

We should be giving them the best care in a timely fashion and it just isn't working. And so, I'm grateful, again, for the opportunity to be here with you today, but I'm tired of getting status quo answers to why we continue to be one of the worst in the nation. And so, again, I'm--I'm hopeful that we, over the course of the next weeks and months can cultivate a relationship so that you can fully appreciate and understand what's going on.

I would like to invite you to come to Alabama, to visit the VA there, and spend time seeing firsthand what's going on. But this is not working, it's not the way it should be, and it is a huge disservice to our men and women who have--have served our country.

WILKIE:

Let me--let me say, I'm in Alabama a lot, my parents are in North Alabama, so, that's an easy thing for me--

ROBY:

--Okay, come South--

WILKIE:

--They're in--they're in--they're in Hampton Cove, so, let me--let me tell you; I have said, and you hit on it, that the prime directive for me is customer service. It is vital that the--the first experience a veteran has is that greeting. And I've said that it is not the veteran's job to employ a team of lawyers to get the VA to say, yes. It's up to us to say yes.

And I am particularly cognizant of what has happened in--in Central Alabama. I know that in many places in the country have started because of the legislation passed by--by this--this Congress. I've started to replace leaders and hold them accountable, and in terms of the specifics as to what has been done in Central Alabama, Dr. Stone can--can fill in the most recent history, but I take what you say seriously.

STONE:

So, I have talked to Dr. Boyd about the conversations that you had and we welcome the partnership to work with you. Central Alabama demonstrates the problem with the sale system and the bell curve, because there's parts of the functioning of Central Alabama Healthcare System that are actually doing very, very well.

For instance, mortality during hospitalization is some of the lowest in our system. Secondly, RN turnover is very, very low. And we retain some excellent medical specialists and excellent RN's at very high rates.

That said, the simplicity of courtesy to our veterans is at the lowest across our entire system. So, this may reflect problems in our leadership, but yet, our leadership team is fairly stable, including almost two years in place of the current medical center director, and a willingness of that leadership team to work with our corrective action team, what we call our rapid team, which clearly has not worked rapidly in Central Alabama.

But this is a deeply troubled facility and one that, although there are some positive pieces of their performance, the concept of customer service, which is the Secretary's prime directive, to correct customer service, has not impregnated that facility effectively at all. So, I look forward to working with you.

ROBY:

Our time is way expired, but Madam Chair, thank you for--just, please, can we have a continued discussion outside of five minutes, I really would like to work with both of you on this, we're just not getting it right and we've got to get it right.

WASSERMAN SCHULTZ:

Thank you. And Mrs. Roby, thank you for your compassion and your leadership. There's just no excuse for there to be, not just a weak link--link, but a totally broken link in any portion of our system of care for our veterans. And, you know, it would be one thing if this was a recent deterioration that, you know, we just need--we just learned about and need to begin to try to get right. But this is a grossly irresponsible ongoing problem that has not been corrected.

And, it is not just the priority of Mrs. Roby, but it's the priority of this committee and we're here to back her up, just so you understand. Thank you. Mr. Bishop?

BISHOP:

Thank you very much. Let me take this opportunity to welcome Secretary Wilkie and Dr. Stone. And let me start by echoing Mrs. Roby's concerns. I represent a part of the Central Alabama Vison, which is East Alabama and West Georgia. I hear the very same concerns from my veterans who go to the Central Alabama facilities. And I'm equally disappointed, not because, Mr. Secretary, you have not personally

been responsive and not because I don't believe that you and your staff are sincerely concerned, but we still have those persistent problems, they're systemic and they very much need to be addressed.

Let me thank you for your efforts in the start up of the new VA clinic, community-based clinic in Columbus, which will go a long way to satisfy the concerns that some of our veterans in west--west--West Georgia have with regard to the service that they're getting at the Central Alabama Vison.

But you need to know that there are some very systemic problems there. I have heard continuously, particularly a drumbeat from my constituents of ongoing problems that exist with regards to travel reimbursement. Can you discuss why the veterans continue to face this issue with such a lag between the time that the travel reimbursements are--are issued and the time they actually incur the expenses, because it creates a real burden for them--particularly for those who have to travel and don't have personal transportation to get back and forth for their--their veteran's treatment.

WILKIE:

Yes sir. We have initiated, in seven months that I have been privileged to--to be here, a focus on our entire benefits compensation program. People think of Georgia and they think of Atlanta. Georgia is a--primarily a rural state. You represent Fort Benning, but you are surrounded by farms.

BISHOP:

Right. Half of my district is rural and half of it is urban.

WILKIE:

Yes sir.

BISHOP:

Making Columbus an Albany of the urban centers, but everything in-between is rural.

WILKIE:

So, we are--

BISHOP:

--It's about 50-50--

WILKIE:

--Yes sir. We are looking at making sure that not only are people reimbursed, but they are reimbursed to reflect modern conditions. Many of those reimbursement rates are based on an old formula. So, we are--we are taking a look, not only to get those payments out, but to--to modernize them.

I mentioned previously that I have a particular concern for rural America. And one of the things that we're doing to alleviate some of the burden on those families is the expansion of two things; telehealth, and then the mandate of the Congress to compensate those family caregivers who take care of Vietnam veterans, in particularly the majority of your--of veterans population in--in--in Western Georgia, Vietnam, and getting that care closer to home and--and supporting those families is vital as well.

BISHOP:

OK. Thank you for that, and we'll continue to monitor that. I understand that some of the VA's local contracting officers have overturned or denied contract awards based on a misinterpretation of the supreme court's decision in the Kingdomware case, and the VA's related guidance regarding set aside rules about overturning the prior contract awards and declining to exercise contract option use on the property competition contracts, thereby potentially increasing cost for the VA and then limiting veteran's access to quality care.

What--what are the VA's specific plans to address the government accounting officers' recommendations regarding inconsistent decision making in the contracting process and what is the time frame for action? And what actions will the VA take to ensure that the issuance and consistent application of new guidelines are to implement the government accounting officers' recommendations?

WILKIE:

Sir, I have met with the leadership of GAO, and my instructions to the department are that we do everything in our power to fulfill the recommendations of GAO across the spectrum, not just here, but in--in other areas as the Chair pointed out in her remarks about suicide, there's a recent GAO report on that.

So, the Kingdomware issue is one that we are--we are working with GAO on.

BISHOP:

Do you have a timeframe?

WILKIE:

I don't have a timeframe, no sir. But, in the last seven months, it has been something that has been on my plates.

BISHOP:

Can you get back with us with a timeline?

WILKIE:

Oh, I will. Yes sir. Absolutely. Absolutely.

BISHOP:

Thank you very much. My time has expired.

WASSERMAN SCHULTZ:

Thank you, Mr. Bishop. Mr. Hurd?

HURD:

Thank you, Chairwoman, gentlemen. I appreciate you all being here. First, let me start off with Mr. Secretary. You have a phenomenal representative in West Texas. The West Texas VA Director, Kalautie JangDhari is awesome. We just opened up a--a facility in Fort Stockton where about 4,000 veterans are not going to have to drive four hours just to do simple things like get blood drawn.

Also, you talked about telehealth, I have more cows than people in the middle part of my district, and you can't have telehealth if you don't have telecommunications, and we're going to put a couple of people in headlocks to make sure that the right kind of--of telecommunications are getting into some of these facilities, some places there are--there are a block away. And I'm on the case, we're going to crack some heads, and hopefully get back to you with--with a good report.

Let's talk electronic health records. And since I've been in congress, four and a half years, I know there's been multiple folks involved in this. One of the most outrageous answers to a question I've ever asked in my entire life was on electronic health records between the VA and DoD, and the answer to my question was 10 billion and 10 years. There's no question I can ever think of that the answer should be 10 billion and 10 years.

And so, I think the VA and DoD--I'm glad you've accepted going to one electronic health record. I know implementation has began in the Pacific Northwest region. I would welcome your--your feedback on

how that is going and hopefully the answer to the completion of this is not going to be 10 more years and 10 billion dollars.

WILKIE:

No, that is a projection. I--I was very proud to work closely with General Mattis about creating electronic health record that began the minute an American walked into the military entrance processing station, wherever that American may be, and that there is a handoff.

The key for me was in our operability. The ability of the VA to see the entire health record of--of a veteran. We have had, according the Press, hiccups, but we should have hiccups.

My last position at--at DoD, I was also the head of the Close Combat Task Force, I would never put a weapon in the hand of a young marine that I had not thoroughly engineered, and I had not thoroughly tested on the range. We are testing the system to find out what doesn't work as well as what does work.

HURD:

So, in--in your understanding, and--the joint legacy of a viewer is not in our operability. It is a patch, and I recognize that. I know congress, we've done 782 million for the AHR monetization effort in FY18, FY19, we did 1.1 billion, I'm supportive of this program, and I think most people here are supportive of this program. However, why is it taking so long to map one record to the other? And have we completed that mapping, the data mapping?

STONE:

Let me say to you that we recognize your concern and it's our concern. But recognize the fact that VistA has 131 instances. What that means is there are 131 datasets that go back decades that must be, no only data mapped, but must be combined into a single instance before you can migrate the data over into the center product.

And therefore, this is not simply about bringing an electronic medical record to life, this is about moving from a highly disjointed system without data integration to one that is fully data-integrated and therefore then inoperable--

HURD:

--Of the 131 instances, do you have a breakdown of what percentage of the total records is in each instance?

STONE:

Yes.

HURD:

Okay. Could you share that with the--with the committee?

STONE:

Would be happy to.

HURD:

And is there one that has a bulk? You know, what is the largest of those 131 instances which has the largest number of records in it?

STONE:

I--I cannot tell you that, but we'd be happy to have the team come and talk to you about it and--and--

HURD:

--And of that 131, how many of them have been mapped to the new system?

STONE:

It's my understanding that the vendor has mapped all of them for the transition. Now, there's another piece of this, and that is one of the problems that we saw in the Department of Defense, is the problem with user acceptance, especially in their initial goal of--part of user acceptance is change management and therefore this is--this is more than--than simply filling the electronic record, sir.

HURD:

Thank you.

WILKIE:

Madam Chair, may I ask your indulgence for a moment to--to finish a response, but it's also in response to something you said at the beginning.

WASSERMAN SCHULTZ:

Yes.

WILKIE:

You mentioned suicide and mental health. The reason that the electronic health record is so important is something that's not readily seen, and that is the inoperability, in an issue like opioid abuse. So, on an issue like opioid abuse, if some veteran comes to us, a veteran comes to us and we give that veteran 30 Tylenol-3, and then that veteran will go into the private sector to his local doctor, and that doctor gives him something to sleep, under this process, that local doctor will punch that information into the record, so that now a warning has gone up in VA that we have a veteran who is on the spectrum for abuse addiction or something worse, and it allows us to intervene.

To your point about mental health, it applies to the same thing. With warning indicators from different sources coming into the system, that is the only way, I believe that we modernize VA again with the-- and I would say this is in--in response to the privatization charge. My view of electronic health is that it keeps VA at the center of a veteran's health, because it's VA that is bringing the information in and supervising everything that goes on in the veteran's life, so I thank you for the indulgence. Thank you for the question, sir.

WASSERMAN SCHULTZ:

You're welcome. Thank you. Mrs. Pingree?

PINGREE:

Thank you, Madam Chair. Thank you Secretary Wilkie and Dr. Stone for being with us here today. I'm sorry I was--one of my other committees and missed your earlier testimony but I appreciate you taking the time with all of us.

So, the DoD and the VA have focused significant attention and resources on the serious and continuing problem of sexual assault and harassment in the military MST, which impacts men as well as women. Almost two decades ago, the VA created a relaxed evidentiary standard for claims following MST, recognizing that most survivors do not tell and would not therefore have significant or specific evidence in their service records.

This was a big leap forward, but it ended up being insufficient. As the regulations were written, the relaxed standard is only available to those diagnosed with PTSD, not to those with other diagnosed mental health disorders. Since that time, medical science has advanced, we better understand the range of mental health disorders that sexual trauma can cause.

Including major depressive disorders or anxiety disorders, as well as newly recognized trauma disorders as defined by the American Psychological Association, in its DSM-5. This means that a veteran who survived rape or sexual assault, cannot present secondary evidence to support a claim of service connection, if he or she has a diagnosis other than PTSD.

So, my question for you is, do you believe that VA policy should be updated with a uniform standard, so that all veterans who are diagnosed with a mental health disorder, due to sexual trauma, during their time of service, are able to be eligible for claims of disability benefits with the same evidentiary standard?

WILKIE:

So, I'll let Dr. Stone answer the particulars of the medical conditions. But I will say, that all veterans seen for healthcare are screened for MST, for military sexual trauma. Even those veterans who are not otherwise eligible for VA care, because of length of service or what have you, come to VA and will be treated for military sexual trauma, and the consequences of that.

It is a--we have an--an MST coordinator in every VA healthcare system. It is a reflection of something that the chair has been working on for many years. And that is a recognition of the change in the composition of our veteran's population. I'll just give you the--the statistics. My father was commissioned two months before President Kennedy was inaugurated.

Less than one half of one percent of the force was female. Today, the active side, it's 17 percent, it's going up to 20 in VA, that means it's about 10 percent now. In some places like Fayetteville, North Carolina, its 19 percent. So, military sexual trauma--we have reversed many of the problems that existed with the adjudication of those claims. And I'll let Dr. Stone finish the--the medical explanation.

STONE:

So, we want a wide aperture to attract veterans in. The numbers are frankly staggering. Half a million women veterans are engaged with us for healthcare; 29.1 percent of them, over 125,000, have experienced military sexual trauma. But even after we screen everyone, male or female, for military sexual trauma, not everyone accepts care.

Only 80 percent of women with evidence of military sexual trauma, by history, accept care with us. We need a wider aperture, and we would support anything that would bring them in at a more effective rate. The second piece is that, over 75,000 males, screen positive for military sexual trauma, almost 2 percent. And when you begin to look at that, and as the parent of a daughter, as well as the husband of a veteran, these are deeply troubling numbers.

So, VHA would support anything to update regulations. They would recognize the emerging nature of this problem, and to bring them in. But recognize that today, that even if you're not registered for

healthcare, you are welcome to come to VHA for care. Or come to one of our vet centers, and we'll bring you in.

We recognize that trust in this system, although very high with our engaged population, we need to do everything we can to reach out, and--and bring that additional population in.

PINGREE:

Well, thank you for recognizing the significance and scope of the problem, and also acknowledging that it is both a male and female issue. And--and goes back quite a long time. And, I--I'll just look forward to working with you. I'm about out of time. But I'm also not just talking about coming to the VA for care, but qualification for disability benefits.

And, that is in particular, what I'm concerned about. So, can I just confirm that you're willing to work with me on--on those very specifics that we can't work out today?

STONE:

Yes, congresswoman.

PINGREE:

Thank you, very much. Thank you, Madam Chair.

WASSERMAN SCHULTZ:

You're welcome. Thank you, Ms. Pingree. We'll begin our second round of--of questioning. Mr. Secretary, I want to turn back to the issue of VA, veteran suicide prevention. As you mentioned, as I mentioned, it is--is, I don't think we really have a higher priority in this subcommittee.

It's something I've been asking about, and focusing on since I became the ranking member. And I know the VA says, that it's the highest clinical priority. But actions speak louder than words, and we have a November 2018 GAO report, that found the VHA's suicide prevention media outreach activities declined in the last few years. That included public outreach to raise awareness of the Veterans Crisis Line.

The Veterans--Veterans Crisis Line itself has had its own set of problems, which were the subject of an IG report or an IG investigation. Social media content declined 86 percent between 2016 and 2018. The VHA only spent $57,000 out of their $6.2 million paid media budget last fiscal year, on veteran suicide outreach.

How many veterans could we have potentially reached, if the proper funding for outreach was used? When we're talking about the veterans' population who are at risk of suicide, veterans are very proud

individuals. They are not folks who we are able to reach through normal channels, and notice as they cross the threshold of a VA, of a VA hospital or--or clinic.

That's an--completely unacceptable situation. And I want to know what happened with the spending of this funding, over the last couple of years, and how you're fixing it.

WILKIE:

Let me start with that GAO report. And I will say that, I mean it's, maybe self-serving that that GAO report stopped--that the reporting date stopped before I became secretary. And of that $15 million, I believe I authorized $12 million to be spent in the last two months of the fiscal year. Because I agree with your assessment. And I think I've mentioned that to you, in--in one of our--our two visits.

WASSERMAN SCHULTZ:

You did.

WILKIE:

Suicide prevention is the tragedy that you-- I mean, suicide is the tragedy that you mentioned. So, 14 out of the 20 veterans who commit suicide, are outside of VA. And that also includes, probably two to three every day from active duty, and a number from the Guard and Reserve.

We are spending $206 million for suicide prevention in FY 2019. We have had 20,000 outreach events in this fiscal year alone. I will also say that one of the tragedies that we have--and I mentioned it to--to, Mr. Case--

WASSERMAN SCHULTZ:

I--I--I'm sorry, I--I--I want to be mindful of my own time, and I want to ask you to focus on the--what are you doing to change the numbers? I understand what you have been doing--

WILKIE:

Right.

WASSERMAN SCHULTZ:

The numbers have not--

WILKIE:

Do you want to--do you want to--

WASSERMAN SCHULTZ:

--substantially changed.

WILKIE:

So--

WASSERMAN SCHULTZ:

So, if it--it--it, if we are guilty of doing the same thing over and over, and expecting the same result, then that's the definition of insanity.

WILKIE:

So, the crisis line, 2000 calls a day. We are expanding our footprint, in terms of social media outreach. You were correct, the department didn't do that in-- under prior leadership. That's a bipartisan criticism. We have national security--I mean, national suicide coordinators implementing a national strategy for the first time. And I'll let Dr. Stone finish, in terms of the clinical response.

STONE:

I think there's two ways to approach this. Number one, to find risk subpopulations of, you know, what makes up the 20 a day. Number two, to do a public health outreach. And part of the outreach in the media portion that you have referenced Madam Chair, is about reaching out through--to the whole veteran population.

But taking--

WASSERMAN SCHULTZ:

Not--not, a--a--as opposed to just those who you're interacting with already?

STONE:

Exactly.

WILKIE:

So, I--I--I had mentioned earlier to--to Mr. Case, that in his state, half of the veterans are not in our system. And, I have gone in fact to native populations, native nations, and asked them to double their efforts to get to the--get that outreach. One of the sad things is that we know that the majority of those who take their lives are--are from my father's generation, the Vietnam era.

Some of these issues began when Lyndon Johnson was president. And I would be lying to you if I said, I would be able, you would be able to eliminate all of them. I will say though that the tragedy of the 19 who have taken their lives on VA property in the last two years, we've also had almost 250 interventions on those campuses, in stopping that.

There's no connection that we found clinically, between the taking the life in Bay Pines, and the taking of a life in Atlanta. Again, I would be guilty--

WASSERMAN SCHULTZ:

Except that those are--that those are veterans that are getting treatment--

WILKIE:

Yeah.

WASSERMAN SCHULTZ:

--that are in the system--

WILKIE:

And that's why the outreach is important. Particularly--

STONE:

Madam Chair, not all--

WILKIE:

--non--nontraditional--

WASSERMAN SCHULTZ:

I want to let Dr. Stone just finish.

STONE:

Yeah, not--not all are getting treatment. One of our most recent suicide, over last weekend, occurred in a veteran, who came to us because he knew and he had left a note, that his family would be taken care of and informed of his death. He was not in care with us. So, you can't lump all of these together and say it's some sort of message.

What we do know, is that there are portions of this population that we can identify. For instance, three a day, come from veterans who have tried to commit suicide previously and were in our emergency rooms. And when they're in our emergency rooms, they survive their suicide attempt. But then they go out and commit suicide.

So, we released earlier this year, a study with Columbia. About what we call, a suicide safety contract. That we have now expanded across our entire delivery system. And we are now beginning to get anecdotal evidence of saves, across our entire system, and we can review those.

And I know I've gone over the time. But the other problem we're having, is three a day that we count as veteran suicides, are never activated Guard and Reserve. And those never activated Guard and Reserve are not eligible to come to us for care. And we're working with the Guard and Reserve Act leadership at this time to try and figure out how to bring them in. That could be really some support from you in the future.

WASSERMAN SCHULTZ:

If you need our help, please let us know.

WILKIE:

And I would also add, when you mentioned leadership at the beginning of your statement. We now have the Pentagon's top expert on our staff. Dr. Keita Franklin, that is new. She is permanent now. And that is a sea change and we are increasing the size of--of--of her office to reflect the concerns that you've--you've laid out.

WASSERMAN SCHULTZ:

Thank you. And I apologize for going over my time, and I really want to make sure that we can laser focus on this. Both in terms of our resources and making sure that we have the right structure in place

to make sure that it's--it's not foolproof. We're not going to catch every veteran. A very determined person is going to commit suicide, if that's what they are determined to do.

But anyone we can reach, that's--that--that--we--we have to--we have to do everything we can, to have our system, make it more likely that we can. Mr. Carter, Judge Carter.

CARTER:

Thank you, Madam Chairwoman. Wow! First, what Mr. Hurd was talking about, I came on this committee in '04. We talked about it in '04. That's 15 years we've been talking about interoperability between Defense Departments. And we--and the $10 billion may be short, but it's--we thought money--and--we've--it--I just can't--it drives me nuts. Secondly, everybody knows, both the Army--I mean I work--I've worked with--with suicide prevention in the military and outside of the military, and in the VA, and it--it--it--this is a horrible thing.

What bothers me, the VA shouldn't have the reputation of this going on forever and neither should the military. And we--I don't know what the solution is, but I know of some three-star and four-star generals that have been pulling their hair out on the issue of suicide. So, these are--these seem to be never ending conversations, and that really hurts.

Now, enough tirade--

(LAUGHTER)

--and by the way, whatever's happening in Alabama, fix it.

(LAUGHTER)

Okay? Now, in Temple, I don't have a lot of problems. We'll tell you this though, whenever I go talk to veterans--and I do this all the time. I get together with these vets all the time.

They say, good news, medical care is great. Bad news, is the people between us and the medical care that are driving us crazy. And we think we work pretty good. That sounds like part of what our problem is. I just wanted--I want to raise a couple of quick issues that are relative to my district.

In--I asked you to come visit. We're proud of our--our hospital, we're proud of our people, we think they do a good job. We had to change that; 10 years ago, I couldn't say that. Today, I can say we're--the healthcare is really good, and people are happy with it. They're--they're getting happy with the other part. We're 50 years old. We're seventh in the nation for overall military retirees, and--and--and veterans in the whole country.

And what--that's why I asked the first question about your review of the system. And--and as you look at it, I'm not asking for you to rebuild the whole thing. But I want you to take a look, if you can, especially the ambulatory care. We've--we've really got an issue there and that's really all I want to say about this.

Finally, this--this--this came up--veterans, for a long time, have needed audiology, hearing aids. I got some. The demand is high, the backlog--log is huge. And in '16 we authorized our hearing specialists, following consultations on the qualifications they needed, to have the service. Have the qualifications been established? Does the VA plan to address the variability amongst state licensing requirements? Can the VA set a national qualification standard?

Because, when you get to the age of our Vietnam and Korean War, and whoever survived in World War II, this is something you really need.

STONE:

So, hearing aids are one of the largest prosthesis that we buy, probably second only to CPAP machines. As a--as a combat veteran who has combat-related hearing loss myself, I am incredibly appreciative of the VA's expertise in getting me audiology equipment in my ears today, that I can actually hear you.

And so, we do very, very well in a national contract in how we buy hearing aids. Our ability to get veterans in, the bureaucracy that people have to go through, needs substantial work to resolve. But once the veteran is in, the care is as good as any place in the world.

CARTER:

And I agree with that. I do agree with that. I don't hear that complaint. It's getting in that's the--complaint--the complaint I hear.

STONE:

And that bureaucracy is the primary focus that we focused on in--in many of your colleagues' questions this morning of "How do we improve that?" And therefore, is the number one effort of the Secretary to improve customer service and reduce that bureaucracy.

CARTER:

I--I think I'm, close to retiring, so--

WASSERMAN SCHULTZ:

Thank--

(LAUGHTER)

--Thank you. Sorry, Mr. Case?

CASE:

I think first of all, I--with respect to your stat on Hawaii, that 50 percent are not in the VA system, I don't want to--I don't want to have the impression left that that's because of any innate feeling on the part of the VA, or as a result of outreach. Actually, probably a lot of that is accountable to a very good state law that we have--

WILKIE:

Absolutely.

CASE:

--which provides a very high level of coverage as long as those veterans are employed. This law was a pretty revolutionary one. It's been around for decades now. I wouldn't--

WILKIE:

And I didn't want to leave that impression.

CASE:

Okay.

WILKIE:

Absolutely not.

CASE:

Well, I think, I just wanted--you know, when you said that, it jarred me a little bit. So, I don't want to--I don't want to say that. However, outreach is still the issue. Because, there are too many that are not covered under that law or for that matter any other state. I think what I--I wanted to follow up on a--on a--on a comment on VSOs from this perspective.

Because I'm going back to my--my veterans fair in Honolulu example and--and--and walking around and talking to the VSOs, incredibly committed. Committed, you know, in many different ways. Do you feel that we are adequately incentivizing or encouraging or welcoming VSOs into the continuum of outreach and care?

Or are there ways that we can do a better job there? And I--what I don't want to--to say in the context of this question is, that they should in any way, shape or form replace the obligation. But, they're clearly there. They want to help. They're motivated to help. And--and are we--I just asked the open question, are--have you considered whether there are other ways that we can, you know, additively, include them in the care?

Especially in the areas that we've talked about today. Whether it be outreach, because, as you well know, you know, veterans are the best people to outreach to veterans. And transportation, where they certainly do much of--of the care right now. And--and I'm sure you know about the ways.

So, can you comment on VSOs a little bit, and whether we can-- whether you've given thought in that direction?

WILKIE:

I think Dr. Stone will agree, we--we could not do what we do without them. If you go to the medical center on Honolulu, you go to the--the clinic on--on the Big Island, there are offices that the VSOs maintain. They are--they are really the living link to the veterans' population. They provide much of the legal and intellectual support for our veterans who are looking for answers on benefits. So, they are an integral part of our community.

What has changed though, is the nature of the veterans' population and you see that in Hawaii as well. For the first time since the fall of Saigon, more than half of our veterans' population is now under the age of 65. And that is where we have to go beyond traditional means, because they're not joiners. They don't follow the pattern that the Vietnam era, the Korean era, and the World War II era have.

So, many of the nontraditional avenues that are out there, we are trying to enhance. I won't name them, because I've been naming them, I'll exclude some. But I'm actually trying to expand the aperture on the number of institutions we can bring into VA to reach out to.

CASE:

By veterans? Private institutions, private institutions or--back to--back to my question. VSOs specifically--

WILKIE:

Yeah.

CASE:

--are there--

WILKIE:

Yeah.

CASE:

--are there policy judgments, legislation--

WILKIE:

No, no, no I don't think so.

CASE:

--what are the areas that we can do to (INAUDIBLE)--

WILKIE:

As long as they meet our standards. So, now we're looking at groups like--I'll just name a few, that weren't there 10 or 15 years ago. Wounded Warriors, Elizabeth Dole Foundation, Independence Fund. People who address specific needs in the veterans' community that, in some cases, are new.

So, expanding that group is absolutely on target. And I'll--I'll get you a report on--on how we're doing that.

CASE:

Thank you.

WILKIE:

Yes, sir.

CASE:

Yield back.

WASSERMAN SCHULTZ:

Mr. Rutherford?

RUTHERFORD:

Thank you, Madam Chair. Mr. Secretary, I'd like to follow up on--on a question I asked in the first round, on the Section 304. It's my understanding, if you don't fund Section 304 provision very soon, that the--the VA will miss the deadline for the class entering 2020.

Is there any assurance that you can give us that the funding will be made available for that--for that class? Or when it will be available? You just said it was slow and never really gave us a timeline.

WILKIE:

Oh, the GI bill. Yes. Let me--let me--let me address GI bill. I made a command decision back in August. We weren't doing right by our veterans. The IT system that we had was not able to adopt to the changes that the Congress wanted. And I said we will get money--money out to our veterans, even though it was based on the previous year's funding levels.

I expect that by December of this year, we will have fully satisfied the dictates of Section 304 and we will have made our veterans whole. And that includes making sure that those veterans who have been overpaid, do not have to pay us back.

RUTHERFORD:

Yeah, I--I--I may have confused you with the question. What--I'm actually talking about the veterans, healing veterans--

WILKIE:

Oh, I'm sorry. I thought you--

RUTHERFORD:

--based on the getting the--the physicians. I'm sorry.

STONE:

So, we--we have certainly struggled with the fact that the complexity of the MISSION Act was--was an unfunded mandate. And--and therefore, portions of this have been a struggle. We do believe we're going to have the scholarship dollars to bring forward, and we'll be able to repurpose some money to do that. And so, I'm optimistic that the scholarship dollars will come through.

RUTHERFORD:

By--by the time for the 2020 class?

STONE:

Yes.

RUTHERFORD:

Okay.

WILKIE:

I apologize for misunderstanding.

RUTHERFORD:

No that's--No, that was my fault. But, if I can ask questions, since World War II, veterans have had the right to choose their prosthetic and orthotic care whether in VA facilities or in community-based clinics that nay be more convenient. There was a proposal in 2017 as you know.

And again, in 2018, to make the VA rather than the veteran, the final arbiter of where veterans can receive that care, can you talk a little bit about what the intent is on that issue?

STONE:

I don't think that proposal has gone any place. And we remain convinced that this is a very complex discussion between the veteran as--as well as our providers. And the--the tiebreaker should always go to the veteran. If the veteran is comfortable with a prosthetist out in the community, that's where it should stay.

RUTHERFORD:

Okay.

STONE:

Now, we do--

RUTHERFORD:

So, there is no concerted effort to move that back inside, VA only?

STONE:

There is not.

RUTHERFORD:

Okay.

STONE:

But going back to the hearing aid discussion that we had earlier or the CPAP, we are moving CPAP into a nationwide contract. And in the effort to do that, that is to be good fiduciaries of--of what you provide us in funds. We do not feel the same way about the prosthetic work. Now, in the prosthetic work, it is just so complex and such an intimate relationship between the prosthetist and the veteran that we've--we've got to allow that to continue.

RUTHERFORD:

Okay. And my time is almost up, but I'd like to ask one more question. Well, first let me congratulate you and the president on the executive order dealing with the official time. Horrific situation that we--that was existing, where nobody was even tracking official time. You know, GAO couldn't even determine how many hours were being used, a horrible situation.

A doctor who spent 100 percent of his time on--on--on official time, saw no--no patients that year. Can--can you tell me where--where we're at in that--cleaning that program up?

WILKIE:

We--we've--we've implement--we've implemented that. You mentioned the situation that we found ourselves in. About 430, 450 professionals, medical professionals, did not see a patient, did not read a record. And the tragedy there is that, with us competing for medical talent across the country, that that is something of a--that is a disservice to the veterans that we serve.

RUTHERFORD:

Well, thank you and congratulations on the great work on that, by the way. And my time is up, I yield back.

WASSERMAN SCHULTZ:

Thank you, Mr. Rutherford. Mr. Bishop?

BISHOP:

Thank you very much. Mr. Secretary, it's my understanding that the Department of Veterans Affairs has close to 46,000 job vacancies. And are these vacancies, close to 41,000 of them, on the healthcare administration area? What is the department doing to fill these vacancies, and how much is pay parity affecting the filling of those jobs?

And in connection with that, as one of the four statutory missions, Department of Veterans Affairs is required to conduct education and training programs for students in healthcare professions to enhance the quality of care provided to veteran patients within the Veterans Health Administration.

As you know, one of my major concerns over the years has been the VA's relationship with Historically Black Colleges and University Medical Schools. Can you elaborate on the VA's partnerships with Historically Black Colleges and Universities? And what can the VA do to increase targeted training and education programs for the HBCUs and the minority serving institutions? And what are the plans to expand the relationship with these institutions?

If you can sort of integrate those two questions, the vacancies and the relationships with the HBCU medical and health profession's universities.

WILKIE:

First, goes back to something that the Chair said about leadership. When I came to VA, on second or third day, I had two briefings from two senior people. Each giving me a different number as to the number of employees that we had. And I asked what I would ask in a military environment, where's your manning document?

And you know, because of your service, manning document is requirements and the people who--who meet them. We didn't have a manning document. So, I managed to bring over the senior personnel officials from the Air Force Department and they are working on that.

In terms of our vacancies, we hired 45,000 new employees last year. Each--each year we gain more staff than we lose. We had a nine percent vacancy rate, which in American healthcare system is a lot lower than the average, which is about 19 to 20 percent. I would be lying to you if I said I'm going to look to fill all those vacancies.

What I need to focus on, and what Dr. Stone is focusing on, is where we have the greatest need. Primary care, women's health, mental health, those are the--and nursing, those are the areas. We are improving those outcomes. And in terms of the outreach to historically black colleges, and that medical training, it is absolutely vital.

And I mentioned this in some part when I met you last year at your conference. I am very cognizant of underserved populations and their con--those, the contributions those underserved populations have made to national defense.

When I visit Atlanta again, I hope to visit the historically black colleges in the Atlanta area to talk about those. And I'll let Dr. Stone fully answer the--the issues that go with making sure that we bring more of those doctors and nurses into our system.

STONE:

If in fact our vacancies were affecting wait times, we'd be very concerned. And, but our wait times are actually reducing across our entire delivery system. And, therefore, as we approach the fact that both of us come from DoD where we're used to having manning documents, and we have not had one here and continue to build out a manning document, I would ask you to consider that.

BISHOP:

Yeah let me--let me just--

STONE:

Thank you.

BISHOP:

--I--I--I beg to differ with the, and maybe statistically you are reducing the wait times. But I have a staff member who was diagnosed with--with cancer, I'm sorry who--who had a--a fall, she's a veteran. And it took her like two months to finally get to an orthopedic to get scheduled for the reconstructive surgery that she needed on her knee. That was unacceptable. And she's a staff member. So I mean I--I don't know if the wait times are shorter or not, but I--I--

STONE:

So there's a nationwide problem within the lack of orthopedic surgeons across the entire American delivery system. With that said, it doesn't mean we shouldn't be working to recruit every orthopedic provider we can. So let me--

BISHOP:

She got it outside--

STONE:

--come to the next--

BISHOP:

--the VA. She--I think the CHOICE Program.

WILKIE:

And--and I think that's--that's the key to the Mission Act.

BISHOP:

Getting the permission to do that was--was what caused the delay.

WILKIE:

The chart that the Chair has if--if a veteran does not have access in a timely manner to those specialty services we give that--we will give that veteran the opportunity to go into the private sector. Because the veteran's health is--is the key.

STONE:

So with the Chair's indulgence, we have 1700 academic affiliations, five of them are with Historically Black colleges and universities. Those are essential partnerships that are--we'll continue to focus on in the Mission Act, as we attempt to obtain great physicians and nurses to--to serve our veterans.

BISHOP:

Let--let me just say this in regard to my--my staff member. She was out of work from September until February, as a result of her--of the slowness and the delay in being able to get her surgery, being able to do a real--rehabilitation and being able to come back to work. That is entirely too long for a--for a just a reconstructive surgery for the knee.

WILKIE:

May I ask what VA Medical Center she was in?

BISHOP:

Central Alabama.

WILKIE:

Central Alabama.

WASSERMAN SCHULTZ:

Mr. Hurd.

HURD:

Thank you Madam Chair. I--I want to echo something that Judge Carter said, again, veterans they love their care when they actually get it. The frustration is, you know, everything between them and getting their care.

And--and Mr. Secretary, if you do come down to central Texas, let's get you down south and west Texas as well. We'd love--love to host you and show you some organizations like Pink Berets, which is an entity that is helping on--on MST. And we're working with them to make sure they're part of the--the VA family, so much like a--an organization like Endeavors. These are--these are folks who are doing some--some really incredible work.

And--and I want to get back to the--the, some of the technology piece. I am glad that you know there's 131 in--incidents of vista, because two years ago we didn't know that number. That is a sign that we're moving forward. So this is probably the first time I've ever been encouraged about the movement.

And--and--and I--I will say, what y'all are doing in trying to achieve a longitudinal healthcare record is really transformational, not only for our veterans population, but for--for all American citizens. Because I do believe this becomes a national standard for others to--to apply. So that's why we spend so much time. I think this is. We're always going to be supportive of--of that effort.

FITARA Scorecard, Mr. Secretary, do you know what your score is? On the FITARA Scorecard? It's a B plus, that's pretty good.

WILKIE:

(INAUDIBLE)

HURD:

Yeah and--and that--that's why I ask it that way. It's a B plus because you have given a lot of authority to your CIO. Your CIO is reporting either directly to you or the deputy agency head. You are doing things like, you know your software licensing within your network, that's going to help you save a lot of money.

However, the one area is the MGT Working Capital Fund, that's Modernizing Government Technology. This is a fund that's supposed to be avail--available to help you. When you make good decisions to modernize your infrastructure. That money you save from, you know, getting rid of some of the software licensing that you're not using, can be put back into modernizing your system. Your FITARA Scorecard indicates that you are creating a culture of modernization.

And I would welcome, at a future hearing, your report on why you do not have an MGT Fund, because I think that is a tool that cannot only help with this EHR effort, but modernizing your systems, like scheduling, to make sure that's not as cumbersome of a process.

If y'all have a comment on MGT I--I'd welcome it, otherwise you can submit it in writing.

WILKIE:

Yes I will, but let me--I'll--I'll address that in response to comment that the Chair made at the beginning when it comes to vacancies in leadership. We do now have the Assistant Secretary for C--for our IT systems. One of the Pentagon's leading experts, confirmed now. And in terms of the Program Head, or EHRM Captain John Wyndham, who worked on and developed some of the Navy's most complex IT systems.

So we are--we are moving on the leadership. And my view of leadership is to give those with the talent the leeway to go. I apologize, I didn't know the--the score--the--the acronym. But it is reflective of a command philosophy that I learned in the military.

HURD:

And--and--and you're an example for--for other entities. And--and one--one area, I'm former CIA. Spent almost a decade as an undercover officer. Many of my colleagues are, what we call, ground branch or air branch in special activities. These are--are men and women almost exclusively out of the military. I believe it's like 99 percent come from the military.

They put on a--a different kind of uniform that most people don't recognize, right. But often times, they are injured in service to their country. Now it's under the operational control of the CIA and--and not

Department of Defense. And often times, they do not benefit from some of the--the care that they could get at the VA.

I would love to work with you on this. I know some of my colleagues on the Senate, I don't know if this is an issue that you're aware of. If you are I'd--I'd welcome your feedback. However, this is something that, again it's a--it's a small subset of individuals. But these are men and women that are going in--truly into harm's way on their own. And--and this is an important issue to try to address.

STONE:

So in--in combat operations, I was intimately familiar with the sacrifice that these members make for our country. That said, one of the most deeply troubling pieces of that was the inability for us to move them through the system in an effective manner. There's lots of complexity that we would look forward to working with you on it.

WILKIE:

And I'll talk to Director Haspel.

HURD:

Excellent, I--I appreciate that. And--and Madam Chair, thank you for the indulgence and--and I yield back.

WASSERMAN SCHULTZ:

My pleasure. Thank you Mr. Hurd. And thank you for your service. Ms. Pingree.

PINGREE:

Thank you Madam Chair. I'm concerned that the VA is departing from some of the Congressional intent through an overzealous interpretation of the VA Accountability Act, by relying too heavily on quantitative rather than qualitative metrics when assessing personnel performance.

Our offices hear every day from veterans who are stressed out from the experience with the VA claims process, which obviously you've been addressing quite a bit today. And while there's a need to address the frustration with backlogs and delays, VBA's adjudication changes have now left veterans feeling that the goal is simply completing claims without attention to quality processing, denying when possible, and making it difficult to appeal.

I hear from employees who say the VAA is being implemented for regional offices to hit their "metric", with a focus on speed rather than accuracy, more volume and less personalization, more work with less support. If turnover is high, and employee pride in jobs satisfaction are suffering, that negatively impacts veterans.

I know of six cases of VBA employees dismissed at the Togus VA Hospital, which represents my area. Some dismissed employees are veterans themselves. Some had decades of service and were within months of retirement. And they represented employees with years of positive quality metric.

Your testimony states that there is an 11 percent vacancy rate at the VA. A VA report says 3106 employees were removed in CY 2018 under the VAA. How many of those employees were replaced? How long does it take to train a veteran's claim rater? How do you compensate for the loss of experience, when a long-time employee is replaced by a first-timer?

I'll also just add that, I understand the drive to make the system more efficient. But do you think it's an efficient use of resources for the department to be so aggressively focused on numbers, rather than quality, and showing experienced people the door, rather than use positive incentives to improve productivity?

WILKIE:

Let me--let me address what led to the changes that this Congress mandated. We had backlog of claims and appeals numbering over 600,000. That was untenable. As part of our drive for modernization, both on the claims level and on the HR level, we are changing the system so that veterans do not have to wait, in many instances, for someone to actually touch a record.

There's enough experience in the Pentagon and in the private sector where automation will help, particularly in the triaging of those claims.

The second part of--of your question is, what are we doing on the other end of that, in appeals modernization? You are correct that a--a quick solution is not always the best solution, which is why there are now three lanes of claims. There's the higher level review lane, there's the standard review lane, and there's the supplemental claim lane that will address the concerns that veterans have if they believe that they have not been given a full hearing.

We have also expanded the number of--of employees who are in that VBA system. I will get you more numbers to answer the specific--specifics of your question as to how many we have replaced. I don't know that off of the top of my head.

But modernization on the HR side is absolutely vital. And we have to get our veterans through the system. And part of that is modernizing the system which you--you know a great deal about.

STONE:

Let me add to that if I may. There is never an excuse for malicious behavior, reckless negligence, or criminal behavior. But we have 341,000 humans giving care inside the VHA. To err is human.

And therefore, we must create a just culture that recognizes the fact that errors can occur and focus on the why, not the who in order to prevent veteran harm, and prevent harm across our medical care system.

So if that was the focus of y our question, I think that we didn't--we are rolling out a just culture effort across the entirety of the VHA. And we had the opening, 18 hospitals participate in the beginning of that last week.

PINGREE:

So thank you for your answer. And I will appreciate seeing, sort of more numbers and background. And just to reiterate, I--I understand and I think that's a common concern and particularly on people who have served on this Committee much longer, about the wait times and the frustration with that, and decisions being made.

But I guess I'm just adding some anecdotal information that says, that if there's too much of a focus on numbers, and we lose good employees, could cause problems. Thank you Madam Chair.

WASSERMAN SCHULTZ:

Thank you Ms. Pingree. And thank you for staying on top of these really important issues. And last but not least, Mr. Cartwright.

CARTWRIGHT:

Thank you Madam Chair, and--and thank Secretary Wilkie for being here, and you too Dr. Stone. I want to talk about nurses for a moment. Exceptional nurses are just--just as economically valuable to a medical center as--as they are to the body, mind and spirit of--of a sick or injured veteran.

Does the VA have a plan for retaining high quality nurses in areas where private sector nurse pay is higher, and there is an unmet demand for nurse--nurses in the private sector?

STONE:

As you know, nurses in America change jobs a lot. In fact, on any given year, 17.8 percent of America's nurses change jobs. Within the VA, our turnover rate of our nurses is at 7.8 percent. Now it's not because we're paying them more, it's because they're connected to the mission, and they love the kind of care that a lifetime commitment to America's veterans delivers.

And if you wander through our system, almost universally, what our nurses say keeps them with us, is the ability to know their patients, and see them over and over again, across their lifetime. And of all the challenges of their lifetime.

That said, we do have problems with capping out of--of pay rates, especially in certain areas. And you've given us some latitude in locality specific pay where we can add some pay. But we still cap out. And that is an area that you will see some legislative effort in as we present to you options of how we might approach retaining nurses, as--as pay goes up.

The other thing is, maximizing the use of licensure to the maximum extent. We need nurse practitioners that can work to the peak of their license across the nation. And there are areas of the nation that we struggle with that, even with our federal supremacy.

CARTWRIGHT:

Thank you Doctor. Next question, a year ago, Congress reacted to the problem of scam artists targeting veterans and charging illegal fees for helping them apply for benefits, like the Aid and Attendance Benefit.

By passing the Veterans Care Financial Protection Act, which President Trump signed into law on March 9, 2018, can you give me a report on the Department's implementation of this law? And I don't mean to make it a pop quiz. If you want to respond separately that's fine too.

WILKIE:

No sir, I can respond to that. You've hit on a problem that we had to address. And it--I'm sad that it took a--an action of Congress for us to address that. But we give a warning to our veterans across the board, that there are individuals out there who are attempting to steal their benefits, their pensions.

We provide anyone who accesses--assesses our system, not only a--a verbal warning, but a link to the Department of Justice. We tell them when we meet with them that there is that option available. And we also refer any issues that veterans bring to us to our general counsel and our inspector general, and those are also handled in conjunction with the Department of Justice.

But it is absolutely vital that we continue that outreach to make sure that they are aware of the unscrupulous practices that exist out there.

CARTWRIGHT:

Thank you, Mr. Secretary. Finally, talking about the VA's Choice Program. I was concerned, AFGE requested a formal meeting with you, Secretary Wilkie, after you began your tenure. They have a statement out there that you--you have not responded to the union's request. At--at this point, have

you in fact met with the duly elected representatives of AFGE, which is roughly 70 percent of your workforce? Have you met with them?

WILKIE:

I have not.

CARTWRIGHT:

Will you?

WILKIE:

I will meet with them after negotiations are--are done. I can't--I--I will not step into the middle of that negotiation.

CARTWRIGHT:

Now the union's National President, Jay David Cox, contacted you on September 12, 2018, asking for a meeting to discuss important issues to your workforce. I do have a copy of--of the--of his letter, and I do ask unanimous consent to make that letter a part of the record, Madam Chair?

WASSERMAN SCHULTZ:

Without objection.

CARTWRIGHT:

All right. Will you answer his letter, Mr. Secretary?

WILKIE:

I believe I did back last year. I don't have a copy of it in front of me, but I think I did.

CARTWRIGHT:

Thank you.

WILKIE:

And I'll provide, if--if I--whether I did or didn't, I will provide you that copy if I did. I think I did.

CARTWRIGHT:

And if you didn't, you're going to write him a letter?

WILKIE:

And I will do that. Yes sir.

CARTWRIGHT:

Thank you, Mr. Secretary. Yield back.

WASSERMAN SCHULTZ:

With that good news, we've--we've reached the conclusion of our hearing. Without objection, please show the flowchart for Community Care eligibility of the VA Mission Act, pending revisions entered into the record. And just to remind members that tomorrow, we have a hearing that will focus on the border wall and its impact on military readiness. And that hearing will be at--in this room at 2:00 p.m. And the Committee stands adjourned until tomorrow at 2:00 p.m.

List of Panel Members and Witnesses
PANEL MEMBERS:

REP. DEBBIE WASSERMAN SCHULTZ (D-FLA.), CHAIRWOMAN

REP. SANFORD D. BISHOP JR. (D-GA.)

REP. ED CASE (D-HAWAII)

REP. TIM RYAN (D-OHIO)

REP. CHELLIE PINGREE (D-MAINE)

REP. MATT CARTWRIGHT (D-PA.)

REP. CHERI BUSTOS (D-ILL.)

REP. NITA M. LOWEY (D-N.Y.), EX-OFFICIO

REP. JOHN CARTER (R-TEXAS), RANKING MEMBER

REP. MARTHA ROBY (R-ALA.)

REP. JOHN RUTHERFORD (R-FLA.)

REP. WILL HURD (R-TEXAS)

REP. KAY GRANGER (R-TEXAS), EX-OFFICIO

WITNESSES:

SECRETARY OF VETERANS AFFAIRS ROBERT WILKIE

VETERANS HEALTH ADMINISTRATION EXECUTIVE IN CHARGE DR. RICHARD STONE

Source: CQ Transcripts

From: Tucker, Brooks
Sent: Thu, 14 Mar 2019 10:35:23 +0000
To: Powers, Pamela;Glynn, Melissa S.;Byrne, Jim
Subject: EHRM Staffing

Depsec, Chief and Melissa: I was given a summary of the JEC prep meeting and am concerned about the ramifications in short term of the low staffing numbers in OEHRM. (b)(5)

(b)(5)

Brooks

Sent with BlackBerry Work
(www.blackberry.com)

From: Tucker, Brooks
Sent: Tue, 19 Mar 2019 20:43:32 +0000
To: Powers, Pamela;Mashburn, John K.
Subject: FW: OCLA Topics for Discussion of Key Topics at the Upcoming Hearing Preps
Attachments: Murderboard Questions 3.19.19.docx

Chief and John, These are the questions OCLA will use in the upcoming SECVA preps for the Budget hearings. They cover a range of possible oversight and program execution vulnerabilities.

Brooks

From: Tucker, Brooks
Sent: Sunday, March 17, 2019 7:38 AM
To: Rychalski, Jon J. (b)(6) @va.gov>; (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Brazell, Karen (b)(6) @va.gov>; Stone, Richard A., MD (b)(6) @va.gov>; Lawrence, Paul R., VBAVACO (b)(6) @va.gov>; Gfrerer, James (b)(6) @va.gov>; Sandoval, Camilo J. (b)(6) @va.gov>; Mashburn, John K. (b)(6) @va.gov>; Windom, John H. (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; Balland, David (b)(6) @va.gov>; Haverstock, Cathy (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Subject: RE: OCLA Topics for Discussion of Key Topics at the Upcoming Hearing Preps

Note: Please excuse my misplacement on Colmery IT of the topic "and Development of Program Entry and Exit Standards"

The Caregivers IT topic should include a discussion of "Development of Program Entry and Exit Standards"

Sent with BlackBerry Work
(www.blackberry.com)

From: Tucker, Brooks (b)(6) @va.gov>
Date: Sunday, Mar 17, 2019, 7:31 AM
To: Rychalski, Jon J. (b)(6) @va.gov>; (b)(6) @va.gov>, Powers, Pamela (b)(6) @va.gov>, Syrek, Christopher D. (Chris) (b)(6) @va.gov>, Brazell, Karen @va.gov>, Stone, Richard A., MD (b)(6) @va.gov>, Lawrence, Paul R., VBAVACO (b)(6) @va.gov>, Gfrerer, James (b)(6) @va.gov>, Sandoval, Camilo J. (b)(6) @va.gov>, Mashburn, John K. (b)(6) @va.gov>, Windom, John H. (b)(6) @va.gov>
Cc: (b)(6) @va.gov>, Balland, David (b)(6) @va.gov>, Haverstock, Cathy (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Subject: OCLA Topics for Discussion of Key Topics at the Upcoming Hearing Preps

All: Due to keen Congressional interest at recent Hill briefings and overall coverage in media, OCLA has flagged topics where we think there needs to be a continued, deeper discussion prior to and during the SECVA preps this week -

Caregivers IT

Colmery Act IT and Development of Program Entry and Exit Standards

OEHRM Staffing

MISSION Act Decision Support Tool

MISSION Act Field Staff Training Plan

Infrastructure Spending vs Prior Appropriations

VHA Vacancies vs Authorized End Strength

We will work with OM to ensure there are adequate questions and background for discussion with SECVA and principals.

Brooks

Infrastructure

Mr. Secretary, Congress has provided the department over $4B the last two years to improve its aging infrastructure. Your predecessor, however, decided to use $2B of the $4B for the Choice Program. You have a crumbling infrastructure and you need to take care of it. With that being said, why are you not requesting more funding to support major and minor construction, and especially non-recurring maintenance?

Why is there a $663 million dollar decrease in funding for medical facilities?

At the beginning of 2018, VA had plans for reuse or disposal of 131 (30%) of 430 assets identified on the vacant buildings list, Mr. Secretary can you provide an update on how many current buildings in VA's inventory have been identified as vacant or underutilized and how much does it currently cost to maintain them? Can you also provide the committee a current list of vacant and underutilized buildings?

Since Cerner is a new system and we are aware of VA's infrastructure needs at the IOC sites and beyond, what plans does VA have to implement not only the IT but the physical infrastructure of the medical facilitates?

Market Assessments

Mr. Secretary, during a briefing on Market Assessments on March 14th, your staff indicated teams would spend a half day at each facility to conduct market assessments. Mr. Secretary, that is barely enough time to figure out where the elevators are. Do you support this hap hazard approach to such an important task?

Mr. Secretary, can you explain your recent statements requesting Congress move up its timeline for the VA MISSION Act's Asset and Infrastructure Review Commission despite the very prescriptive process required by law? Once the long-delayed market assessments are completed, how will you consult with VSO's and engage local stakeholders?

EHRM Overall

What area are you most concerned about that could be a showstoppers for the EHRM program to achieve IOC go-live?

What is your involvement in mitigating those risks?

EHRM Spending

Last fiscal year, OEHRM carried over $205M to FY19. What is the estimated carryover for FY19 into FY20 and what are the reasons for not spending the funds appropriated for the EHRM program?

Is the funding request inflated? If not, is this an indication that there may be a delay with the development and implementation of the EHRM program?

EHRM Workshops

How are the clinical council's workshops going in creating clinical standards? What are the risk areas if the clinicians are unable to agree on clinical standards to support the healthcare needs of our Veterans?

EHRM Joint Working Group

We been hearing about a joint working group established to create a joint program office and a report to be issued at the end of February. Has a report been issued and when will it be shared with this committee?

We understand that the only way this program will be successful is if DoD and VA work together. However, we also understand that some decisions that need to be made will be difficult for both Departments. How close are both Departments in selecting a person with the authority of the Departments to make timely decisions?

What about Cybersecurity needs, how are VA and DoD working through their differences? Is there a signed agreement between the Departments?

EHRM Hiring

Mr. Secretary, my staff has been told that the EHRM office has hired only 7 of the 274 authorized positions. Is this true? How can you expect to implement such an important program without the necessary people to do so? I am told there are many employees on detail, but that these are only temporary workers. We have had multiple hearings on this issue and not once has anyone, including your Deputy Secretary brought this manpower crisis to the committee's attention.

What is the staffing breakdown between contractors and government personnel (for OEHRM)?

Do you have the personnel needed to provide accurate oversight of the EHRM program?

How many personnel from VHA and OIT detailed to OEHRM?

How many clinicians and nurses from VHA have been reassigned to OEHRM?

VHA Hiring

There are just over 45,000 vacancies within the VA. This is an increase from last year by 10,000. What is contributing to these vacancies and what is the VA doing to fill these positions?

The high vacancy rate at the Ft. Harrison VAMC and throughout Montana is an issue I take very seriously. What are you and your HR department doing to bolster recruitment and retention efforts, especially in rural areas like Montana? I am told the Education Debt Reduction Program could be better utilized, is that true? (Tester)

Mr. Secretary, Physician Assistants (PAs) were identified in 2015 as a critical occupation. The VA Choice and Quality Employment Act of 2017 required the implementation of competitive pay for PAs to improve recruitment and retention to fill this important occupational requirement. Are physician assistants receiving competitive pay as required under the Choice Act? If not, when will the law be fully implemented?

Mr. Secretary, Congress has provided streamlined hiring authorities and the capacity to provide competitive pay in recent years yet the number of VHA vacancies continues to grow and I'm hearing the average hiring timeline is between four and eight months. VA is competing for clinicians within a labor shortage market and the time it takes to hire physicians and clinicians is hindering VA further in this competitive environment. Are VA/VHA recruitment and retention policies and goals adequate to address the growing number of vacancies within VHA?

Title III of the VA MISSION Act expanded existing Health Professionals Scholarship Program (HPSP), establish the Veterans Healing Veterans Scholarship, and establish a new Specialty Education Loan Repayment Program (SELRP) to recruit recent medical school graduates for service in VA medical centers. When will these three programs be implemented in accordance with the MISSION Act?

Digital Support Tool (DST)

The USDS report for MISSION Act identified that "little research has been done in the field to understand how Veterans, physicians, and clinical staff are currently providing and receiving care in the community through VA before new processes are established". How can any of this implementation be successful without understanding your own internal processes?

The USDS report also identified that, even though you and your staff have been repeatedly messaging that VA will be the center of the Veteran's care, and that the provider will work with the Veteran to determine eligibility – there is in fact a very different understanding among providers in the field. Can you describe exactly what the role a provider will be in determining eligibility for access to community care?

One of the most concerning issues identified by USDS was that the DST release assumes that eligibility would only be determined by the physician at the time of the consult request. Given the usability and responsiveness issues, adding this eligibility work to the already time-constrained physician in a worst-case scenario could increase each appointment by an estimated 5-10 minutes, forcing physicians to see approximately three fewer Veterans each day, and ultimately decreasing the VA's nationwide capacity by approximately 75,000 appointments daily. This degradation goes against the spirit of the MISSION Act to improve the Veteran's experience and quality of care. This is in direct contradiction to what has been briefed to this Committee in the past. What is the Department to address this issue? How is this not forcing more Veterans into the community?

The USDS report recommends that the DST be completely scrapped. Do you agree with this recommendation, why or why not?

The USDS report identified that "poor implementation and administration of the contracts implementing the statute and regulations pose real, life-threatening risks to Veterans. The may transition from one provider to another as contracts are awarded or lose access to their providers as they come in and out of network during these regional transitions". Your staff has briefed us on numerous occasions that the transition from TriWest to the new CCN contracts would be seamless and not affect Veteran's access to care. Will you commit to ensuring no care will be disrupted during this transition, and that Veterans will not have to switch providers due to a network contract change?

MISSION Act Outreach to Veterans

Section 121 requires the Department to educate Veterans on their health care options. What is being done to implement this? Has any work been done on creating education programs to inform Veterans about their new eligibility options by June 6th?

We know that the Veteran education during CHOICE roll out was a disaster, what is the Department doing to ensure that doesn't happen again?

GI Bill Housing Allowance Fix

What is the difference between the December rate adjustment and the future fix for section 107 and 501?

Is the VA going back to correct enrollment and make the Veterans whole?

Will the new contractor be using portions of Booz Allens product moving forward with the system integration project?

Caregivers

Mr. Secretary, your staff has shared that the Department will not be meeting the October 1, 2019 certification date as required in the law. The Department has missed both the original date of Oct 1, 2018 and now the Oct 1, 2019 dates – when will the IT system be certified? What is the problem with the IT System – how will you ensure this isn't another Colmery Act debacle?

Mr. Secretary, we understand that the Department is on it's fourth contractor for the Caregivers IT system. How much money and time has been wasted on the previous contractors? Was anything that any of these previous companies did salvageable? Why is this contractor going to be successful what three others have failed?

Mr. Secretary, when can Veterans and their Caregivers expect that the program will expand? When will Veterans of all eras be eligible to enroll in this program?

Mr. Secretary the Department has been communicating that Caregivers expansion will be on time, however in the presidents budget it appears that funding will not be available for expansion until June of 2020. Why have you been telling us one thing while all along you knew June 2020 was going to be a more realistic date? Does this mean that the two year window for enrollment won't start until June 2020? Does this mean that Veterans who would have been eligible if you had remained on time will not have access to services 8+ months later than they were expecting?

In FY 19 Congress estimated the VA would spend $865M, however VA believes it will only need $500M or less for this year. For FY 20 the Department requests $720M which includes MISSION Act – why do you estimate needing less the $800M to implement expansion? Has the Department spent any money on Caregivers expansion?

Women's Health

It is to our understanding that, VA now has at least two Women's Heath Primary Care Provider (WH-PCP) at all of VA's healthcare systems. In addition, 91 percent of community-based outpatient clinics (CBOCs) have a WH-PCP in place. VHA now has gynecologists on site at 133 sites and mammography on site at 60 locations."

It is of concern that with the increase in women Veterans that even these number of providers is insufficient. For example, the Greater LA Healthcare System is the largest integrated healthcare organization in the VA, and it extends from Bakersfield all the way to Los Angeles, and includes Kern County, San Luis Obispo County, Santa Barbara County, Ventura County, and Los Angeles County. Two women providers for a system this large is wholly inadequate.

Can you provide more details on the locations and availability of these providers and what the VA is doing to ensure that the needs of Women's Health Care are being considered in the future instead of waiting on the future to come in dealing with the need for Women Veterans?

Has the VA issued new rules about VA furnishing fertility services? How do fertility services, including IVF, work for same-sex couples, single people and people who cannot provide genetic material? Other than IVF, what are the other fertility services that VA provides? Can VA provide for a surrogate for Veterans with service-connected infertility?

Suicide Prevention

The committee is very concerned about the latest December 2018 GAO report regarding spending for the VA's Suicide Prevention Program, particularly in the area of advertising and getting the message out about awareness and prevention. With this new Executive Order, just announced by the President this past month, can you share some insight into how VA plans on ensuring the spending and allocation of funds towards awareness for the Suicide Prevention Program?

Recognizing that Women Veterans are more likely to die by suicide than non-Veteran women, and that Women Veterans are more likely than non-Veteran women to use firearms as a method of suicide, what

programs are you considering that will provide specific attention to Women Veterans and Mental Health Services?

Mental Health

How will VA improve access to mental health services, especially for Veterans with PTSD, TBI, and other brain injuries to avoid further tragedies and loss of life? Is VA putting a system in place to identify and assess troubled individuals so they can receive the additional treatment they need? If there is no planned system in the works, can you commit to establishing one?

How does the VA plan on increasing access to mental health care to Veterans who live far from a facility?

Why is there a $17 million decrease in medical research when issues like cancer, mental illness, opioid addiction, substance abuse, PTSD, and suicide prevention are affecting Veterans at increasing rates?

What specifically will the $426 million dollar increase in mental health services go towards?

Toxic Exposure:

We all hear often from veterans affected by toxic exposure, when will VA make the determination regarding Agent Orange presumptive conditions including bladder cancer, hypothyroidism, and Parkinson's like symptoms? And what steps has VA taken to follow progress intent and provide benefits for Blue Water Navy veterans? Burn pits Veterans? How does the fiscal year budget keep faith with our service member and veterans who've been placed in harms ways and exposed to toxic chemicals? As we add more those and more of them come forward, how does our budget deal with that?

Homelessness

What progress has the VA made to combat Veteran homelessness? Why is the amount of funding the same as last year?

Other

We have to recognize that 30 - 40 percent of all VA care comes from non-VA providers. And then we just need to get it right so the brick and mortar presence is exactly where it needs to be to provide the best care to the veteran. That said, does your budget provide enough resources for you to provide the care in the community as well as within your brick and mortar VAMCs?

Last year VA recently announced "an aggressive new approach" to improve quality at 15 of its lowest preforming VAMCs. Can you provide an update on the amount of improvement in the last year? How are you going to safeguard and improve upon the performance of VAMCs that are struggling in terms of providing quality care while at the same time build a costly network in the community? How are you going to pay for this?

VA has frequently boasted of the many advances in medicine and medical technology driven by VA research and development. Over the past 12 months there has been a lot of media attention, on having VA conduct research on the therapeutic benefits of medical marijuana – such as the drug's potential as a treatment for PTSD or as an alternative pain treatment to prescription opioids. Is funding available in the VA research budget for this research?

In December VA announced a partnership with VFW and American Legion, as well as some private partners, to set up telehealth sites at 10 VFW/TAL posts – where are those ten sites? (Hirono)

How is the VA working to improve the one-star Phoenix facility? (Sinema)

Themes from last year's SVAC Budget hearing on 3/21/2018

Isakson

Asked what happens if Congress does not pass this budget on time; will you be able to meet your increasing demands?

Tester

The budget deal provided an additional $4B for existing facilities. He asked, and Shulkin confirmed, that VA is going to spend half of this on Choice funding.

He said the budget is about priorities. He did not see VA being the priority, rather community care was the priority. Shulkin objected and said the budget balanced priorities.

Moran

He questioned how well the field understood and implemented "excessive burden" criteria for Choice.

Expressed concern that VA was unable to accurately forecast the resources needed to deliver care.

Murray

Expressed concern that VA continues to cut the caregivers program's funding.

Expressed concern that VA was not going to be transparent in where it was spending its resources (VA or in the community). Shulkin committed to transparency on a monthly basis.

Concerned about increasing homeless Veterans in Washington State.

Concerned about Walla Walla VAMC and its one star rating. Wanted to know what VA was doing (sending personnel and resources) to improve the facility. Shulkin said VHA was providing resources and teams to help one star facilities. Facilities would have to develop action plans with very defined time lines.

Concerned about IG's budget.

Cassidy

Veterans access to transplant services.

VA does fewer transplants than private sector, thus increasing Veterans risk to organ and organ transplant failure.

Was upset that he had not received a transplant brief as requested.

Sanders

He said he would stand with the VSOs and do everything he can to improve VA and not privatize it.

Cannot provide quality care with 35,000 vacancies.

What is VA doing to fill critical health care provider vacancies.

Concerned VA did not use the money intended for infrastructure improvements and used it on the Choice Program.

Wants a dental clinic in White River Junction VAMC. Says it is the only VAMC without a dental clinic.

Said Burlington Lakeside Clinic was overflowing and need to be expanded.

Rounds

Concerned that Hot Springs is not receiving the attention it needs.

Prompt payment of Choice providers.

Brown

Supports increasing in the number of HUD-VASH vouchers.

Supports BWN, additional Agent Orange presumptives, and Veterans impacted by toxic exposure.

Boozman

Concerned about Veterans Suicide Prevention.

How is VA reaching out to those Veterans outside of VA's health care network.

Manchin

What are Veterans telling VA in the surveys VA conducts. Has VA done a survey on whether Veterans want VA or the private sector.

Concerned about single VISN director for VISNs 15 and 22.

Upset about the autoclave problem.

From: (b)(6)
Sent: Thu, 21 Mar 2019 13:54:01 +0000
To: (b)(6) Byrne, Jim (b)(6) (b)(6) Powers, Pamela (b)(6) ;Glynn, Melissa S (b)(6) Selnick, Darin (b)(6) VA Mission Act;Lieberman, Steven (b)(6) (Physician);Mashburn, John K.;Matthews, Kameron (b)(6) Bader, Christine E.;Connell, Lawrence B.;Lazier, Raun;Tucker, Brooks;Gfrerer, James;Sandoval, Camilo J.;Syrek, Christopher D. (Chris);Protocol;Stone, Richard A., MD;VHA USH Meeting Requests;OSVA Conference Rooms; (b)(6)
Cc: (b)(6) Hutton, James;Tran, Dat VACO (b)(6) (b)(6) (VACO);Hipolit, Richard (OGC) (b)(6)
Subject: SECVA Bi-Weekly MISSION Act Update
Attachments: Mission Act Agenda 4-4-19.docx, PublicAffairs-MISSION3.pptx, AIR_Commisssion_Options_02132019.pptx

Read Aheads attached. Please bring a copy with you to the meeting….

****Please note the AIR Commission Options deck has been updated.

Dr. Lieberman to call in

From: Rychalski, Jon J.
Sent: Thu, 28 Mar 2019 20:32:17 +0000
To: RLW;Powers, Pamela;Syrek, Christopher D. (Chris);Byrne, Jim
Cc: Bader, Christine E.
Subject: HAC Transcript
Attachments: CQ Transcript - HAC 2020 Budget - 3.27.19.docx

CQ transcript from yesterday's hearing.

CQ CONGRESSIONAL TRANSCRIPTS
Congressional Hearings
March 27, 2019 - Final

House Appropriations Subcommittee on Military Construction and Veterans Affairs Holds Hearing on Fiscal 2020 Budget Request for the Veterans Affairs Department

LIST OF PANEL MEMBERS AND WITNESSES

WASSERMAN SCHULTZ:
I'd like to call the meeting of the Military Construction and Veterans Affairs and Related Agencies Subcommittee to order. This is a budget hearing on the VA's budget proposal for FY 2020. This afternoon we welcome back the Department of Veterans Affairs Secretary Wilkie and Dr. Stone, the executive in charge for the VHA. And we welcome for the first time this year Dr. Paul Lawrence, the under secretary for benefits, and Mr. Jon Rychalski, the assistant secretary for management and chief financial officer.

The FY 2020 Department of Veterans Affairs budget requests a record high amount of $220.2 billion, of which $97 billion is discretionary funding, which is a 7.5 percent increase over last year. VA's Fiscal Year 2020 budget request nearly doubles the VA funding level that was just 10 years ago when the total VA funding was $114 billion, and it is more than four times the amount in 2001 when the total VA funding was $48.2 billion. Needless to say, VA is growing exponentially, and it is our duty and responsibility to spend dollars judiciously and in the best interest of our veterans. VA has many large and expensive initiatives right now, two of which are implementing the MISSION Act and implementing the electronic health record system to be interoperable--

(LAUGHTER)

You can--you can have something repeat that I am right over and over again all you want, Judge.

(LAUGHTER)

But I digress. And implementing the electronic health record system to be interoperable with the Department of Defense system is--is also a significant initiative. The budget requests $8.9 billion to implement the MISSION Act and $1.6 billion for the third year of funding for EHRM.

Together these two initiatives total $10.5 billion or roughly one-ninth of the entire VA discretionary budget, and there is still not confirmed leadership in place overseeing either priority. That is a huge concern to me. Furthermore, I remain concerned about the effectiveness of the mental health programs and suicide prevention efforts at the VA. The budget requests $9.4 billion for mental health services, which is an increase of $426 million over last year, but the question is, will that be enough to reach more veterans suffering from mental health issues and to effectively treat them? We need to make sure there is a plan in place to address the complicated mental health needs of our veterans.

There have been too many horrific and tragic incidents at VA lately. Veterans have been committing suicide in VA parking lots, and there were two separate incidents at the West Palm Beach, VA Medical Center, both within the past month. At the end of February a veteran opened fire in the emergency room where thankfully no one was killed, and less than two weeks ago another veteran committed suicide after they were checked into the mental health ward in spite of being checked on every 15 minutes. Clearly there needs to be an evaluation on how to better address the mental health challenges our

veterans face and do some things differently because we clearly are still not doing enough. An average of 20 veterans die by suicide each day, and that number has remained stagnant for too long. We must do more and do better for our veterans.

Lastly, the budget requests $547 million for gender-specific care for women, an increase of $42 million over last year. The number of women using VA services continues to increase as the number of women in the military increases, yet the amount of funding for gender-specific care has not grown very dramatically. We need to work to continue to increase women's access to VA facilities and prioritize funding for programs that cater directly to women's needs.

Thank you all for being here today. I look forward to your testimony, Mr. Secretary. And now I'd like to first turn to our ranking member, Judge Carter, and then to Chairwoman Lowey.

CARTER:
Thank you for yielding, and I apologize for my phone talking to me over here.

(LAUGHTER)

Good afternoon, and welcome all of you. We're glad to have you here and Secretary Wilkie, for the second time. We appreciate you showing up. The openness of your response has been great, and your staff is good to work with, and we're glad to--and we all get to--we're working on shared goals that we have for our nation's veterans.

Today we're going to discuss the Department of Veterans Affairs for the Fiscal Year 2020 budget request. Overall the request is $220 billion. This subcommittee primarily is concerned about the discretionary portion, which is approximately $97 billion. This $97 billion is very important as it will support the delivery of the VA's remaining $123 billion in programs and services. FY 2020 budget request reflects a number of realities, such as the increasing cost of healthcare, increased utilization of veterans health programs and growing numbers of veterans using VA education and transition benefits. It also includes investments such as for electronic health records, information technology and the implementation of the MISSION Act. I look forward to reviewing the budget request in detail and probably will have a few questions. So I thank each of you for being here, and I yield back.

WASSERMAN SCHULTZ:
Thank you, Judge Carter. Madam Chair.

LOWEY:
And I would like to thank Chairwoman Wasserman Schultz and Ranking Member Carter for holding this important hearing. I welcome Secretary Wilkie, Dr. Stone, Dr. Lawrence and Assistant Secretary Rychalski before the subcommittee today, and I apologize in advance. As you know, there are many hearings at the same time, but I wanted to join this outstanding committee in welcoming you.

This subcommittee must address the challenges facing the Department of Veterans Affairs in delivering care and benefits to the men and women who have faithfully served our nation. As appropriators, we know budgets reflect priorities. I'm encouraged your top priority is custom service and veteran experience. Our veterans deserve nothing less. However, money alone is not enough to address the department's challenges. It also requires the emphasis from leaders such as yourselves and a plan to address areas of need. I'm concerned there's a lack of emphasis among your top priorities to address shortcomings that persist in serving our veterans. Your decision to make health record modernization

among your top priorities of business transportation, as well as MISSION Act implementation and customer service is encouraging.

When I think about that I can't help but laugh, but the whole issue of health record modernization, Judge Carter, some of us have been working on this for how many years? But maybe we will succeed this year. That would be great because we know that the work to combine those records between the active-duty military and the Veterans Affairs Department is critical. However, do not lose sight that there are other critical challenges requiring your direct attention. The VA must continue to emphasize veteran suicide prevention, equity of care for women veterans filling the 49,000 staff vacancies and delivering education benefits on time. Our duty to care and deliver for veterans is one we cannot fail. This subcommittee's dedication is unwavering. I expect yours is the same. So thank you so much for appearing today, and I look forward to your testimony. And I thank you for your service to our nation's veterans.

WASSERMAN SCHULTZ:
Thank you, Madam Chair, and we appreciate your attendance. It demonstrates the commitment that you have and that I'm sure our budget will have to our nation's veterans.

Mr. Secretary, it's a pleasure to welcome you here, welcome you back to the committee. As you know, your full written testimony will be entered into the record without objection, and you are recognized for--to summarize your remarks for five minutes.

WILKIE:
Thank you. Thank you. This is the first time in my congressional experience and career I've ever had to open by saying thank you, Madam Chair and Madam Chair.

(LAUGHTER)

And also to Judge Carter. I know that the chair of the full committee has to leave, but I--so I'm going to go in a different track when it comes to my opening remarks and address what you said about the electronic health record. I have been very vocal about the electronic health record, and that is based on my experience as the son of a gravely wounded combat soldier. In 1970 I was about to turn seven, and we got the news that my father had been gravely wounded in Cambodia. Big man for his day, about six foot 2 inches, 240. When he came back after a year in an Army hospital he weighed 120 pounds. He was allowed, through the graces of the then Chief of Staff of the Army, Creighton Abrams, to recover for three years and then returned to the 82nd Airborne Division. But at the end of his career he needed two new hips, two new knees, had lead in his body from war wounds, and was looking forward to a lifetime full of pain.

The reason I mention that is not to evoke sympathy, but to tell you why your emphasis on the electronic health record is so important. For the rest of my father's life he carried around an 800-page paper record. The only record of service that began two months before John Kennedy was inaugurated. And when I was asked to do this, I had been the under secretary of defense working for General Mattis. That was actually on my mind because I had spent a good deal of my youth watching soldiers recover from wounds and seeing the world through the eyes of my classmates in preschool, elementary school, whose fathers did not come back. So the electronic health record and its interoperability is, in part, my way of saying what you have been saying for many years, that people like my father do not have to go through that again. And that is a pillar of the transformation that is taking place here at VA.

You've mentioned the MISSION Act. Let me talk about a few things that we are doing to create a modern 21st-century healthcare administration. We are working closely with the Department of Defense to change our supply chain management. Last year there were many millions of credit card transactions,

buying everything from radiological equipment to tongue depressors, which meant that we had no centralized supply chain system. I asked General Mattis to allow us to become part of the Defense Medical Logistics supply chain so that we use their systems, their procedures, their ability to buy medical equipment so you no longer read about doctors at the DC VA running across the parking lot to MedStar to get equipment that they should have had in the operating room to begin with.

In addition to that, in my first few weeks as the head of this department, I received two different numbers as it pertained to the number of employees that we had. I asked a military question, where is your manning document, and that is the document that tells you what your requirements are and the people you need to meet those requirements. We did not have one. So finally, we brought in senior--senior executives from the Department of Defense, the Air Force's senior civilian and the former A1 of the Air Force, Lieutenant General Gina Grosso, to help us create a modern HR system. For Dr. Stone we have eliminated 140 different HR offices and gotten down to 18, which will provide a look across the country to meet the needs of individual medical centers and clinics to meet the needs of their patient populations.

Why is that important? My hometown of Fayetteville, North Carolina, probably has the youngest VA population in the country. It also has the highest percentage of women in the VA system in Fayetteville because it sits underneath Fort Bragg, and it is about 90 miles away from 40 percent of the United States Marine Corps at Eastern North Carolina. That's a very different population from West Los Angeles, which has the oldest VA population in the country, those primarily from Korea and Vietnam. One-size-fits-all does not work for them. So we are--we are in the midst of the most transformative period in the history of this department, certainly going back to General Bradley's time. And I will say as someone who learned this business from Trent Lott, that the reforms have primarily been driven by this institution, by this subcommittee, by its--your counterpart in the Senate, certainly the inspiration of Senator McCain on the Senate side, and it is thanks to you that we are turning the corner in terms of service to those who have provided us the most.

And I will apologize again for going off of the script, but knowing your time was short, I will conclude with a comment that General Eisenhower made, I stole from him and he stole it from George Orwell, as to why we do what we do in VA. We exist to help America's warriors, remind their fellow citizens why they sleep soundly at night. There is no more noble mission in the federal government. I am a conservative Republican here to praise a federal workforce. It has been my honor for the last eight months to be part of this unique team. I thank you for your many courtesies to me, and I look forward to your questions.

WASSERMAN SCHULTZ:
Thank you very much, Mr. Secretary. Appreciate--appreciate your service and your summary, and I'm really thrilled to have the opportunity to talk with you about the really vexing issues that are--that we're facing.

So the first question I really have is you have a 10 percent increase that you're proposing in the VA's budget. And while that seemingly should be cause for celebration and we certainly want to make sure that--and will continue to make sure that we do everything we can to take care of our nation's veterans because they absolutely deserve nothing less than that, we warned last year when the MISSION Act passed that the MISSION Act without a change, that actually is the chairwoman leaves, she attempted to make numerous times in the formula that the consumption of the discretionary portion of your--of your budget would be essentially voracious and that we would have a really serious problem with how much of the discretionary budget would be consumed by the implementation of the MISSION Act.

So with that said, we are seeing a precipitous rise in community care and as a result, the way the president has chosen to handle that increase in the VA budget is a dramatic cuts across the board in,

essentially, the rest of the discretionary portion of our budget. The Department of Education, the Department of Justice, you know, the Department of Homeland Security. I mean, there's--there's countless different programs that are also vital to our veterans and their families.

And so I ask you to explain how it is we are going to effectively implement the MISSION Act and address the ever-increasing likelihood that we will have a massive consumption of your discretionary dollars. And that I also have questions specifically about the MISSION Act after your--you response to that.

WILKIE:
Well, I'm going to answer that with--with your permission with a negative first by describing what the MISSION Act isn't. The MISSION Act is not libertarian VA. All of us here have served on this panel. We are not giving ourselves a card that says "Veteran" and going out into the private sector and say, "Here, serve us." What the MISSION Act does is say that if we cannot provide a service to a veteran within a specific time, and those are times based on the TRICARE standard, based on Medicare, and based on the standards of our major public health public insurance companies, then we give you, the veteran, the option to go into the private sector to receive that care.

What we saw with choice was that less than 1 percent of those eligible for choice took advantage of choice. I say this in a way that I don't usually answer question anecdotally. I was raised in this world. I believe that veterans will go, for the most part, where people understand the culture and speak the language.

In terms of the breakdown in Mission Act funding, 91 percent--90 percent--89 percent is for care and VA and less than 20 percent, 80 percent is care in VA, less than 20 percent is for care outside. That really is with norms that go back to General Bradley's day right after World War II. The other trend that I have seen in my short time here is that the actual number of veterans using community care in the last few years has actually gone down. And it's gone down in conjunction with federal availability of services.

The last note on this, Madam Chair, I take great stock in talking to our veterans and surveying. Our veteran's satisfaction rate with actual VA care is sitting at 89 percent. That's higher than you will find anywhere in the private sector. My goal with MISSION is just to do what the Congress said, and that is if we don't have that service, we just get somebody the option of seeking that outside of our--of our department, because the legislation was clear, the veteran is the center of its health, not the institution.

WASSERMAN SCHULTZ:
So before my time expires, last year, the chairwoman's proposal was--was to change in concepts and it would have solved that issue by having the growth in discretionary also add--the same amount of funding and discretionary to make up for it. So is that a fix that you would support?

WILKIE:
I--I don't know right now. I have to see how this plays out for the rest of the--the fiscal year and come back and give you a more thorough understanding of that. I'm not familiar with all of the debates that went on at that time.

WASSERMAN SCHULTZ:
Well, we would be glad to send over to you the back-and-forth and continue the discussion because I think that if we solve that problem, then that would--that would be significant. And it was a little confusing if there's not an intention to privatize the VA, it was--drive in that direction, the opposition

then that resulted is a little confusing as a result. Thank you. Miss Roby? And we're going out of order. Judge Carter is allowing Miss Roby to go because she has to go to her committee.

ROBY:
Thank you and I think the Ranking Member Judge Carter very much for being so gracious. And Mr. Secretary, thank you for being here. Just very quickly, I wanted to update you and the committee after our oversight hearing, Dr. Teresa Boyd has traveled to Alabama. I'm sure you're aware of this, two weeks ago for an initial assessment. We talked briefly since then and identify the two initial stops that the VA has taken to implement some gradual corrections as we continue our efforts for perfection at our facilities.

I can't stress enough how these steps must continue to move forward and not stalemate or fall on deaf ears as they have in the past. I really want you to know, Mr. Secretary, I'm pulling for you. I think you're the right person to be in this position, so please continue with your leadership and your direction for the VA. That being said, traditionally when one thinks of results, one thinks of some concrete evidence that you can visually place holding up a trophy after winning a national title, something we do Alabama a lot--

(LAUGHTER)

Knocking down buildings or putting up new ones, I could go on and on. But I want to know in your opinion, what is your VA's definition of results and what are you doing to measure your success along the way?

WILKIE:
Well, I--I actually take the Marine Corps' view of success. The Marine Corps is the best when it comes to introspection, with junior officers constantly speaking to their enlisted cadres going over what worked and what didn't work. I mentioned to the chair when I see satisfaction rates from our veterans at 89 percent and I see an increase in the number of appointments that we provide every year, that tells me that veterans are voting with their feet. That tells me that the workforce is--is doing well.

I said in my confirmation hearing last year that I hope to come back and say the state of VA is better. I think it is. The other aspect of this in terms of metrics is the annals of internal medicine have said through Dartmouth College that the care we provide is as good or better than any--in any region of the country. But more important for me as the leader of an organization, the partnership for Public service now ranks VA as one of the best places in government to work. Why is that important question? Well, in my career that goes back to the early 1990s, VA has always been either 17 out of 17 or 16 out of 17.

ROBY:
Yeah, can I interest you really quickly because I'm going to run out of time and I have one other issue that I wantt o talk to you about? But as you've heard mentioned in this committee by myself and my other members, when--when you have a--a metric by which you judge yourself where someone is always forced to be at the bottom, there always will be one stars. That's--that's not a good way of judging success.

And that--what I hear the information that you're giving this committee right now, but when there is a health system that goes from a three-star to a one star, mainly based on the veteran's experience, then we need not look at every VA health system the same. Maybe there needs to be some attention given to those that are the lowest performing, even if they're doing something's well, the veterans experience is--and I know that's one of your priorities.

I want to bring one thing up and then I'm going to be quiet and you can revisit that, but I wanted--this is very important. The VA Reimbursement Policy. There are real problems facing our rural hospitals in this country and Alabama has certainly had its fair share of closures over the past several years. It feels like every other day we hear about a new--another rural hospital disclosing. They should not have to worry about whether the VA is reimbursing them for veteran care. Our--our rural hospitals in Alabama want to provide services for our veterans, but I have just been contacted yet again by another hospital in my district and they called the VA line and an automated response stated that your department was just now opening mail from April 2018, upon which it takes 8 to 10 months for hospitals to get paid after the invoice has been opened.

I bring this to your attention because, as you have been discussing with his committee already today about outside care and veterans access to outside care, we certainly cannot expect our healthcare facility, our outside care facilities that are barely operating some of which are not operating in--and are still in the red, to continue to provide services for outside care when they are not getting reimbursed and the VA is just now opening mail from April 2018.

STONE:
Congresswoman, thank you. Thanks for bringing this to us as--as you did Central Alabama. I--I certainly agree with you that the concept of simplifying healthcare into a star system just does not work and we are working hard with your staffs to really discuss how we might proceed and also with Health and Human Services, who is considering implementing start systems for all of America of how difficult this is. But let's--let's talk just a minute about billing and paying our bills.

About a year ago, we were processing about 130,000 bills a month. This month, we will go to 1.7 million bills being processed. The system is getting better, but in no way is fixed. And the burden that places on rural hospitals in America that are already struggling, as you have articulated, is--is exactly correct. I'd be more than happy to look at this if in fact, and I have no doubt, if in fact we have this kind of--of announcement on a email on an automated basis, please know that our goal is to pay 90 percent of bills within 30 days.

ROBY:
Okay. Well, my time is more than expired and I will circle back with you on this issue specifically. I voted brought it to others attention as well.

STONE:
with your permission ma'am, we'll reach out to your staff.

ROBY:
Perfect. And Madam Chair, thank you. I apologize for going over. Thank you, Ranking Member, George Carter for giving me the time.

WASSERMAN SCHULTZ:
Thank you for your advocacy, congresswoman. Okay, Ms. Pingree.

PINGREE:
Thank you, Madam Chair. Thank you, Secretary Wilkie, for being with us here again today. During our previous discussion on military sexual trauma, we were talking about that on the health side and I thank

you for your commitment to providing treatment and care. I want to talk about the benefits side. Dr. Lawrence, as you know, sexual trauma can lead to a range of mental health disorders, including newly recognize trauma disorders as defined by the American psychological Association and its DSM-5.

But the veterans benefit regulations have not kept up with the science. A veteran filing a claim following MST can make use of the VA's relaxed evidentiary standard, only if he or she has been diagnosed with PTSD, not for anxiety disorder following MST now, depressive order for MSE (SP) or any of the other linked disorders. Dr. Lawrence, do you believe that VA policy should be updated with the uniform standard so that all veterans who are diagnosed with mental health disorder due to sexual disorder during their time of service are eligible--are able to be eligible for claims of disability benefits with the same evidentiary standard?

LAWRENCE:
Yes, ma'am. I know since you brought this up last time, our staff has been into visit you and talk about this issue and describe some of the constraints from legislation that--that enable what you described happen in our rules than to address it. I think the staffs agreed that we would review--respond to any legislative initiatives put forward and we would support if they are passed.

PINGREE:
Great, well we will get right to work on that. Let me just talk a little bit more about claim denials. After years of attention on this serious issue of sexual assault in the military, I was very frustrated by the Inspector General report from August which showed that almost half of denied military sexual trauma related claims were not processed in accordance with VBA policies and protocols. I feel like we've been here before.

I participated in a July 18, 2012 hearing of the Veterans Affairs committee about the denial of claims for PTSD based on MST. There was a lot of frustration in the room. The VA testified that the creation of a dedicated specialized MST claims processing team within each regional VA office for exclusive handling of MST related PTSD claims with specific training had improved the grant rate. Further, as it was conc-- as it was conceded that mistakes had been made, the VBA at the time agreed that any veteran whose MST claim had been denied could request that it be reviewed for possible errors. So, that was seven years ago.

Now, the AG tells us because the VA abandoned enhanced training and oversight, as well as claims specializations, veterans with valid claims have again been denied. This tells me that the VA didn't learn a lesson or something went wrong and it seems like a failure of leadership. So, since there will be new VA secretaries in the future, could you in your capacity--or in your capacity, what can you do to secure in the VA's institutional memory a commitment that we won't repeat this mistake again and go back to a system that doesn't work?

WILKIE:
Before I hand it to Dr. Lawrence, I will say that we now have MST coordinators in every one of our medical centers, which is a great step forward. I know that when I came on board, that IG report was delivered to me. Our benefits people are going back and reviewing every MST claim that was denied.

PINGREE:
Thank you.

WILKIE:
That is a great step forward, along with making sure that we have people trained in every--every center to handle them.

PINGREE:
And Dr. Lawrence, before you answer, I will say thank you for having your staff meet with us and talk with us. And I appreciate their honesty in doing that. Can you give us an update on the implementation of the ID's--IG's recommendation? And do you expect to meet the deadlines?

LAWRENCE:
Yes, ma'am. Yes. Yes, and yes. The update is--you told the history, but we skipped one step, which is important, which is to deal with the backlog of claims, we automated a lot of the distribution of it. The quality, as a broad measures, was very high and as a result, mistakenly, we lost our focus on MST claims in special lanes (PH). The IG report essentially asked us to go back to the future--

PINGREE:
--Right--

LAWRENCE:
--and do it the way we did it successfully. That's what we set in motion. We agree. We go back just two years and look at the claims. We're in the process of doing that and we expect that to have done and--and learn. And the answer to your questions, how will we not do this again is this is such a profound learning lesson.

PINGREE:
Mm-hmm

LAWRENCE:
We're now incorporating so that when we make these changes to our highly sophisticated technological systems to speed things, we don't forget about what works, which is sort of what happened.

PINGREE:
Okay. Well--

STONE:
--And--

PINGREE:
--And thank--

STONE:
--Madam Chair--

PINGREE:
--go ahead--

STONE:
--let me--let me add one more thing to that. All of our veterans who are screened for healthcare are screened for MST. That is a--that is a new policy. It--it addresses the changes in the culture that need to be made as you--you and I have discussed. So, that's a big step forward.

PINGREE:
Yes, that is a big step forward. And I thank you for that and I thank you for your response to the question.

WASSERMAN SCHULTZ:
Thank you, Ms. Pingree. Judge Carter?

CARTER:
Thank you, Madam Chairman. All right. Dr. Stone, back on February 26th, I asked about the--the transplant regulations and I was told they'd be released in a couple of weeks. We got them?

STONE:
Yeah, they're coming, sir. They're coming. They're--they're--they're with counsel. And after they go to counsel, they go to the White House. So, they're with counsel now. I met with them this afternoon.

CARTER:
So, you think you can get them--me a copy of that over there to my office sometime after--pretty quick?

STONE:
Yeah. We'll get those out.

CARTER:
I've got people asking about them and I'd like to be able to provide them.

STONE:
And--and as we post those, we'll go (INAUDIBLE) 30 day comment period just as we've done the access standards. And we'll give the entire country a chance to respond to this.

CARTER:
If I can take a look at them when you're ready--

STONE:
--Yes, sir--

CARTER:
--to publish them, I'd appreciate that. Budget request of $2.8 billion for VA construction and maintenance programs. And I know you had to prior--prioritize things when you put this budget together, but this amount is woefully inadequate, given that $50 to $60 billion backlog on--in these two categories. Do we need a different approach to construction? Will capital assets review required by the MISSION Act change the way VA budget for construction and maintenance is done? And what is the--what role does the community support play in VA's priority of ranking system? If the--if the community is involved in partnering with us, will that move you along in the--in the--this?

WILKIE:
Judge, the MISSION Act gives us a clear focus and a clear direction. I would be remiss if I didn't say that more than 57 to 60 percent of our buildings are aged between 50 and 125 years. What the MISSION Act does, and we are starting to--we are implementing that now as it creates a market assessment in each region of the country that will then inform the asset infrastructure review commission called for by the MISSION Act. That will target where we need to focus in terms of new construction, but also in terms of alternative ways of--of helping our veterans.

I fall back to Fayetteville. We have a massive new clinic. It's so big that you have golf carts that take people from the parking lot. That's leased. I'm going to be coming to this Congress asking for more authorizations to allow us to be more creative when it comes to leasing. What's important in Fayetteville is that that medical center director does not have to worry about the law and about the HVAC system, about cleaning the place. That's done by the company. But, I will ask also the Congress to speed up the inaugural meeting of the asset infrastructure of new commission because we are on target. We're ahead of target when it comes to those market assessments.

You hit it. We're $60 billion behind when it comes to infrastructure repairs. But, I think if we target the way the legislation has us going and we're allowed to divest of hundreds and hundreds of buildings that are empty, we will--we will tru--we will--we will eventually get ahead of--

STONE:
--Capital asset review. We're in 31 markets right now. We'll finish those in the next few months. Looks like a good process. We've begun to--to really get some initial views of that. And clearly then the air commission will--will begin to take a look at the capital asset review. You have described this appropriately of our 6,000 buildings. This is an agent infrastructure. Much of that agent infrastructure has to do with inpatient medicine. Today, of our 9,000 inpatients, that's about 67 percent of our beds occupied. Medicine has become ambulatory.

And of our more than thousand ambulatory centers, they are not consuming the amount of--of--of investment as our inpatient agent structures are. So, we're working our way through that. But, you have been very gracious with us and very generous with us the last two years with more than $2 billion worth of--of plus ups and investment. Right now, every one of our hospitals--of our 170 plus hospitals has 19 NRM projects, non-recurring maintenance projects scheduled or--or being completed. There's just so much work we can do at once. And part of this budget reflects the fact that we--we will disrupt care if we do much more. Hence, the--the numbers that you see before you.

WILKIE:
Judge, may I add one more thing that's pertinent to Texas, Florida, Pennsylvania, Hawaii? If you look at the trends, the movement of veterans from different parts of this country, right now, California is the largest population. Texas is second, Florida is third. In 2027, Texas will be the largest, Florida will be

second, North Carolina will be nipping on California's heels. Pennsylvania and Ohio will continue with their robust populations. The asset infrastructure review commission is targeted to move our resources to where the veterans are, including even the small state, like Hawaii, which has a--a massive per capita number of--of veterans. So, that is--that is the way of the future.

CARTER:
Well, the reason I ask the question about community support, and I may have run out of time here, but is that we've--we're working on building a--a--a medical center around the VA hospital in Baylor Scott & White in Temple and--and it--I think it's going to be beneficial both to the community and to the veteran community what we're planning. And so, that's why I ask about community par--participation.

The city and the county are seeking a lot of money into making this a good thing. Thank you.

WASSERMAN SCHULTZ:
Thank you, Judge Carter. Mr. Cartwright.

CARTWRIGHT:
Thank you, Madam Chair. And again, thank you, Secretary, for--for joining us again. There's been a lot of discussion about the MISSION Act today and Section 505 of the MISSION Act requires that VA issue a quarterly report on the total number of unfilled budgeted positions within the agency. Your first report was issued in August last year and it listed over 45,000 vacancies. Your most recent report has the figure up to over 49,000 vacancies. Obviously, it--it doesn't have to be the same vacancies.

But, how concerned are you about both high turnover positions and what we might call stubborn hard to fill vacancies?

WILKIE:
Well, I will--I will go back to what I said about us finally having a modern HR system. That is the--that is the first step and we're implementing that. In terms of our vacancies, we have a 9.5 percent vacancy rate, which compared to other healthcare systems in the country where the average is 18 to 20, we are in good stead.

I would be lying to you if I told you I wanted to fill 49,000 vacancies. What I want to do is target those areas that we are most in need. That is primary care, women's health, and mental health. What this committee has given us is the ability to pay for relocation and reimbursement and pay professionals at a rate outside of the normal federal scale. We intend to use that as much as we can.

We are--as I said, we're better off than private sector. And we will be much more aggressive in filling those critical needs. Dr. Stone has more information.

STONE:
This nation is short of medical professionals. And there's certain rural areas of the country that it's just very difficult. You've given us, as part of the MISSION Act, increased authority to--to pay scholarships as well as increased authority to pay back debt up to $200,000. And we're using those in order to recruit. So, even though our number of--of vacancies has increased and the secretary has already referenced the lack of discipline in our manning document, our em--total employees continues to increase. In fact, in the last year, we have hired over 4,000 psychiatrists and behavioral health professions with a net gain of well over 1,000 psychiatrists.

CARTWRIGHT:
Thank you for that. A follow up question there is with the veteran opioid addiction numbers greatly outpacing those for the rest of the United States population, and of course, reprehensively, 15 to 20 veteran suicides a day, could staff vacancy reductions at the VA from the current levels be a part of the solution to help curb addition and suicide problems?

WILKIE:
Well, what we have done at--at--at VA is something that no other healthcare system in the country has done and we have changed the culture on opioids. Our opioid prescription rate is down 51 percent. We have developed new protocols that replace opioids with combinations of aspirin and Tylenol, aspirin and Advil. I mentioned at the beginning my father's physical condition coming out of service. If you had told him when he retired from the Army that we would be treating his pain with alternative therapies, like tai chi, acupuncture, and yoga, that would have been met probably with a violent act because that was not part of the warrior ethos at that time.

I was in Hawaii and watched Vietnam veterans engaged in opioid treatment--I mean, opioid prevention treatment using yoga. These are 75-year-old soldiers doing that. So, it's not a question of staffing. It's a question of changing the culture. And we have probably done a better job of that than any other health system. But, you're absolutely right. We're treating--I say we're treating the pain, not the brain with opioids.

CARTWRIGHT:
Let me get one more question in here before my time is up. Is one root solution to keeping wait times down and vacancy numbers down higher pay for staff you need to hire and, of course, retain in order to keep things moving?

STONE:
Certainly, you can retain employees with higher pay, but what retains our employees is the mission. You know, nurses change jobs in this nation at a rate of--about 17.8 percent of nurses change jobs every year. In the VA, it's about 7.5 percent. It's not the pay that keeps them. And--and certainly, there's--there's not any of my employees--or our employees that would--that would deny a pay raise if you wanted to give it. But, what keeps them there is the mission of taking care of America's veterans.

CARTWRIGHT:
Thank you. I yield back.

WASSERMAN SCHULTZ:
Thank you, Mr. Cartwright. Mr. Rutherford?

RUTHERFORD:
Thank you, Madam Chair, and thank you, panel. And Mr. Secretary, particularly great to see you again. And, you know, I've--I've heard you talk about often about suicide prevention and how important that is to you. And seeing a $15.6 million plus in your budget for suicide prevention is a--a good thing. So, you're not only talking the talk. You're walking the walk.

But, one of the--and I wanted to ask you about this because one of the things that concerns me about these suicide numbers is the fact that 14 of those 20 that are dying every day have not had contact with the VA. And so, it's kind of a multi-prong question, what does $15.6 million additional how--how do we intend to--or can you tell me how you're going to conduct more outreach to--to try and get these veterans connected?

WILKIE:
I have been made the head of the President's Task Force on Suicide Prevention. We at VA are not capable by ourselves of reaching those 14 out of 20. We are not capable of providing the--the final national roadmap when it comes to treatment. So in addition to our resources the task force will involve HHS, NIH, HUD and the Department of Defense. We will be focusing on research and best practices those 14 out of the 20 were not with us that involves opening the aperture for states and localities. I think at the end of the day, we will be seeking greater authorization for funds to go into those communities. In talking with the chair prior to the hearing I use the example of Alaska, which in many cases, is extreme, but it is to your point. Half of the veterans in Alaska are outside of the VA. That is a place where people often go to es--escape from society.

I went to the Alaska Federation of Natives and asked them to--to double the number of VA tribal representatives that hey have to go out and help us find those veterans. But, a VA centric approach will not work, a comprehensive national strategy, which the president is committed to is--is the way forward. In addition, as you said plus up in the funds that we provided for our own work.

RUTHERFORD:
And--and Mr. Secretary if I--if I could talking about--talking about the president's national strategy for preventing veteran suicide--and--and Jacksonville we have a community based organization called Operation in Uniform who is--they have a 96 percent success rate in finding good, long-term stable employment for people that graduate from their program. That--that's the good news. The bad news is for every 10 that go through their program they have to turn down 40 more because they don't have the funding to--to run the program. So myself and five colleagues just dropped the bill Veterans Armed for Success that died last year in--in the Senate. They were hoping to--to get that through this year but--but those kind of programs that help these veterans find long-term employment, keep their families together, give them that--that pride so forth, should--don't you think programs like that should be part of this national strategy as well?

WILKIE:
Absolutely. And that's why it is com--incumbent upon us to get those programs the resources that they need. Not only educational, but financial.

RUTHERFORD:
Thank you. I--I thank you for that and I--I want to ask one o--one other question on this the 2020 budget request includes 13,066 FTEs. Now, you--you just mentioned that your HR departments went from 41 to 18, so obviously, there's some--what--what--

WILKIE:
140 to 18.

RUTHERFORD:

140 to 18, wow.

Ok. Ok. So, my question is there's--there's 40 a--across the VA there's 49,000 vacancies and to ask for another 13,066 when we can't fill the--the 49,000 you're asking to go from 13 percent vacancies to 17 percent vacancies. Can--how are we going to beef that up and get those folks in?

STONE:
So what you--what you're reflecting on is the lack of discipline on those 49,000. We're not recruiting to all 49,000 with those vacancies. If you go up to the Washington, D.C. VA and look at their vacancies they're not recruiting for all of those and that's part of the discipline that we're trying to bring in the restructuring and transformation of human resources. But, we do need to grow. We are growing at about a 3 to 4 percent rate at the number of veterans we are seeing and we went over 58 million visits last year and we'll continue to grow and we need to staff to that. We need to grow in many of these areas.

WILKIE:
And just a final comment on the discipline and that's what struck me--at one time, D.C. was telling me that it was fully staffed and yet when I looked at the HR books they had requests for--for what we would like to have. And that was infused into this system which is confusing the entire department.

RUTHERFORD:
I see my time is expired. I yield back, Madame Chair.

WASSERMAN SCHULTZ:
Thank you, Mr. Rutherford. Mr. Case.

CASE:
Thank you. Mr. Secretary, you made the comment that--one size doesn't fit all and I think we've all agreed on that and long before I was on this committee just a few weeks ago, everybody I think has been agreed on that. And it's good to see that on some in--in many places the budget reflects that. Talk a little bit about telehealth from that perspective. We talked about the importance of telehealth to trying to cover a broader geographic area without you know, running centers and--and trying to kind of diversify the program to reach more veterans important in a place like Hawaii, but Alaska is another perfect example--Texas is an example brought up repeatedly on this committee. Where does your budget reflect a increased prioritization of telehealth opportunities?

WILKIE:
We have a 10.5 percent increase in terms of a telehealth funding. Last year, 780,000 veterans had one or more telehealth episodes. It is absolutely vital for the Pacific. We still don't understand the scale of Pacific. I was out in your state in December. I'm headed out to Guam and Samoa, Saipan later this year. In addition to reaching where we don't have a strong physical presence it is the wave of the future for mental health because this affords our veterans the opportunity to be in a comfortable setting without the pressures of a large institution. It also thanks to the congress, allows us to cut across jurisdictional lines when it comes to medical care where our doctors and professionals can operate outside of those states where they have licenses. Hawaii, and the Pacific is the place where this, I think, will bare the most immediate fruit. And, I believe, we will continue to invest heavily in telehealth. We're really the only medical system in the country doing that.

CASE:
Well, thank you for appreciating the size of the Pacific. It actually is bigger than Texas and it's bigger than the Mainland United States. So it takes some--it takes some inventive ways to get around it from the perspective of the service to the veterans. Where--where does the money actuall--I mean, what are you actually spending that 10 percent on in order to enhance telehealth? Is that equipment? Is that different personnel? I mean, what does it take to actually direct financial resources to telehealth improvement?

STONE:
Yes, sir. So the answer is yes to all. We're hiring against this, but what's--what's very exciting is our ability to penetrate areas where the basic infrastructure does not support the transmission of--of electrons at the rate that we can do a video visit with you if you're in that area. So we are partnering with Philips Corporation who has agreed to donate more than 100 premanufactured rooms that will go into VSOs as well as into Walmarts. And will use the infrastructure at either the VSO or the Walmart you know, 90 percent of Americans live within 10 miles of a Walmart, in order to penetrate areas where the infrastructure just doesn't penetrate.

The secretary talked about 778,000 veterans who took part last year in--in telemedicine visits. That will go up to--that's about 13 percent of our enrolled veterans. That will go up to 20 percent this year with this investment. We have 11 telehealth hubs. We also do tele intensive care unit including we're contracted with the Air Force, where we provide them tele intensive care and surgical intensive care services. And we--we are expanding into their rural areas of the nation.

WILKIE:
I was in your district preaching telehealth not only to those on the islands, but also to the governor.

CASE:
Come back and we'll preach together. Thank you.

WASSERMAN SCHULTZ:
Thank you, Mr. Case. Ms. Bustos.

BUSTOS:
Thank you, Madame Chair and thanks for being with us. It's good to see you again. I'm going to go a little bit beyond what Congressman Case was asking on telehealth, but this is a focus more on rural America. It's you know, my--my district is mostly rural, so I like to focus on that a little bit. But, the president requested $270 million for rural health projects through the Office of Rural Health in fiscal year 20. My understanding is that this money is separate from the telehealth funds and is meant to be complementary to those efforts and I just want to make sure I'm understanding that correctly?

STONE:
Yes. That's our understanding.

BUSTOS:
All right, thanks, doctor. So, I'm glad to hear that, but given that one third of all veterans actually live in rural areas I obviously and I know you don't want to leave any folks behind, we don't want to leave any

folks behind. But, wondering if you could talk at all about the VA's plans on expanding any kind of physical presence in more the rural areas of our--of our nation. And if you can go into a little bit more detail on how the VA plans to spend any of this $270 million associated with this and Doctor or Secretary--either one of you can answer if you would, please.

STONE:
I want to thank you. We continue to look at markets that can support a provider even if it's a mobile provider and by that I mean we have mobile medical units that we can move into a community on a temporary basis. Those can work a couple of days a week in a community while we assess the need in the community. The other possibility that we've looked at is to partner with other federal providers. We ask for our third party administrator, the people that try West right now that run our community care program to preferentially look to federally funded rural clinics. We have over 900 providers that are part of our delivery system. In fact, we will spend this year almost three quarters of a billion dollars in the federal disadvantaged clinics in rural areas in order to support veteran's needs.

BUSTOS:
Can--I don't have a fully understanding of these mobile medical units. How does that work? How many do you have? Where are they? Do they just move all over the country or do you have those assigned by state, by District?

STONE:
They're--they're assigned by state and by actually by medical center. And then they move out. The vet center is the best model for psychiatric or psychologic care. They have over 300 units that move. We also because of our emergency responsibilities as a safety net to the American people we have literally hundreds of these vehicles that move across and they are actually quite robust and we'd be happy to show you.

BUSTOS:
No, I'd love to see that because I'm not familiar with that. Mr. Secretary, do you have anything to add to what Dr. Stone just mentioned?

WILKIE:
Just as a tangential reference--these mobile clinics are now in use to assist in the recovery in the Mississippi Valley area. We are actually the foundational department when it comes to disaster response. So they have more than one function. They are out there providing pharmacy clinic services and food in the--in the flood ravaged areas that you are very familiar with.

BUSTOS:
Absolutely. And I want to thank you again for--for being here. I you know what, I got a little more time so I'm going to--I'm going to follow up with one follow up question--is that Ok? Thank you. I know we talked about this a ton last time you were here about the $57,000 that was spent out of the $6.2 million on suicide prevention outreach. And I--I don't even remember how long ago that was that you were here, but with still the--the number of veterans taking their own lives, just want to talk about if the budget addresses the underlying problems that would help ensure that you know, we--we're using this more efficiently and in reaching people?

STONE:
Yes, it does and we continue to be appreciative of every dollar given to us for suicide prevention. We have entered into a very interesting agreement with a major advertising company that represents over 4,000 billboards. We have over 700 billboards today that are reaching out to veterans that we believe at risk as well as reaching out to all veterans to say that we're here and--and available to them. We do believe that we now have the leadership in place. We--we've that we did not have when we had that underspend. We also moved that program directly under my responsibility to assure each of you and the American public that we're spending those dollars wisely and that we won't leave any opportunity unturned to reduce the number of suicides.

BUSTOS:
Ok. If you can just keep us posted on--on how you're doing on that that would be great. Glad to hear that. Thank you very much, Madame Chairman. I yield back.

WASSERMAN SCHULTZ:
Thank you, Ms. Bustos. Mr. Hurd.

HURD:
Thank you, Madame Chairman. Gentleman, it's great to see you all, as usual. I have four questions, maybe a fifth if we have the time and--and first one, Secretary Wilkie is--is for you. We talked briefly I think at the last hearing about how officers in the CIA's special activities division put their lives on the line while they're conducting paramilitary operations that are critical to our--to our national security and many of them are suffering injuries while they're doing that. We talked about briefly about how to extend VA disability benefits to these men and women who are serving alongside with their armed forces. And as you can imagine, if you are 55 years old and have been wearing NVG goggles for your entire life you're going to have neck problems. If you've been--if you're 60 and you've been humping a pack a rucksack with 60--60 that weighs 60 pounds you're going to have issues that I think VA doctors are able--but, have you been able to give any more thought on how we pull something like this off?

WILKIE:
It--it will require a legislative fix. And I have not been able because of her schedule to sit down with the director. We've had one brief discussion since you and I talked. So, I--I apologize for not getting a definitive answer.

HURD:
You--you have a lot on--on your plate, so there's no--there's no--

WILKIE:
I do have someone who has worked with the CIA in the field who is an expert.

HURD:
Yeah and--and maybe Dr. Stone, you can help. If you had one--could add one person--one more veteran within the VA system do we have a cost estimate on how much that would--how much one more new person into the system costs?

STONE:
Look, there's capacity to care for individuals in the system. The--the actual cost is not dissimilar to what Medicare figures for the--the cost of--of a veteran. But, it also depends on age. So, it could go between $6,000 a year to $45,000, depending on the age of the veteran. And as you stated, CIA agents, especially those that are--have field experience, have the same type of degenerative diseases as does every other veteran that's put a pack on.

And so, could it happen? Yes. Does it require some legislative changes? As I stated last time I was here, I've worked actively with that agency when I was deployed in combat, and I'm deeply respectful of the sacrifice that they make. And so--

HURD:
Well, let's do it. All right? I'm--I'm on board and looking forward to working with Senate colleagues in order to do something like this.

STONE:
Thank you, sir.

HURD:
Next question, you alluded to it in your--in your opening remarks the plan for joint VA and DoD decision making regarding consolidated purchasing power, especially as we move to a--to the same CRM and sharing our--you're going to be able to know from within the DoD and VA how much Aspirin needs to be bought or how many tools. And you--you alluded to it. Is the Defense Medical Supply Chain--is that the tool? And kind of what's the status of--of this project?

STONE:
That is the tool. We--we don't have a modern supply chain system in VA. Now, as a--as a department that began really with President Lincoln's second inaugural address, so that is--that is the key to the future. We're actually testing out the system in Chicago at the local medical center. That is something that Secretary Mattis and I agreed to do.

We have to crosspollinate, and we have to crosspollinate not just there, but with the sharing of resources. I'll give you an example. Ft. Sill, Oklahoma, next to--we had a--a surplus of dentists. Ft. Sill needed dentists. We allowed them to use our dentists. They opened up their operating rooms at the Reynolds Army Hospital.

That is particularly relevant to Texas. We have to do a better job of sharing resources. Womack Army Medical Center at Ft. Bragg has two floors of beds that are unoccupied. It sits in the middle of a region where there are 2,000 new veterans coming in the system a month.

HURD:
And, sir, those kind of joint decisions that have to be made, how are y'all making it? How is the DoD and VA--how have y'all set up a system in order to make those joint decisions?

STONE:

Well, we--we operate on several levels. One is my level. The other is the deputy's level. The o--the--the third is at Dr. Scone's (PH) level for the electronic health record, which is your great concern.

We have an integrated program office. It really is the only one that I can remember between two diverse departments of the federal government. I would call it a signature joint program office. That creates an independent arbiter to determine what is best for the program and for both agencies. I think that's the way of the future.

HURD:
Copy. And thank you, sir. Next?

CASE:
Thank you very much. Mr. Ryan?

RYAN:
Thank you, Mr. Chairman. Secretary Wilkie, thank you for being here. I appreciate it. First, let me say thank you for your work with the National Defense Strategy. I know how closely you worked with Secretary Mattis. I also sit on the Appropriations Defense Committee, and I think that document is--is one of the finest documents we've seen come out of the government in a long time, coordinating all the efforts of the military.

So, in a long--a long-term strategy, now we got to get to a whole of government long-term strategy. But, I just wanted to thank you for your work there.

WILKIE:
That's great. Thank you, sir.

RYAN:
And I also--and I also want to thank you for your recent comments regarding the Federal Appeals Court decision on the Blue Water Navy veterans. I know that--that you said that you would not press that issue. And I appreciate it. That's an issue that means a lot in Northeast Ohio and in Ohio in general. We have a number of Blue Water Navy vets who will benefit from this, and I think it was a long time coming. So, I want to thank you.

WILKIE:
Thank you so much.

RYAN:
I want to thank you for that as well. I'm just happy to be at a--at a veterans hearing here where I wasn't the first guy to bring up yoga and meditation to heal our vets. I've been talking about this for a long time, and I want to say thanks for that because I--I think these--they're not even--they're not even alternative approaches at this point in 2019. These are mainstream approaches that heal trauma, and they do it in a very, very cost-effective way and give their--the vets their life back. It's the most unbelievable transformations.

I--I tell our friends who aren't maybe as familiar with it. You know, some of these vets are on around 10, 12, 15 prescription drugs a day. Do the long-term math on that, and that usually doesn't end well. And then take these problems that actually teach the vets how to--how to get themselves out of fight or flight, deal with their trauma, heal--heal themselves, and get off these meds.

I mean that's--that's incredible.

WILKIE:
And--and you were one of the first to point to a cultural change that needs to take place and that is taking place. And the military is a very conservative lunacy institution. And it does--it does require a great deal of effort to bring new ideas to generations that are--who are older.

RYAN:
Yeah.

WILKIE:
Korea. Sadly, not as many with World War II, but my father's generation in Vietnam. So, you're on target.

RYAN:
Well, we saw the same thing going out to the--the DC VA. We went out there five, six, seven years ago. We're talking about this. They were just starting to implement the mindfulness-based stress reduction, the yoga, the tai chi, the acupuncture. We went back and actually met some Vietnam vets there. And if one of them said, we sat in a meditation session for, you know, a half hour. If one of them said it, they all said it. I wish I would have learned this 40 years ago because, you know, I lost my wife. I have no relationship with my kids. I'm starting to--I'm starting to heal some of these relationships now, they would say.

And I think it's a really powerful thing. So, to that point, we--we had the Office of Patient-Centered Care and Cultural Transformation here a week or two ago with Tracey Goddad (PH), who I think is doing a phenomenal job of really trying to penetrate the culture here. And one of the things we talked about was the VA launching the whole health system to 18 flagship facilities.

My goal ultimately working on this committee and hopefully working with you is, how do we get these modalities, these techniques, offered in VA facilities all over the country? How could we help you do this? These are--these--these approaches are saving lives, and I think the--there's a great sense of urgency for us to do that.

WILKIE:
Congressman, what you're discussing is--is a fundamental change in how medicine is practiced, in moving from what I was trained in, of, you know, the basic smile face of how back is your pain, one to ten, and responding to that with chemicals. And responding to that with these type of mindfulness approaches that fundamentally change the way people practice.

The 18 flagship sites will stand up in the next year, and as they stand up, I think then we can begin to--to harvest the information. How do we change the culture of what is a very large workforce in how we approach chronic pain? Half of our patients have chronic. Half of our patients within our CLCs, our chronic living facilities, have chronic pain. And how we approach that, how we deal with that, and how

we deal with depression and isolation as mindfulness has huge effects in--in reducing depression, isolation, and therefore reducing suicide.

You know, the next piece is, how do we then demonstrate that for the rest of American medicine so the rest of American medicine takes a similar approach?

RYAN:
I'm working on that too. So, you're--you're helping--

WILKIE:
Good news--

RYAN:
--Greatly with that. Now to the extent where you can get, for example, mindfulness-based stress reduction--sorry, one sec--where you can get trained in this, that to me and these other projects, when you see--I see and have done in yoga with a vet who was a double amputee. He's now teaching yoga. Now he's teaching vets to teach yoga because it's been so helpful to him to healing his posttraumatic stress.

And these are things that I think we should sit down after the hearing and--and figure out because it can be so easily disseminated and decentralized across society, and I can't think of anything better than a veteran's corps of vets going out to find these other vets and really start to play offense. So, I would love to work with you on that in figuring out a way to really take this to the next level. Thank you.

CASE:
Thank you very much. Mr. Rutherford?

RUTHERFORD:
Thank you, Mr. Chairman. If--if I could follow up again on the vacancy issue, would speaking more directly to the issues of doctors and nurses and those involved in the right care and--and the difficulties that we have finding those individuals to come work at the VA, the--the educational mission of the VA I think is one of the obviously critical areas where we can make that happen. But, sh--you know, one of the concerns that I have is Section 4 and 3 of the Mission Act, for example, uses VA money to care for non-VA members outside of VA.

And it provides no guarantee that those doctors were--or nurses are ever going to work for VA. And, you know, wouldn't it be better under Title III--you know, there's programs such as those under Title III that actually guarantee service at VA in exchange for that support. Are--are we--are we shifting away from that? Can--can you speak to that, Dr. Stone?

STONE:
I--I can, and--and certainly an obligation of service in exchange for support during your training is exactly what--what we ought to get to. And--and to have an obligation of service of 18 months for a year of reimbursement of expenses or scholarship is exactly where--where we need to be in order to bring people into the system.

I think that's--that's generous, and--

RUTHERFORD:
--And, by the way, we get to--we get to choose them, which is another major benefit. We don't get what's left at the bottom of the--the barrel. We--we get the--go out and search for those that we want.

But, one--one last thing very, very quickly, with the Community Care Eligibility Standards changing a little bit, can--can you talk about how--how do we get that out to the--to the veterans who--who need to understand that process?

STONE:
There is a whole plan in place. We'll begin to articulate the changes in eligibility to the veteran community. The veteran community does understand the 40-mile rule under choice and the 30-day rule. But, the decisions that the Secretary has made and now are in regulation development, once the regulations are published, we will then move to a--a whole series of educational processes that will articulate the 20-day wait time for primary care and mental health, 28 for specialty care, and the 30- and 60-minute drive time.

Now, we've had a fair degree of discussion, frankly as we've gone through the market area assessments of--of what drive time affects are in--in urban areas and rural areas. And trying to make sure that we reach veterans appropriately. On June sixth, when this portion m--of the cho--of the mission act goes into--to effect. What we hope, is that we'll be almost invisible to the American veteran who then interact with our schedulers, as with ou--their providers in order to make decisions and to articulate their eligibility.

RUTHERFORD:
Okay. You know I--I--I will say Mr. Secretary that 89 percent satisfaction number that you--that you spoke of, in my district it's probably even higher. You--you know, our--our vets are very satisfied with the service they receive. The--the challenge is for some of them--and what I hear--most of the complaints is actually not--once they--once they get into the system and they're being served, they are very happy. It's--it's that--it's that process of getting--you know--eligibility into VA that--that they struggle with. It's--it's not as responsive to them as--as they would like, and--and--quite frankly, that's where I s--I--I see the biggest role. But congratulations on the--on the 89, because I'm the--it's--it's higher in some areas too. I know that's an average, so thank you.

WILKIE:
Well Sir, coming from you that's important because you have one of the fastest growing districts in the country when it comes to veterans. And I mentioned earlier, I don't--I don't know if you were here--

RUTHERFORD:
--Right, you did--

WILKIE:
--about the shift that is coming for Texas and Florida and Hawaii--

RUTHERFORD:
--Right--

WILKIE:
--and that's going to require more robust service, that's going to re--require more comprehensive service. Which the--the market assessments are certainly going to help with. Thank you, Mr. Secretary, my time has expired. I yield back.

WASSERMAN-SCHULTZ:
Mr. Case.

(LAUGHTER)

That's how we roll.

CASE:
Yeah. Mr. Secretary, the--our--our government accountability office did a report in 20154 identified VA--several VA components as high risk--came back 2017, updated that--and then actually just a few weeks ago came back with a March 19--2019 report. I think that came out after your prior testimony, I forget. But, are you familiar with the updated report?

WILKIE:
(LAUGHTER) They come up with many. I'm trying to remember which one this touched.

CASE:
Oh, I'm sorry, I should've said--that's my--that's my fault. Information technology.

WILKIE:
Okay.

CASE:
Okay, so that's what I'm addressing, the IT segment, are you familiar with their most recent report?

WILKIE:
Yes.

CASE:
Okay. So, basically, they identified a number of areas that they still cons--considered to be high risk, recommendations that were not met. Frankly, some of them strike me as not susceptible to funding per see, for example the--the--the changes in leadership in the IT department. The--the turnovers in leadership. But some of them do seem to be susceptible to--to funding resolution, at least partially. One was obviously the--the turnover in the legacy IT systems, which are--at present are tying up funds that could be reallocated somewhere else. That's--this is GAO talking, not me. They talked about some--some recommendations having to do with certain milestone dates in--in--in addressing IT related root causes. To what extent ar--does your budget respond to the GAO areas? And I'm talking funding wise, because that's what we're talking about here.

WILKIE:
The funding request for this subcommittee to consider is $4.2 billion in IT appropriations. That covers about 8,000 dedicated workers to IT. You mentioned legacy systems. One of the reasons we had problems with the Forever GI bill is that we put a change into a 30 year old--actually older than that--IT system.

So, in terms of IT modernization, Mr. Hertz (SP) is more of an expert on this than I am. We are currently moving as much as we can into the cloud. We are currently disposing of legacy systems ad seriatim so that we don't experience what we had with the Forever GI bill. I would by lying to you if I said that we--we're ready to turn the corner. We're working to do that.

But, I think the future is better. We do have a--a fully confirmed CIO and his team in place, which we actually didn't have. I don't believe we had it when I testified in February. So, that's good. But, the points are well taken, and we've recognized them and are moving. And I would ask the committee respectfully to consider that $4.2 billion appropriation.

CASE:
Okay. Thank you. And then, kind of a little closer to home here--I noticed that your Native American Veterans Housing Loan program--you didn't continue it. So, thank you for that. But, it's flat lined, no adjustment for inflation even though home prices and--are obviously going up across--across the board.

And I think you are well aware that Native Americans serve disproportionately in our armed services and therefore disproportionate percentage of our population. In--in the case of Hawaii, native Hawaiian serve something like 250 percent of the, you know--the usual rate in the Army. Native Hawaiians are about 2,500 out of our population, somewhere in that range, which is a little less than 25 percent, even though they are substantially less than that in our community.

So, I guess the question I have is--what was the thinking behind no increase to adjust for inflation in that, or, for that matter prices in that program?

WILKIE:
My understanding--and I will get you a more thorough answer is that it was simply based on the demand signature coming into us. But, I will add to that by saying in--in the eight months I've been here I've spent a great deal of time with the Native people of America, the nations of the great plains, the Federation of Natives in Alaska, and with the people of Hawaii. You just hit why.

I think for too long we have used--we have not recognized and honored those Americans who have served in numbers greater than in any community in the country. You missed out on one thing, that these are people who have the highest per capita numbers of Medals of Honor.

CASE:
Exactly.

WILKIE:
And I've made it a point--I don't believe in--in being so arrogant that I--that I would tell you that I want a legacy. But, I do want--and I think the eight months have shown that I do want to focus us in that area, that we--we pay extra attention to Native Americans.

CASE:
Thank you. I guess I'll just leave you with a brief comment. And that is if it is a demand signature, a reflection, I would go back and visit that demand signature because that's contrary to anecdotal evidence on my part.

WILKIE:
And--and I'm going back to Hawaii in a couple of months, and I will make sure that, when I do that--I think I'll be in--on Oahu for two days. I will make sure that I dig into that.

CASE:
Thank you.

WASSERMAN SCHULTZ:
Thank you, Mr. Case. Mr. Hurd.

HURD:
Thank you, Madam Chair. Picking up on--on something Mr. Case was talking about, Secretary, when it comes to the $4.2 billion for--for the IT system, as we go to implementation of Cerner (SP)--and you heard me say this a bunch. The issue was not a technical issue. It was an issue of leadership, and I think, under this administration's leadership, under your leadership, under Mr. Windham's (SP) leadership, I think everything is being done to ensure we actually achieve that longitudinal healthcare record, and that's really exciting.

And so, now--so, what my questions are on--once we've implemented it, do we have the facilities? Right? Do we have the hardware? Do we have the--the software? And in--and is this $4.2 billion--does that reflect this need for potentially upgrading some of the hardware within those--within those facilities as well as the software to ensure we're taking advantage of all (INAUDIBLE)?

WILKIE:
Before Dr. Stone answers that, in terms of how VHA will adjust to that--we have a separate line item for the electronic health record that's separate and apart from $4.2 billion that I (INAUDIBLE).

HURD:
Got you.

STONE:
So, the software--or I'm sorry--the software will go on new platforms. And so, whether it be desktops, laptops, those will all be changed out as part of this investment. The actual infrastructure is aged and unable to support this. In--in the Pacific Northwest, we're going to hit our initial operating sites in Spokane and Seattle. We need to upgrade 42 communication closets that I know more about communication closets than I ever thought was possible.

(LAUGHTER)

HURD:
Yeah, yeah. And I've heard they literally are closets. They're not (INAUDIBLE) server rooms and such.

STONE:
They are literally closets. Remember, sir, we are upgrading not only the EHR, but also putting--installing demos as well as financial modernization over these next ten years.

HURD:
Right.

STONE:
So, all three are being done simultaneously. And so, the upgrade to the closets, then the installation of the switches will all go on this spring, summer, and fall.

HURD:
Got you.

STONE:
I concur with--.

HURD:
--And (INAUDIBLE) all of that is reflected in the budget that's--that's been submitted--?

STONE:
--That--that is correct. But, it is a separate item from the $4.2. But, I concur with your impression with the role that John Windham has done in managing the acquisition here. It is extraordinary. But, it remains an incredibly complex installation into an old infrastructure. I discussed with you last time I was here the 131 instances of Vista needing to go to one.

HURD:
Sure.

STONE:
You asked a question of--what would the most complex or the largest one--it is St. Louis.

HURD:
Got you. That--that's helpful to know. And on this $4.2 billion--this is for you, Mr. Rychalski. Does your CIO have an MGT working capital fund?

RYCHALSKI:
So, we do actually have a capital fund. We had it for many years. It's called the franchise fund. We're not using the--the authority that you're talking about principally because we have not been able to find a use

that would benefit us more than what we already have, which is a separate IT appropriation and a working capital fund that we've had for many years.

HURD:
So, if your new CIO, in transitioning current operation to the cloud, saves $2 billion, they're able to have access to that savings through this current fund that you're talking about?

RYCHALSKI:
Yeah, exactly. Absolutely. In fact, through the franchise fund, we can carry it forward.

HURD:
And your--and your CIO is able to direct how those funds are spent?

RYCHALSKI:
A hundred percent. We are very different from some agencies in that--in that regard.

HURD:
Can you veto him or her?

RYCHALSKI:
I cannot, unfortunately, because I would.

(LAUGHTER)

HURD:
Okay. Well, that is what I--I actually don't want you to be able to.

RYCHALSKI:
And that's why we're very different--.

HURD:
(OFF MIC)

RYCHALSKI:
--Because of our separate appropriation, I don't have veto authority.

HURD:
Got you. And my last question is for you, Dr. Stone. You know, we're always--the competition for medical professionals, healthcare professionals is always difficult, recruiting, retaining, and making sure we're using them. Is there a plan to implement full practice authority for PAs that was similarly done for advanced practiced registered nurses? And do you think that authorizing full practice authority for PAs at the VA would be a smart healthcare policy?

STONE:
So, I'm married to an advanced practice nurse.

(LAUGHTER)

So, I need to always be careful as I answer these questions. Let me say to you that our advanced practice nurses have done an extraordinary job working to the top of their licenses. We have the same thing in our pharmacists that are working at the top of their licenses. I agree with the concept of every one of these medical professionals, including PAs, working to the top of their license when we need that support.

And we have, right now, 2,500 PAs that are working for us. We also have 700 in training. And I would say to you that, as we look at the expansion of the system and the growth of the system, certainly looking at full practice authority for PAs is something that I need to develop a position on for the Secretary for him to decide where we're going to go. But, I appreciate the question.

HURD:
Thank you. And Madam Chair, I yield back.

WASSERMAN SCHULTZ:
Thank you, Mr. Hurd. So, as we--as we wrap up, I'm just going to take probably a bit--slightly more than five minutes just to focus on gender specific care for our women veterans, which I--you've spoken about several times in my office. And, as you know, women are the fastest growing group of veterans. But, the VA is still dealing with challenges making itself a place where women can receive equal access to healthcare for their gender specific needs.

And I have been to numerous VAs around the country and have seen that there is a commitment to make progress. We have the number of women veterans using VHA services has tripled since 2001. It's gone from 160,000 to 500,000 women today. The budget request for $547 million to gender specific women's veteran healthcare, which is only an increase of $42 million over last year, which, to me, proportionately does not keep pace with the influx of women veterans. And that's not even counting the women that we're not reaching who either should know or that we need to know can access VA care.

So, what I'd like to know is what are the $547 million getting us? What specifically is the $42 million goal in terms of what we--what that buys us? How is it going to provide better and more comprehensive care for women veterans? We'll start--we'll start with that. I have a number of other gender specific healthcare related questions.

WILKIE:
So, you--you were kind enough to ask me this question earlier. And, as--as capable as my brain is of doing numbers, which is why I went into the law, because I couldn't be a scientist.

(LAUGHTER)

Typical government numbers--those numbers are not the whole story. So, you are correct. That is $547 million in gender specific care. However, well over $7.5 billion is spent for women in the VA for their healthcare. But, that could be for a cold or a broken leg.

WASSERMAN SCHULTZ:
Right. I'm talking about gender specific.

WILKE:
So--so, in terms of the percentage of funds going into women's healthcare, that's about ten percent of the eight--little over $80 billion that we spent. So, in that sense, we spend an equal percentage of--of dollars to match the percentage of women in our VA system. So, that's ten percent of what we spend on healthcare goes to women in general. And Dr. Stone can answer the--the second part of it.

STONE:
So, we have 133 sites that there is gynecology services. That's about right in those sites. We also have about 6,000 trained primary care providers--.

WASSERMAN SCHULTZ:
--A hundred and thirty-three out of how many sites, Dr. Stone--?

STONE:
--Of our 170 hospital sites. We have 133 sites where there's gynecology services. We also have 6,000 providers in our (INAUDIBLE) that our primary care providers with many residencies in women's services. Where I--I question the investment is in mammography services. We have 65 sites with mammography services. As we do our market area assessments, we need to really take a look--it seems to low for me.

WASSERMAN SCHULTZ:
Yeah.

STONE:
If I can justify 133 sites with gynecology services, I ought to be able to justify an enhanced number of sites for mammography.

UNKNOWN:
You can't have one without the other. You're absolutely correct.

WASSERMAN SCHULTZ:
Especially because of the language that we had in the bill last year where now women veterans have access to mammography starting at 40 like--like all other women do.

STONE:
Yes, ma'am. That is exactly correct. Now, I can say to you, our 500,000 enrolled women veterans are getting cancer screening for breast cancer and cervical cancer at higher rates than the commercial population or the--the civilian population.

What--what I can also say in--in the growth of--and this is a surprise. But, in gender disparities, as our leadership has taken a look at where they may be. We have a lower rate of pneumococcal vaccination in our women veterans than we do in our males. We also have a lower rate of compliance with our recommendations on lipid management, so the amount of fat in your blood.

So--and lipid management, which, obviously, tend towards increased risk of heart attacks--so, I think we still have gender disparities, even in things that you might not think of as--as gender specific care that we could do a better job on.

WASSERMAN SCHULTZ:
Thank you. And part of my concern is that, given the spike--and it's only going to continue to--to spike--in women veterans coming into the system, you had very, relatively the same about of funding, $500 million, in gender specific funding over the past two years. It doesn't really seem to be growing with the population, proportionately with the population of women veterans that you have coming in to--to access care.

So, I mean, 133 facilities have the gynecological services, meaning 40 something facilities don't. I've had complaints when I've been to various facilities that there isn't a gynecologist at this particular facility. Is there a plan to expand the gynecologic services to all of the--of the sites? And is there a plan to have the gender specific women veterans budget for healthcare match the proportion of which they are increasing in population that you're serving?

STONE:
Let me answer the first question. And--and that is certainly if there are surgical services available for the gynecologist to practice, we would expand to that site. And should the market area assessment bear the--the fruit of--of saying, "We ought to do this," then, we'll certainly recommend that be done. And I would expect the budget to follow.

WASSERMAN SCHULTZ:
Okay. But, only if that surgical service is needed?

STONE:
I cannot get a gynecologist to come practice if there is not the ability to--to practice surgery.

WASSERMAN SCHULTZ:
Perform surgery. Okay. And the second question?

STONE:
I would expect--I expect the budget to increase appropriately. But, I would think--.

WASSERMAN SCHULTZ:
--Even though--even though it hasn't been--?

RYCHALSKI:

--I can maybe speak to that. So, the way we--way we calculate the budget is basically using a similar actuary model to what a commercial insurer uses, Medicare, Medicaid. It's based on the demand for services. And so, we look at how much we spent in--in gender specific care. I would make some educated guesses going forward about how many more people would come in, healthcare trends, things like that.

And so, it's our--you know, it's our best estimation. If it goes up, we will shift resources, and, as time passes, as more people access services, that budget will increase proportionally to the demand.

WASSERMAN SCHULTZ:
In that--in that same vein though, how much is being dedicated to outreach? What specifically is being done to reach women veterans who are not voluntarily coming to the VA for healthcare services who many not realize that they qualify for them? And are you tracking enrollments based on your outreach efforts?

WILKIE:
I--I can answer that from my former perch as the Undersecretary of Defense for Personnel and Readiness. It's not my father's armed forces anymore. Secretary Madison (SP) and I both--and I go back to him because he was Secretary when I left. We both agreed that in terms of out processing, we would have out soldier, sailors, airmen, and Marines educated as to what to expect once they entered veteran status.

I am guessing that that education, as it more fully develops, will start at an earlier time in their careers. Because of something the House did two years ago, we now started basic training with financial services education. But, it has to start there. And I--I--I will have to get back to you in terms of outreach. I just don't know those numbers.

WASSERMAN SCHULTZ:
Okay. Yeah. If you could get that to me for the record--two other--two other women oriented questions. We also discussed this prior to this hearing. But, there have been disturbing stories in the news about women veterans who are being harassed and mistreated by men at DSVA (SP) facilities.

Culturally, it--it really is a problem, and, obviously, if a women--if we're already having difficulty getting women veterans to come into VA facilities and not reaching all the women that we need to, once they come, if they're harassed, they're not coming back. And so, how much of the $547 million is being--or any other portion of your budget is being put towards making sure that we have anti-women's harassment campaigns to change--and other strategies--to change the culture?

And please don't tell me that you're going to put up billboards because, respectfully, if you think you're going to reach the veteran population that we need to address with suicide billboards, then you're not thinking about how people who--where the eyeballs are these days in terms of the target population.

STONE:
Yes, ma'am. I think that the outreach to the female veteran and to change the culture--there's a couple of things that have happened. There's been an extensive training campaign amongst our employees.

WASSERMAN SCHULTZ:
Extensive?

STONE:
Yes, and I cannot quote you exactly how many people we've trained. But, I'm happy to get that for you.

WASSERMAN SCHULTZ:
Okay.

STONE:
But, we can provide to you the fact that we think that we've substantially impacted our workforce. As I've told you we've done many residencies and more than 6,000 of our primary care providers--in addition, changing the culture of an entrance area or a waiting room in order to allow a diverse population to walk through it without being harassed is--is a problem that we continue to face.

We've restructured the seating areas in some of our facilities even in Washington D.C. to reduce the complaints of having to walk a gauntlet. In areas where we have an aging population of veterans, we find this more commonly than we do where we have a younger population of veterans. As the Secretary has discussed in North Carolina, they're just used to serving with--with males.

WASSERMAN SCHULTZ:
You have a plan in the short term to add more women--women only waiting rooms and access points so that we can possibly--because culture is harder to change than it would be to physically move them and have them access the VA without having to walk the gauntlet?

STONE:
And--and the answer is yes, including separate entrances. And the best example of that is Washington D.C.

WASSERMAN SCHULTZ:
Although that shouldn't be necessary.

STONE:
You and I would both hope that that would never be necessary. But, unfortunately it is.

WILKE:
I'm going to read too much into demographics. But, let me give you my historical perspective and tell you why this is changing separate apart from anything any of us do. I go back to my father. Commissioned two months before Kennedy's inauguration. Less than one half of one percent of the force is female; 98 percent of those are nurses.

As the Undersecretary of Defense, almost 50 years--no, a little bit more than 50 years after he's commissioned, 17 percent of the force I was responsible for was female. My guess is that that's going to go to 20 percent probably by 2021. In my high school days, the notion that anyone wearing a red beret would be female would have been anathema to the culture.

Now, look at the population of our veterans today. For the first time since the fall of Saigon, our population is now more than half under the age of 65. Very different attitudes, very different attitudes

toward what people expect of the military and what people expect to see in the military. Dr. Stone's right. You have a--and I--I'm not going to--I'm not going to point to any one place other than Fayetteville.

They're used to seeing that. There are some places with very old populations that are not. I can't change their attitudes. But, I can change--and--and Dr. Stone was talking about the training programs. I can change the response that our employees have when they are confronted or when women are confronted with the type of actions that were highlighted in the New York Times article a few weeks ago.

Senator Hirono and I talked about that yesterday in testimony. The culture is changing. As I said, regardless of what we do--but, VHA does have an awareness program for our employees to do our best to make that environment and those places safer.

WASSERMAN SCHULTZ:
Okay. Well, we'll likely give you some encouragement in our bill and in our remark so that we can make sure we're keeping track of that progress. And I appreciate the members' indulgence. But, just because it--this is my last--my last point--because it was--it came up. It is good that women veterans who come to the VA are more likely to get breast and cervical cancer screenings. And I know you know I'm a breast cancer survivor. So, this is somewhat personal for me. But--particularly, because that's more prevalent in VA than it is in the private sector, and that's great.

My understanding is that some VA locations have been able to collaborate with NIH designated comprehensive cancer centers, for example, Moffitt Cancer Center in--in Florida. It--what happens there is there is oncology clinical trials that are involved in--in cutting edge treatments where veterans consent to participate. But, their treatment's at a VA facility.

I mean, to me, that seems like a wise method to leverage outside expertise because, as we've all said many times, veterans are more comfortable in a VA setting, and if they can get cutting edge care that isn't necessarily directly, you know, VA--you know, emanating from a VA hospital, then the collaboration can help us get that to them in the place where they're the most comfortable.

So, are you supportive of expanding these types of collaborations and providing budgetary support to these efforts through healthcare operations or research and development funds?

STONE:
Yes, and we're actively working with the NIH to do that. I know we're talking about cancers in females. But, we're--our most frequent cancer is prostate cancer, actually after melanoma. We're actually working with the Prostate Cancer Foundation, NIH, the National Cancer Institute to enhance the number of veterans that have access to these studies in a much more rapid manner.

So, we are completely supportive. In fact, you see--.

WASSERMAN SCHULTZ:
--That's incredibly important. But, there is a massive disparity between the amount of funding provided to deal with prostate cancer versus female oriented cancers. So, as supportive as I am about making sure that that type of--of collaboration is available, I'm specifically asking about collaboration on women's access to breast and cervical cancer screening--.

STONE:
--And the answer is yes, yes to both of those.

WASSERMAN SCHULTZ:
Okay.

WILKIE:
And I have personal family experience with the cooperation and Moffitt. So, I know the kind of wonderful services--.

WASSERMAN SCHULTZ:
--Yes, they are a remarkable facility--.We're very proud of them, as a Floridian. So, thank you to my colleagues for your--for your indulgence. And--and thank you, Mr. Secretary, and to all your colleagues for joining us. That concludes this afternoon's hearing. To remind members, our next hearing will be our member day hearing on April 2nd, which is next Tuesday at 10 AM in HT2, and we invite all members of Congress to testify before the subcommittee on their priorities in our bill. And with that, the subcommittee is adjourned.

List of Panel Members and Witnesses

PANEL MEMBERS:
REP. DEBBIE WASSERMAN SCHULTZ (D-FLA.), CHAIRWOMAN

REP. SANFORD D. BISHOP JR. (D-GA.)

REP. ED CASE (D-HAWAII)

REP. TIM RYAN (D-OHIO)

REP. CHELLIE PINGREE (D-MAINE)

REP. MATT CARTWRIGHT (D-PA.)

REP. CHERI BUSTOS (D-ILL.)

REP. NITA M. LOWEY (D-N.Y.), EX-OFFICIO

REP. JOHN CARTER (R-TEXAS), RANKING MEMBER

REP. MARTHA ROBY (R-ALA.)

REP. JOHN RUTHERFORD (R-FLA.)

REP. WILL HURD (R-TEXAS)

REP. KAY GRANGER (R-TEXAS), EX-OFFICIO

WITNESSES:
SECRETARY OF VETERANS AFFAIRS ROBERT WILKIE

U.S. DEPARTMENT OF VETERANS AFFAIRS UNDER SECRETARY FOR BENEFITS PAUL R. LAWRENCE

DEPARTMENT OF VETERANS AFFAIRS FINANCIAL OFFICER JON RYCHALSKI

VETERANS HEALTH ADMINISTRATION EXECUTIVE IN CHARGE RICHARD A. STONE

Source: **CQ Transcripts**

From: (b)(6)
Sent: Tue, 2 Apr 2019 19:26:10 +0000
To: Haverstock, Cathy (b)(6) Powers, Pamela (b)(6) (b)(6) VBAVACO (b)(6)
Cc: Syrek, Christopher D. (Chris)
Subject: RE: SECVA Daily Sync Meeting Due Outs
Attachments: SecVAHearingPrepTalkingPoints VSO Engagement 4-2-19.docx, ACCESS STANDARDS.docx, Responsiveness to congress.docx, Pushback to USA Today Article About Community Living Centers.docx

Hi all, I'm bringing up the hard copies and tabs now, but I'm attaching the electrons of these items so we all have them.
(b)(6) – did you receive anything else on the decision support tool or women's health? We have those topics in the book but I didn't get any new information to add.

From: Haverstock, Cathy
Sent: Tuesday, April 02, 2019 9:44 AM
To: (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>; (b)(6) @va.gov> (b)(6) VBAVACO (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: Syrek, Christopher D. (Chris (b)(6) @va.gov> (b)(6) @va.gov>
Subject: RE: SECVA Daily Sync Meeting Due Outs

(b)(6) is making tabs for CLC and Responsiveness…there are already tabs for Decision Support Tool (Talking points from OEI) and Women's Health (we also have womens mental health broken out) and finally, also for Access Standards. (VHA is working, and OCLA is working a version of them for the RPC Lunch)

(b)(6) and (b)(6) is planning to coordinate with you to get these into SecVA's book by 1600…thanks all!

Kindly, Cathy

Cathy Haverstock / Special Assistant / OCLA / Department of Veterans Affairs
Email: (b)(6) @va.gov / Phone: (b)(6) / Mobile: (b)(6)
810 Vermont Ave / Washington, D.C., NW 20420

From (b)(6)
Sent: Tuesday, April 02, 2019 9:10 AM
To: Powers, Pamela <(b)(6) @va.gov> (b)(6) @va.gov> (b)(6) (b)(6), VBAVACO <(b)(6) @va.gov> (b)(6) @va.gov>
Cc: Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Haverstock, Cathy

(b)(6) @va.gov>
Subject: RE: SECVA Daily Sync Meeting Due Outs

My mistake… Thank you, ma'am.

(b)(6)
Executive Assistant
to the Secretary
Department of Veterans Affairs
(b)(6)

From: Powers, Pamela
Sent: Tuesday, April 02, 2019 9:09 AM
To: (b)(6) @va.gov>; (b)(6) VBAVACO (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: Syrek, Christopher D. (Chris) (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Haverstock, Cathy (b)(6) @va.gov>
Subject: RE: SECVA Daily Sync Meeting Due Outs

Correction to this…the first one should be Decision Support Tool TPs.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @va.gov>
Date: Tuesday, Apr 02, 2019, 8:42 AM
To: (b)(6) VBAVACO (b)(6) @va.gov>, (b)(6) (b)(6) @va.gov>
Cc: Powers, Pamela (b)(6) @va.gov>, Syrek, Christopher D. (Chris) (b)(6) @va.gov>, (b)(6) @va.gov>, Haverstock, Cathy (b)(6) @va.gov>
Subject: FW: SECVA Daily Sync Meeting Due Outs

(b)(6)

Ms. Powers would like you to work these requests (see (b)(6) original email below). Mr. Wilkie's would like 1-pagers on the items below no later than 4pm. Please work with those indicated to compile complete talking points.

Digital Services (VHA)
CLC Talking Points (Hutton)
Women's Health Talking Points (VHA) I've attached what they submitted last week but we need actual TP's
Responsiveness to VSOs & Congress (Haverstock & (b)(6)

(b)(6)

From (b)(6)
Sent: Tuesday, April 2, 2019 8:34 AM
To: (b)(6) @va.gov>; Tucker, Brooks (b)(6) @va.gov>; Rychalski, Jon J. (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>; Haverstock, Cathy (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Mashburn, John K. (b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>
Cc: Balland, David (b)(6) @va.gov>
Subject: SECVA Daily Sync Meeting Due Outs
Importance: High

SECVA has asked for information on the following to take home this evening:

- Digital Services
- CLC Talking Points (Hutton)
- Women's Health Talking Points (VHA)
- Responsiveness to VSOs & Congress (Haverstock & (b)(6)

SECVA is also looking for a one-pager on access standards to be submitted prior to the Policy Luncheon TODAY.

Please let me know when I can expect to receive the information SECVA has requested.

Many thanks,

(b)(6)

Executive Assistant
to the Secretary
Department of Veterans Affairs
(b)(6)

Since Secretary Wilkie's swearing in on July 31st, 2018

- *VA* Hosted or attended no less than **167 meetings** in the last 8 months (*172 work days*).
  - The meetings worked out to *376 Hours (Approx)
  - Most meetings were held with Senior Level VA officials**
  - This includes more than **20 One-on-One** engagements with the Secretary

- **VA**'s **376** hours of meetings translates to spending about **11 hours each work week** engaged with the VSO's
  - This works out to approximately **1 hour** every day for mid-level SMEs plus another **1.6 hours every day** for *Senior Level Leaders****.
  - Together VA meets on a daily average of **2.6 hours.**

- Under Secretary Wilkie's leadership, VA has increased the range of VSO's
  - A handful (4-6) of legacy***** VSOs dominated 30% of the time and another 50 organizations shared the remaining 70%.

The broad range of VSO's have spent 361.5 hours with VA

VSO's enjoyed 361. Hours with VA in 163 work days

= 11 hours/week

= 1 hour/day with mid-level SMEs

= 1.6 hours daily with Senior Leaders

= Average Daily total 2.6 hours

*Hours tracked are those from August onward (minus Board of Veterans Appeals which meets regularly with VSOs)

**Includes National Directors and above -Secretary, Under Secretary, Principal Deputy Under Secretary, DUSH, ADUSH, AS, and National Directors (Includes Approximately 140 of the 157 meetings)

*** 76% of the 335.5 hours

***** DAV, PVA, The American Legion, VVA, AMVETS, VFW

ACCESS STANDARDS/MISSION ACT

What it is:

It's Better than the Choice Program:

- Creates a veteran centric care model.
- Mission Act places the Veteran at the center of his/her health care decisions.
- Increases the amount of choice a veteran has regarding the location of their health care.
- New model bases access standard distances on health care needed, not from nearest facility.
- Mission Act is about access to quality and timely health care.
- Permanent authorization (CHOICE Program was temporary and had to be re-authorized if dollars ran out)

MISSION Act developed five standards of veteran eligibility:

1. Service not available at the Veteran's VAMC or Clinic.
2. Veteran resides in a state or territory without a full-service VA medical facility (AK, HI, NH, Guam, AS, NMI, USVI).
3. Veteran was eligible under the CHOICE 40 mile rule in ND, SD, MT, AK, and WY.
    - Grandfather Clause for five most rural states.
4. "Best medical interest" (after consultation between Veteran and their VA provider).
5. VA's care for that Veteran's need is not in compliance with VA's quality standard.

With a sixth to be developed by the Secretary of Veterans Affairs:

6. Veteran meets specific access standards of wait times and drive times (30 mins for primary care, MH, non-institutional extended care; 60 mins for specialty care; 20 day wait time for primary care, MH, non-institutional extended care, unless Veteran agrees to wait after consultation with their provider; 28 days for specialty care unless Veteran agrees to a wait after consultation with their provider).

- These new eligibility criteria go into effect when the regulations are published and effective (June 6, 2019)
- Community care is fully funded through FY19.

Veterans and their provider will work together to determine the Veteran's best options for care, a task that is currently done through multiple data systems in the medical center. VA OIT and VHA are developing the Decision Support Tool (DST) which, when deployed, will enhance productivity and efficiently guide providers and Veterans through the options for health care. Providers will continue utilizing their current systems through the education process and deployment of DST.

What it is NOT (False Narratives):

- Privatization
  - VA is not privatizing, nor should it.
- Degradation of internal capacity
  - As illustrated in the President's Budget there is still a need for Congress and the VA to invest in internal capacity and health care options. Studies show that VA health care is improving and that Veterans prefer VA care.
- Pushing veterans to the private sector
  - Veteran health care choices
    - A Veteran centric model allows for the veteran to choose. Most veterans still choose to utilize the VA for their health care.
  - Expansion of eligibility
    - While it is true that the drive time eligibility will increase the number of veterans eligible for community care, this is only one of the 6 criteria for eligibility.
    - Mission Act continues to embrace the fundamental tenet of patient driven access to care by incorporating standards widely accepted in modern, private and government managed health care systems.

RESPONSIVENESS TO CONGRESS, VSOs

VA OCLA Year to Date Totals:

Oversight requests received. (Note that this may include requests in addition to letters from Members, e.g., requests from committee staff via email or by phone)	**471**
Oversight responses	**405**
Documents produced in response to oversight requests.	**692**
Pages produced in response to oversight requests	**5,750**
Oversight-related hearings	**3**
Oversight-related briefings	**209**
Approximate number of hours spent on oversight-related matters.	**5,280**

Additionally, documents have been delivered to HVAC Majority, in February and March, related to HVAC oversight requests of alleged outsider influence on VA decisions for contracting of Electronic Health Record and other matters:

Initial Response - - 934 pages
Second Interim Response - - 220 pages
Second Interim Response - -114 pages
Second Interim Response - - 60 pages
Total: **1,328 pages**

Pushback to *USA Today* Article About Community Living Centers

For the better part of the last year, VA's nursing home program has been the subject of much media scrutiny.

At VA, we welcome oversight because we know it makes us better, but because of the disingenuous efforts of two agenda-driven reporters from USA Today and The Boston Globe, this particular issue has been clouded by false statements, misinformation and hyperbole.

Despite often framing their coverage as a comparison between VA nursing homes and those in the private sector, both publications have focused exclusively on isolated complaints about VA patient care issues – making no attempt to include any anecdotes about problems in private sector homes.

Some of the more outrageous examples of the outlets' disingenuous coverage of this issue include falsely calling our publicly released nursing home ratings "secret" and repeatedly implying that VA nursing homes are worse than those in the private sector when data proves that is not the case.

That's why we wanted to take an opportunity to share the facts about the department's nursing home program.

Overall, VA's nursing home system compares closely with private sector nursing homes, though the department on average cares for sicker and more complex patients in its nursing homes than do private facilities.

These facts are supported by data, which shows that, in comparison with non-VA facilities rated by the Centers for Medicare and Medicaid Services (CMS), VA has a lower number of low-performing facilities and a higher number of high-performing facilities.

VA's latest nursing home ratings show that only eight, roughly 6 percent, of VA's nursing homes received an overall one-star rating.

And VA nursing homes serve a much higher proportion of residents with conditions such as prostate obstruction, spinal cord injury, mental illness, homelessness, PTSD, combat injury, terminal illness, and other conditions rarely seen in private nursing homes. In fact, 42 percent of 41,076 VA CLC residents in fiscal 2018 had a service-connected disability rating of 50 percent or higher.

Also, private sector nursing homes admit patients selectively, whereas – unlike the private sector – VA will not refuse service to any eligible Veteran, no matter how challenging the Veteran's conditions are to treat.

VA is continuously striving to improve all of its health care facilities. When problems arise, we address them head on and hold accountable those responsible.

But when media outlets cherry-pick the experiences of a handful of Veterans and attempt to portray them as illustrative of a broad problem across VA's nursing homes nationally, they do a disservice to Veterans, taxpayers and the thousands of VA employees who are working hard every day to provide the best possible care to those who have worn the uniform.

From: (b)(6)
Sent: Thu, 4 Apr 2019 12:27:55 +0000
To: (b)(6) Byrne, Jim (b)(6) Powers, Pamela (b)(6) Glynn, Melissa S (b)(6) Selnick, Darin (b)(6) (b)(6) VA Mission Act;Lieberman, Steven (b)(6) (Physician);Mashburn, John K.;Matthews, Kameron;((b)(6) Bader, Christine E.;Connell, Lawrence B.;Lazier, Raun;Tucker, Brooks;Gfrerer, James;Sandoval, Camilo J.;Syrek, Christopher D. (Chris);Protocol;Stone, Richard A., MD;VHA USH Meeting Requests;OSVA Conference Rooms
Cc: (b)(6) Hutton, James;Tran, Dat VACO (b)(6) (b)(6) VACO);Hipolit, Richard (OGC) (b)(6)
Subject: SECVA Bi-Weekly MISSION Act Update
Attachments: AIR_Commisssion_Options_02132019.pptx, Mission Act Agenda 4-4-19.docx, PublicAffairs-MISSION3.pptx

Read Aheads attached. Please bring a copy with you to the meeting....

From: (b)(6)
Sent: Tue, 9 Apr 2019 19:18:25 +0000
To: (b)(6) Powers, Pamela;Syrek, Christopher D. (Chris (b)(6) Hutton, James;Tallman, Gary
Subject: final draft of Thursday's VVA remarks
Attachments: 04-11 remarks VVA board, final draft.docx

I'm calling this "final" although I can still make changes if any are suggested.

SECVA said he prefers remarks before small groups of people in brief, bulleted form, so I condensed what I had earlier down to this.

Dropping off a few hard copies now to (b)(6)

(b)(6)
Speechwriter
Department of Veterans Affairs
(b)(6) (office)
(VA cell)
(personal cell)

From: (b)(6)
Sent: Wed, 10 Apr 2019 15:10:04 +0000
To: (b)(6) Powers, Pamela;Syrek, Christopher D. (Chris (b)(6) Hutton, James;Tallman, Gary
Subject: updated VVA remarks attached, and audience analysis
Attachments: 04-11 remarks VVA board, FINAL.docx, VVA audience analysis.docx

Remarks have changed a little at the top and bottom to reflect new info about the presentation of the certificate.

Audience analysis also included. It's a very loosely structured event.

Walking over with hardcopies of both now.

(b)(6)
Speechwriter
Department of Veterans Affairs
(b)(6) (office)
(VA cell)
(personal cell)

Audience Analysis/Logistics
Vietnam Veterans of America
April 11, 2019

The VVA is marking its 40th year of service to Veterans this year, and you are speaking to a few dozen VVA state council presidents, and presenting the VVA with a certificate to mark their anniversary.

LOGISTICS/SETUP: This is a very loosely structured event. There is no green room, and the group is expected to be on "your time" – they will acknowledge you shortly after you enter the room, and will let you begin.

You'll be standing at a podium to address anywhere from 20 to 50 VVA state council presidents who will be seated before you. Behind you will be another audience, again made up of a few dozen people – members of the public may be present in that second audience, though it should mostly be VVA members and officers.

You have been given from 10:15 to 10:45 a.m. to speak, and you are free to use the time as you wish. You have 10-15 minutes of prepared remarks and some flexibility to go longer. Then reserve a few minutes to present the certificate and pose for photos

The event is at the Double Tree Hotel in Silver Spring, Maryland (8727 Colesville Road).

You will be met by (b)(6) once you arrive (cell phone (b)(6) She will escort you up to the Princeton Room on the second floor.

Introduction

You are expected to be introduced by John Rowan, VVA National President. But it's possible you will be introduced by Rex Moody, chair of state council presidents, or Rick Weidman, VVA executive director.

You are free to use all 30 minutes for remarks and the presentation. The group is also fine if you want to spend time fielding a few questions, or cut the time short as you see fit.

Certificate presentation

After your remarks, you will present a certificate that recognizes the VVA for its service, including its 80,000 members and 500 chapters around the country and the U.S. territories.

Invite John to the podium for you to present it to him on behalf of everyone at VVA.

Key Biographies

John Rowan, VVA National President

John was involved with the VVA since its inception in 1978. He is serving his seventh term as president.

John enlisted in the Air Force in 1965, and learned Indonesian and Vietnamese. He was a linguist in the Air Force's 6990 Security Squadron in Vietnam, and at Kadena Air Base in Okinawa, Japan.

From: (b)(6)
Sent: Sat, 20 Apr 2019 01:17:25 +0000
To: Powers, Pamela;Syrek, Christopher D. (Chris)
Cc: Bader, Christine E.;Stone, Richard A., MD
Subject: FW: AQ47 Final Rule- Urgent Care
Attachments: AQ47(F) RIA from OMB passback 1 to PO (4-19-19)-Urgent Care.docx, AQ47(F) Reg from OMB passback 1 to PO (4-19-19)-Urgent Care.docx

FYSA only - Pretty impressive turnaround time for OIRA/OMB to provide comments on our Urgent Care Mission Act Reg and RIA. No major objections/comments from OIRA/EOP in the Reg or RIA. Publication date of June 6, 2019, remains promising. We just need to be expeditious in our turnaround time as OIRA/EOP/WHC has been.

Have a great weekend.

From: (b)(6)
Sent: Friday, April 19, 2019 9:10 PM
To: (b)(6) @va.gov> (b)(6) @va.gov>; Duran, Joseph <Joseph.Duran2@va.gov> (b)(6) @va.gov>
Cc: (b)(6) @va.gov> (b)(6) @va.gov>; (b)(6) @va.gov> (b)(6) (VACO) (b)(6) @va.gov>; (b)(6) (OGC) (b)(6) @va.gov>; (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; Glynn, Melissa S (b)(6) @va.gov> (b)(6) @va.gov>; Kalett, Ethan (b)(6) @va.gov>; (b)(6) @va.gov>; Selnick, Darin (b)(6) @va.gov>
Subject: RE: AQ47 Final Rule- Urgent Care

Colleagues,

Please see the attached AQ47(final) Reg and RIA containing OMB/OIRA/EOP's comments (passback #1) received this evening. This is an impressive turnaround time for OIRA and I don't see any show stopper comments in the Reg or RIA.

However, I do have issues with a couple of the **comments in the RIA**, so I have requested a conference call with OIRA to discuss these issues. More to follow on the date/time of this call. These issues will have an effect on the text of the Regulation as well, so please review both the Reg and RIA for continuity before responding to the comments and let me know if you need to be on this call.

Please provide your responses to the comments in TRACKED mode and annotate the comment bubble of the action taken.

If anyone has questions/issues pertaining to the comments in the Reg or RIA, please advise ASAP.

Thanks

v/r (b)(6)

From (b)(6)
Sent: Wednesday, April 10, 2019 5:13 PM
To: (b)(6) @va.gov> (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>; Blauert, Susan (OGC) (b)(6) @va.gov>; (b)(6) va.gov>; Matthews, Kameron (b)(6) @va.gov> (b)(6) @va.gov>; Duran, Joseph <Joseph.Duran2@va.gov> (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov> (b)(6) @va.gov>; Kalett, Ethan (b)(6) @va.gov>
Subject: RE: AQ47 Final Rule- Urgent Care

Hi (b)(6)

Today, the SECVA approved/signed AQ47 Final Reg for publication. However, this regulation is pending OMB's formal clearance. I have attached the SECVA signed pdf. copy and word version for your records.

Please let me know if you have any questions. Thanks.

V/r
(b)(6)
Regulation Policy and Management (00REG)
Office of the Secretary
Department of Veterans Affairs
(b)(6) @va.gov
(b)(6) (voice)
(cell)

From: (b)(6)
Sent: Monday, April 08, 2019 6:49 PM
To: (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (VACO) (b)(6) @va.gov>; Blauert, Susan (OGC) (b)(6) @va.gov> (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov> (b)(6) @va.gov>; Duran, Joseph <Joseph.Duran2@va.gov> (b)(6) @va.gov>;

(b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; (b)(6) @va.gov>; Kalett, Ethan (b)(6) @va.gov>
Subject: RE: AQ47 Urgent Care Submission to OMB

(b)(6)

The AQ47 Final Reg and RIA were submitted to OMB via email. Thanks

From: (b)(6)
Sent: Monda , A ril 08, 2019 5:21 PM
To: (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Blauert, Susan (OGC) (b)(6) @va.gov>; (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) @va.gov>; Duran, Joseph <Joseph.Duran2@va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; (b)(6) @va.gov>; Kalett, Ethan (b)(6) @va.gov>
Subject: AQ47 Urgent Care Submission to OMB

(b)(6)

Attached please find the following documents for submission to OMB:

1. AQ47 Urgent Care Regulation
    a. Please note that we were not able to get all of the data in the CRA section that WH requested this morning. We will work towards including that data in our first pass back. However, we did include the tracked changes and added additional language addressing some of their comments.
    b. There may also be additional edits from individuals who did not have an opportunity to review this draft.
2. List of changes to the regulation text for OMBs convenience when reviewing the rule.
3. AQ47 RIA
    a. We are resubmitting the RIA from the proposed rule as we do not believe any of the changes in the reg text would impact the RIA.

Thanks,

(b)(6)
Deputy Director
Office of Regulatory and Administrative Affairs (10B4)
Veterans Health Administration
810 Vermont Ave., NW 675E
Washington, DC 20420

(b)(6)

From: Glynn, Melissa S.
Sent: Mon, 6 May 2019 12:19:03 +0000
To: Powers, Pamela
Subject: RE: [EXTERNAL] Re: VA Digital Services Transition Plan

Yes - I'm here all week

Sent with BlackBerry Work
(www.blackberry.com)

From: Powers, Pamela <(b)(6) @va.gov>
Date: Monday, May 06, 2019, 8:06 AM
To: Glynn, Melissa S. (b)(6) @va.gov>
Subject: RE: [EXTERNAL] Re: VA Digital Services Transition Plan

I am going to try to get 30 minutes on the Secretary's calendar tomorrow to discuss...you, Jim, Jim and I. Need to get the Secretary's direction otherewise we will keep spinning our wheels. Are you in town?

From: Glynn, Melissa S.
Sent: Sunday, May 05, 2019 10:09 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: RE: [EXTERNAL] Re: VA Digital Services Transition Plan

Pam
We didn't really close the loop or I'm just unclear as to best follow up post my chance conversation with (b)(6) on Friday. Per (b)(6) they believe they are winding down efforts and closing up. Specifically (b)(6) believes there is no forward path and that she no longer has a role.

So your advice: I can speak to (b)(6) directly, but I only want to if we are sure we will maintain a Digital Strategy team (assume 5-8 FTE) outside of OI&T to help frame VA's transformational initiatives and process changes.

Or – I can engage (b)(6) or (b)(6) on possibilities which may or may not include (b)(6)

Or – we can revisit the opportunity with (b)(6) I haven't spoken directly to (b)(6) so I assume that discussion would be led by yourself and/or Jim B.

I look forward to your thoughts
Melissa

From: Powers, Pamela
Sent: Thursday, May 02, 2019 6:57 AM
To: Glynn, Melissa S. (b)(6) @va.gov>
Subject: RE: [EXTERNAL] Re: VA Digital Services Transition Plan

No worries. It's not a crisis so we can catch up tomorrow

From: Glynn, Melissa S. (b)(6) @va.gov>
Date: Wednesday, May 01, 2019, 9:43 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: RE: [EXTERNAL] Re: VA Digital Services Transition Plan

I am totally booked! I have MISSION Act meetings starting at 8. I will be in At 7:30 if you are in earlier and/or feel free to call me as you are getting into the office

Sent with BlackBerry Work
(www.blackberry.com)

From: Powers, Pamela (b)(6) @va.gov>
Date: Wednesday, May 01, 2019, 6:48 PM
To: Glynn, Melissa S (b)(6) @va.gov>
Subject: RE: [EXTERNAL] Re: VA Digital Services Transition Plan

Do you have some time in the morning? I am pretty free from 8-10.

From: Glynn, Melissa S. (b)(6) @va.gov>
Date: Wednesday, May 01, 2019, 3:34 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: RE: [EXTERNAL] Re: VA Digital Services Transition Plan

I have an idea that post 6/6 - really in Aug, (b)(5)
(b)(5)

We continue to need the assistance from the 'exec staff' to address all that lies ahead. So I think that they move to me or VEO. I can talk to (b)(6) and (b)(6)

Sent with BlackBerry Work
(www.blackberry.com)

From: Powers, Pamela (b)(6) @va.gov>
Date: Wednesday, May 01, 2019, 3:25 PM
To: Glynn, Melissa S. (b)(6) @va.gov>
Subject: RE: [EXTERNAL] Re: VA Digital Services Transition Plan

We need a plan for the executive staff. Secretary wants to see it soon. Jim said in his email that #2 (b)(5)
(b)(5)

From: Glynn, Melissa S. (b)(6) @va.gov>
Date: Wednesday, May 01, 2019, 3:21 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: RE: [EXTERNAL] Re: VA Digital Services Transition Plan

(b)(5)

Sent with BlackBerry Work
(www.blackberry.com)

From: Powers, Pamela (b)(6) @va.gov>
Date: Wednesday, May 01, 2019, 3:09 PM
To: Glynn, Melissa S. (b)(6) @va.gov>
Subject: FW: [EXTERNAL] Re: VA Digital Services Transition Plan

FYI. I am livid. (b)(5)

From: Powers, Pamela (b)(6) @va.gov>
Date: Wednesday, May 01, 2019, 3:07 PM
To: Byrne, Jim (b)(6) @va.gov>
Subject: RE: [EXTERNAL] Re: VA Digital Services Transition Plan

(b)(5)

Pam

From: Byrne, Jim (b)(6) @va.gov>
Date: Wednesday, May 01, 2019, 2:42 PM
To: Gfrerer, James (b)(6) @va.gov>, Powers, Pamela (b)(6) @va.gov>
Subject: FW: [EXTERNAL] Re: VA Digital Services Transition Plan

Sent with BlackBerry Work
(www.blackberry.com)

From: Weichert, Margaret M. EOP/OMB <(b)(6)
Date: Wednesday, May 01, 2019, 11:54 AM
To: Byrne, Jim (b)(6) @va.gov>
Subject: [EXTERNAL] Re: VA Digital Services Transition Plan

Thanks for the update. I'll look forward to talking further

Sent from my iPhone

On May 1, 2019, at 9:21 AM, Byrne, Jim (b)(6) @va.gov> wrote:

Margaret,

Based our meeting last week, this follow up note is to provide you with some additional detail around the Digital Service Transition Plan.

Here are some next steps being pursued:

(b)(5)

I hope this is in keeping with your/OMB expectations around a way forward regarding USDS and Agency-level support. VA values the knowledge, skills, and abilities that Digital Service personnel bring to our Information & Technology work, and we look forward to setting this future business model.

Best,

Jim

Sent with BlackBerry Work
(>www.blackberry.com<)

From: (b)(6)
Sent: Mon, 6 May 2019 21:32:22 +0000
To: Byrne, Jim
Cc: Bader, Christine E (b)(6) (OGC)
Subject: draft of written testimony
Attachments: Byrne draft nomination statement.docx

Mr. Byrne,

Attached here is a first cut at your opening statement.

As you'll see, it's set up with greetings/family intro and an overview at the top, and more detailed sections below.

Because we're in a rush for tomorrow, I would suggest that we work on nailing down the written statement first, by COB Tuesday, and then use the statement as a basis for your opening oral statement, which we can finalize later this week.

I am hoping that the top section can become your oral statement, since it hits many of the main points, though I would expect we will go back and forth a few times depending on what you want to highlight.

Please let me know… I'm aware of our short deadline so will be watching emails and able to make changes/edits/additions late tonight if you have them, and of course through Tuesday.

Pete

(b)(6)
Speechwriter
Department of Veterans Affairs
(b)(6) (office)
(VA cell)
(personal cell)

From: (b)(6)
Sent: Tue, 7 May 2019 00:36:45 +0000
To: Powers, Pamela;Syrek, Christopher D. (Chris)
Cc: Bader, Christine E.
Subject: FW: AQ47 Final Rule- Urgent Care
Attachments: AQ47(F) Reg to PO with OMB's passback 2 (5-6-19)from 00REG.docx, AQ47(F) RIA to PO with OMB's passback 2 (5-6-19)from 00REG.docx

FYSA - We're definitely on track to publish the Mission Act Urgent Care regulation with an effective date of June 6, 2019!!! I was sweating the copay amounts and methodology, but OIRA has conceded and we're close to finalization/publication.

From: (b)(6)
Sent: Monday, May 06, 2019 8:33 PM
To: (b)(6) @va.gov> (b)(6) (VACO) (b)(6) @va.gov> (b)(6) @va.gov>; (b)(6) @va.gov> (b)(6) @va.gov>; Duran, Joseph <Joseph.Duran2@va.gov> (b)(6) @va.gov>
Cc: (b)(6) @va.gov> (b)(6) @va.gov>; Blauert, Susan (OGC) (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov> (b)(6) @va.gov>; (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; Glynn, Melissa S (b)(6) @va.gov> (b)(6) @va.gov>; Kalett, Ethan (b)(6) @va.gov>; (b)(6) @va.gov>; Seinick, Darin (b)(6) @va.gov>
Subject: RE: AQ47 Final Rule- Urgent Care

Team,

Great news. Please see the attached AQ47(F) **Reg and RIA** with OMB's passback 2. Based on a separate email/conversation with OIRA, we do not need to include the Copay Analysis/Report in the Reg or as a Supplemental document. The main points can be summarized as they largely are in the regulation and RIA. OIRA recommends moving forward with what we got, with a couple of exceptions to their comments in the Reg and RIA.

Please provide responses to the attached Reg and RIA in tracked mode, any action taken/reply in their comment bubble, do not delete their comments and send back to me asap. This should be our last passback and we'll be on schedule to publish before 6/6/19!!!!!

Let me know if you have any questions. Thanks

From: (b)(6)
Sent: Thursday, May 02, 2019 5:15 PM

To: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Duran, Joseph <Joseph.Duran2@va.gov>; (b)(6) (b)(6) @va.gov>

Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Blauert, Susan (OGC) <(b)(6) @va.gov>; (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Kalett, Ethan (b)(6) @va.gov>; (b)(6) @va.gov>; Selnick, Darin <(b)(6) @va.gov>

Subject: RE: AQ47 Final Rule- Urgent Care

Team,

OIRA would like to have a call on the AQ47 Urgent Care final regulation to discuss strengthening the justification of the copayment amount. Here's is their availability:

Tomorrow, 12 to 1
Monday, 11 to 1
Wednesday, 3:15 to 4 PM

I prefer and hope everyone can make tomorrow!!

Let me know if you have any questions and/or need some thoughts prior to the call.
Thanks

From: (b)(6)

Sent: Tuesday, April 30, 2019 12:49 PM

To (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Duran, Joseph <Joseph.Duran2@va.gov>; Brown, Lisa M (b)(6) @va.gov>

Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Lieberman, Steven <(b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Kalett, Ethan <(b)(6) @va.gov>; (b)(6) @va.gov>; Selnick, Darin (b)(6) @va.gov>

Subject: RE: AQ47 Final Rule- Urgent Care

Colleagues,

The attached Clean and Tracked versions of the AQ47 Final rule and Regulatory Impact Analysis ((RIA) were sent back to OMB.

Again, thanks to all for your hard work.

V/r
(b)(6)
Regulation Policy and Management (00REG)
Office of the Secretary
Department of Veterans Affairs
(b)(6) @va.gov
(b)(6) (voice)
(mobile)

From: (b)(6)
Sent: Friday, April 19, 2019 9:10 PM
To: (b)(6) @va.gov>; (b)(6) @va.gov>; Duran, Joseph <Joseph.Duran2@va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Blauert, Susan (OGC) (b)(6) @va.gov>; (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; Glynn, Melissa S. <(b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Kalett, Ethan (b)(6) @va.gov>; (b)(6) @va.gov>; Selnick, Darin (b)(6) @va.gov>
Subject: RE: AQ47 Final Rule- Urgent Care

Colleagues,

Please see the attached AQ47(final) Reg and RIA containing OMB/OIRA/EOP's comments (passback #1) received this evening. This is an impressive turnaround time for OIRA and I don't see any show stopper comments in the Reg or RIA.

However, I do have issues with a couple of the **comments in the RIA**, so I have requested a conference call with OIRA to discuss these issues. More to follow on the date/time of this call. These issues will have an effect on the text of the Regulation as well, so please review both the Reg and RIA for continuity before responding to the comments and let me know if you need to be on this call.

Please provide your responses to the comments in TRACKED mode and annotate the comment bubble of the action taken.

If anyone has questions/issues pertaining to the comments in the Reg or RIA, please advise ASAP.

Thanks

V/r (b)(6)

From: (b)(6)
Sent: Wednesday, April 10, 2019 5:13 PM
To: (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Blauert, Susan (OGC) <(b)(6) @va.gov>; (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) @va.gov>; Duran, Joseph <Joseph.Duran2@va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Lieberman, Steven <(b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; (b)(6) @va.gov>; Kalett, Ethan <(b)(6) @va.gov>
Subject: RE: AQ47 Final Rule- Urgent Care

Hi Sallie,

Today, the SECVA approved/signed AQ47 Final Reg for publication. However, this regulation is pending OMB's formal clearance. I have attached the SECVA signed pdf. copy and word version for your records.

Please let me know if you have any questions. Thanks.

V/r
(b)(6)
Regulation Policy and Management (00REG)
Office of the Secretary
Department of Veterans Affairs
(b)(6) @va.gov
(b)(6) (voice)
(cell)

From: (b)(6)
Sent: Monday, April 08, 2019 6:49 PM
To: (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Blauert, Susan (OGC) (b)(6) @va.gov>; (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) Joseph <Joseph.Duran2@va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; Glynn, (b)(6) @va.gov>; (b)(6) @va.gov>; Kalett, Ethan (b)(6) @va.gov>
Subject: RE: AQ47 Urgent Care Submission to OMB

(b)(6)

The AQ47 Final Reg and RIA were submitted to OMB via email. Thanks

From: (b)(6)
Sent: Monday, April 08, 2019 5:21 PM
To: (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Blauert, Susan (OGC) (b)(6) @va.gov>; (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) @va.gov>; Duran, Joseph <Joseph.Duran2@va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; Glynn, (b)(6) @va.gov>; (b)(6) @va.gov>; Kalett, Ethan (b)(6) @va.gov>
Subject: AQ47 Urgent Care Submission to OMB

(b)(6)

Attached please find the following documents for submission to OMB:

1. AQ47 Urgent Care Regulation
    a. Please note that we were not able to get all of the data in the CRA section that WH requested this morning. We will work towards including that data in our first pass back. However, we did include the tracked changes and added additional language addressing some of their comments.
    b. There may also be additional edits from individuals who did not have an opportunity to review this draft.
2. List of changes to the regulation text for OMBs convenience when reviewing the rule.
3. AQ47 RIA
    a. We are resubmitting the RIA from the proposed rule as we do not believe any of the changes in the reg text would impact the RIA.

Thanks,

(b)(6)

Deputy Director
Office of Regulatory and Administrative Affairs (10B4)
Veterans Health Administration
810 Vermont Ave., NW 675E
Washington, DC 20420
(b)(6)

From: (b)(6)
Sent: Tue, 7 May 2019 16:34:43 +0000
To: Byrne, Jim
Cc: Bader, Christine E.(b)(6) (OGC)
Subject: Byrne written testimony, draft 2, attached
Attachments: Byrne draft nomination statement 2.docx

Here is the latest... attached here and I will run over 3 copies.

Will be over for the 1:30 meeting.

(b)(6)
Speechwriter
Department of Veterans Affairs
(b)(6) (office)
(VA cell)
(personal cell)

From: (b)(6)
Sent: Tue, 7 May 2019 19:05:03 +0000
To: Byrne, Jim
Cc: Bader, Christine E. (b)(6) (OGC)
Subject: draft 3, written statement for nomination
Attachments: Byrne draft nomination statement 3.docx

I'm coming over now with copies but it's here for convenience

(b)(6)
Speechwriter
Department of Veterans Affairs
(b)(6) (office)
(VA cell)
(personal cell)

From: (b)(6)
Sent: Wed, 8 May 2019 14:57:58 +0000
To: Byrne, Jim
Cc: Bader, Christine E.(b)(6) (OGC)
Subject: new draft of written statement is attached
Attachments: Byrne draft nomination statement 4.docx

I reorganized this a bit… left something like a broad opening statement at the top that speaks to Mr. Byrne's qualifications and experience with the VA, and then it dives right into each subject, one after the other.

That change shortened it a little, but I think it works well.

I'm going to send a copy of this to (b)(as well to see if he has any thoughts on where it's headed. He has done many more of these than I, so he may have some input as well.

Around to meet, discuss, edit later today as needed.

(b)(6)
Speechwriter
Department of Veterans Affairs
(b)(6) office)
VA cell)
personal cell)

From: (b)(6)
Sent: Mon, 13 May 2019 21:07:17 +0000
To: Byrne, Jim
Cc: Bader, Christine E. (b)(6) (OGC (b)(6)
Subject: Procurement Law Group remarks attached
Attachments: 2019-05-22 DRAFT Byrne remarks procurement law group.docx, Byrne, procurement lawyers audience analysis.docx

Mr. Byrne,

Attached is a draft of your remarks for your May 22 remarks at the Procurement Law Group, and a brief audience analysis.

I know you are focused on testimony but wanted to get this to you about a week ahead so you have time to look it over.

Walking over 2 hard copies as well.

(b)(6)
Lead Speechwriter
Department of Veterans Affairs
(b)(6) (office)
(VA cell)
(personal cell)

From: (b)(6)
Sent: Fri, 17 May 2019 23:47:01 +0000
To: Syrek, Christopher D. (Chris);Powers, Pamela
Cc: Bader, Christine E.;Glynn, Melissa S.
Subject: FW: AQ46(F) Reg and PRA Justification Statement with OMB's pass back 2.
Attachments: AQ46(F) Reg to PO with OMB passback 2 (5-17-19)VCCP.docx, AQ46(F) PRA Justification Statement to PO with OMB's passback 2 (5-17-19)VCCP.docx

FYSA – (see email below). Making significance progress on the final AQ46(F) Mission Act Regulation and 00REG will make publication before 6/6/19! Please ensure VHA is ready to execute!

From: (b)(6)
Sent: Friday, May 17, 2019 7:42 PM
To: Sperr, Andrea <Andrea.Sperr@va.gov>; (b)(6) @va.gov>; (b)(6) va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Hipolit, Richard (OGC) (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Stone, Richard A., MD @va.gov>; (b)(6) @va.gov>
Subject: RE: AQ46(F) Reg and PRA Justification Statement with OMB's pass back 2.

(b)(6)

Please see the attached AQ46(F) VCCP Regulation with OMB/OIRA's comments/edits, passback 2. I'm also attaching the PRA Justification Statement (JS) which contains OMB/OIRA's comments/edits.

- Please provide responses to OMB/OIRA's comments in TRACKED mode, to both the Reg and PRA JS asap.
- All responses must be annotated with a "reply"/"response" in OMB's comment bubble, reflecting the action taken.
- The version you send back to me "MUST" contain all of OMB/OIRA's comments and action language of how we responded in tracked Mode.

Best News!!! – We have resolved all of the issues associated with the Regulatory Impact Analysis (RIA)! No further comments from OMB/OIRA on the RIA! (Good work (b)(6)

NOTE: As expected, I need VA's responses to the Reg and PRA JS **ASAP!**

From: (b)(6)
Sent: Monday, May 13, 2019 8:14 PM
To: Sperr, Andrea <Andrea.Sperr@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>; Matthews, Kameron (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>
Cc: (b)(6)@va.gov>; (b)(6)@va.gov>; Glynn, Melissa S. (b)(6)@va.gov>; (b)(6)@va.gov>; Hipolit, Richard (OGC) (b)(6)@va.gov>
Subject: AQ46(F) Reg, RIA and PRA Justification Statement with VA's responses to OMB's pass back 1

Andrea and all involved, Thank You!

I'm attaching both TRACKED and CLEAN versions of the Reg, RIA, and PRA Justification Statement that were submitted back to OIRA/OMB this evening. I'm also attaching an Excel document that is a breakout of unique comments by type, which was also sent to OIRA/OMB.

NOTES:

1.) I will need a TRACKED version of the Notice reflecting changes based on the revised PRA Justification Statement.
2.) I also need the PRA burden costs to respondents that were last approved under control number 2900-0823. This request should reflect the delta between the two burden costs for EO13771 purposes.
3.) Lastly, I had a discussion with OIRA this evening and based on the timing of this final rule and not being able to include the new Information Collection burdens in the Final rule, they have agreed that we will not have to include the PRA information collection costs in the Regulatory Impact Analysis (RIA)! However, 00REG will need to take the appropriate actions to include them in the overall costs of the rule for purposes of EO13771 once the rule publishes.

Great work by all and I can see the finish line ahead. Thank you!

From: (b)(6)
Sent: Monday, May 13, 2019 7:04 PM
To: Sperr, Andrea <Andrea.Sperr@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>; Matthews, Kameron (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>
Cc: (b)(6)@va.gov>; (b)(6)@va.gov>; Glynn, Melissa S. (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>
Subject: RE: AQ46(F) Reg with OMB's passback 1 plus PRA JS and Notice

Andrea,

1. The following sentence below is from the PRA section of the preamble and OIRA wants us to explain what we meant. (b)(5)

(b)(5)

2. Yes, we need the burden costs to respondents that were last approved under control number 2900-0823. The delta between the two costs is what we'll need for EO13771 purposes.

Thanks

From: Sperr, Andrea
Sent: Monday, May 13, 2019 6:46 PM
To: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>
Subject: RE: AQ46(F) Reg with OMB's passback 1 plus PRA JS and Notice

Acknowledge both requests below, the rule is reattached with changes on pp. 111 and 119. I am not aware at what point the comment from OMB on p. 111 went away (this happened during the pass backs on AQ46 with the proposed rule as well, inadvertent I can assure everyone), but I made a note to that effect in the first VA response on p. 111 and OMB's concerns are addressed in the edits (although, OMB will likely want to discuss to ensure that VA's responses are adequate). I tracked in a response for p. 119 that VA would like to discuss as we do not understand what additional information OMB is seeking.

The second attachment is the breakout of unique comments by type.

For the PRA materials:

- Changes can be made to the 60-day FRN notice tomorrow morning.

- For the supporting statement, do you need the costs that were last approved the last time that control number 2900-0823 was approved (e.g. approved costs from the last supporting statement for 2900-0823)?

Andrea Sperr
Regulation Specialist
Office of Regulatory and Administrative Affairs (10B4)
Veterans Health Administration
810 Vermont Ave. NW
Washington, DC 20420
(202) 461-6725, office
(b)(6) cell

From: (b)(6)
Sent: Monday, May 13, 2019 5:37 PM
To: Sperr, Andrea <Andrea.Sperr@va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; (b)(6) @va.gov>
Subject: RE: AQ46(F) Reg with OMB's passback 1 plus PRA JS and Notice

Andrea,

Last issue hopefully, can you please send me the Excel spreadsheet that breaks out by category the unique comments. I want to send it to OIRA with the Reg.

Please let me know if you acknowledge this request, the one below and if you are able to provide responses this evening? I can wait on the Notice and delta between the new and old PRA burden costs.

Thanks

From: (b)(6)
Sent: Monday, May 13, 2019 4:50 PM
To: Sperr, Andrea <Andrea.Sperr@va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>
Cc (b)(6) @va.gov>; (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; (b)(6)

(b)(6) @va.gov>
Subject: RE: AQ46(F) Reg with OMB's passback 1 plus PRA JS and Notice

Andrea,

The following OIRA comment is mission from your version. This comment is on page 99 in OIRA's pass back version:

OIRA Comment: (b)(5) These are separate statutes and VA should discuss the required delay in effective date (30 days for APA, 60 for CRA) and good cause for both. It's ok to present a unified discussion of good cause, or to say for one statute that the same reasoning applies as for the other.

I don't see a response to the following comment on page 119 in your version?

OIRA Comment: Recommend explaining this.

NOTE: Including OIRA's first pass back.

From: Sperr, Andrea
Sent: Monday, May 13, 2019 4:09 PM
To: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>
Subject: RE: AQ46(F) Reg with OMB's passback 1 plus PRA JS and Notice
Importance: High

(b)(6)

The first attachment is VA's completed pass back on OMB's first set of comments and edits on the AQ46 final rule. The second attachment is the revised PRA supporting statement (the overall cost has increased, please let us know if you think that will present any major issues or requires more discussion). The third attachment is the excerpt of the Congressional report as requested by OMB (we responded I believe on p. 16 of the first attachment that we would provide this per OMB's request).

One document that is not included, but that I can send to you if you think OMB would like to see it, is the Excel spreadsheet that breaks out by category the unique comments that VA received on the AQ46 proposed rule. I would offer this now (or at OMB's specific request) because OMB noted in a few places towards the beginning of the first attachment that they would like us to consider indicating the specific number of different types of comments received—I'm not sure this would be helpful for the rule, so our response was generally that we have a record of the comments by category that we could provide if OMB would like to see it.

I believe you received the revised RIA on Friday, so the attached materials I think should complete VA's pass back. Please let us know if you need anything else, thank you.

Andrea Sperr
Regulation Specialist
Office of Regulatory and Administrative Affairs (10B4)
Veterans Health Administration
810 Vermont Ave. NW
Washington, DC 20420
(202) 461-6725, office
(b)(6) cell

From: (b)(6)
Sent: Friday, May 10, 2019 4:21 PM
To: Sperr, Andrea <Andrea.Sperr@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>; Matthews, Kameron (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6)@va.gov>
Cc (b)(6)@va.gov>; (b)(6)@va.gov>; Glynn, Melissa S. (b)(6)@va.gov>; (b)(6) (Physician) (b)(6)@va.gov>
Subject: RE: AQ46(F) Reg with OMB's passback 1 plus PRA JS and Notice

Andrea,

There is a difference in responding to an OIRA pass back, with the intention that it has not been fully vetted, compared to not addressing all of comments in a pass back. I called OIRA on this and they prefer to have a complete pass back. They also stated that they will not be able to review over the weekend, so Monday is better. This way they can disburse the document internally without having to see another clean version, minus the original comments. I agree with OIRA and it also ensures better version control.

Lastly, we'll also need a full pass back on the PRA materials OIRA provided and the RIA.

We need to have these full pass backs on Monday. Thanks

From: Sperr, Andrea
Sent: Friday, May 10, 2019 3:57 PM
To: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>
Subject: RE: AQ46(F) Reg with OMB's passback 1 plus PRA JS and Notice
Importance: High

(b)(6)

Attached is VA's pass back to OMB to address OMB's first set of edits and comments on the AQ46 final rule. As (b)(6) noted in the email thread below, this version has not been fully vetted or formally cleared, although we have initial clearance from both (b)(6) and (b)(6) (b)(6) We also have noted two specific places in the attachment where we acknowledge that VA will need more time the week of 5/13/19 to continue developing fuller responses: (1) on p. 16, OMB requested that VA provide a copy of a report that we cited in support of a response, and we were unsuccessful in tracking that down as of today; and (2) on p. 111, OMB raises many substantive questions and issues in the CRA and APA sections that VA was not able to resolve as of today.

Please rename the attachment as you need for VA's pass back, and let us know if you need anything further to complete VA's pass back. Thank you.

Andrea Sperr
Regulation Specialist
Office of Regulatory and Administrative Affairs (10B4)
Veterans Health Administration
810 Vermont Ave. NW
Washington, DC 20420
(202) 461-6725, office
(b)(6) cell

From: (b)(6)
Sent: Thursday, May 09, 2019 12:58 PM
To: (b)(6) @va.gov>; Sperr, Andrea <Andrea.Sperr@va.gov>; (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) @va.gov>
Subject: RE: AQ46(F) Reg with OMB's passback 1 plus PRA JS and Notice

Outstanding!

v/r (b)(6)

(b)(6)

Michael P. Shores
Director,
Office of Regulation Policy and Management (00REG)
Office of the Secretary
Washington, DC
(b)(6)

From: (b)(6)
Sent: Thursday, May 09, 2019 11:52 AM
To: (b)(6) @va.gov>; Sperr, Andrea <Andrea.Sperr@va.gov>; (b)(6) (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Subject: RE: AQ46(F) Reg with OMB's passback 1 plus PRA JS and Notice

(b)(6) - we should be able to give you something by Friday COB, but it will may not be fully vetted by everyone that needs to review and there may be additional edits we would want to make.

From: (b)(6)
Sent: Wednesday, May 08, 2019 7:55 PM
To: (b)(6) @va.gov>; Sperr, Andrea <Andrea.Sperr@va.gov>; (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov> (b)(6) @va.gov>
Subject: RE: AQ46(F) Reg with OMB's passback 1 plus PRA JS and Notice

I'm merely asking for an advance notice if we are going to meet the deadline. If not, I need to know now, not to inform OIRA on the due date that we can't meet it. Thanks

---

From: (b)(6)
Sent: Wednesday, May 08, 2019 7:38 PM
To: (b)(6) @va.gov>; Sperr, Andrea <Andrea.Sperr@va.gov>; (b)(6) (b)(6) @va.gov>; Matthews, Kameron (b)(6) va.gov>; (b)(6) (b)(6) @va.gov>
Subject: RE: AQ46(F) Reg with OMB's passback 1 plus PRA JS and Notice

That is our goal.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @va.gov>

Date: Wednesday, May 08, 2019, 7:36 PM
To: (b)(6) @va.gov>, Sperr, Andrea <Andrea.Sperr@va.gov>; (b)(6) (b)(6) @va.gov>, Matthews, Kameron <(b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Subject: RE: AQ46(F) Reg with OMB's passback 1 plus PRA JS and Notice

Please see the bold and hi-lighted sentence below that was sent on May 5, 2019.

From: (b)(6)
Sent: Wednesday, May 08, 2019 7:34 PM
To: Shores, Michael <(b)(6) @va.gov>; Sperr, Andrea <Andrea.Sperr@va.gov>; (b)(6) (b)(6) @va.gov>; Matthews, Kameron <(b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Subject: RE: AQ46(F) Reg with OMB's passback 1 plus PRA JS and Notice

(b)(6) I was not aware we had a due date for the regulation. Can you please remind me what it is?

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @va.gov>
Date: Wednesday, May 08, 2019, 7:32 PM
To: (b)(6) @va.gov>, Sperr, Andrea <Andrea.Sperr@va.gov>; (b)(6) (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>, (b)(6) @va.gov>
Cc: (b)(6) @va.gov>, (b)(6) @va.gov>, Glynn, Melissa S. (b)(6) @va.gov>, (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>, (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>, Lieberman, Steven (b)(6) @va.gov>, Hipolit, Richard (OGC) (b)(6) @va.gov>
Subject: RE: AQ46(F) Reg with OMB's passback 1 plus PRA JS and Notice

(b)(6)

VHA missed the due date for the RIA, how are we looking on our due date for the responses to the Reg and PRA materials?

From: (b)(6)
Sent: Sunday, May 05, 2019 3:11 PM
To (b)(6) @va.gov>; Sperr, Andrea <Andrea.Sperr@va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Matthews, Kameron <(b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Cc (b)(6) @va.gov>; (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6)

(b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; Hipolit, Richard (OGC) (b)(6) @va.gov>

Subject: RE: AQ46(F) Reg with OMB's passback 1 plus PRA JS and Notice

(b)(6)

Please see the attached AQ46 Reg with OMB's passback 1. OMB's comments are quite extensive to both the Reg and PRA materials.

Reg Notes:

- OMB struck the language that we were going to provide a separate **Notice** regarding the PRA collections. I'm a little confused on what VHA and the PRA Liaison Officer's (b)(6) intent is here with OMB.
- Please let me know if a call with OIRA is needed ASAP regarding this PRA issue.
- Please see the comment requesting a report, we'll need this when sending the Reg back to OIRA.

PRA Notes:

- I'm also attaching the PRA Justification Statement (JS) and 60-day Notice with OMB's comments/edits.
- These two documents were submitted through ROCIS to OMB by (b)(6)
- There are significant comments and extensive changes required, which could affect the RIA.
- A meeting with your PRA expert, VA's PRA officer and 00REG is strongly recommended.

RIA Notes:

- Please communicate ASAP with (b)(6) and his staff if the PRA changes will have an effect on the RIA.
- The RIA with OMB's comments was sent to (b)(6) and his staff Friday, 5/3/19. It also has extensive edits/comments.

OSVA NOTE:

- **We need VHA's responses to the Reg, PRA JS, 60-day Notice and RIA on or before COB Friday, May 10, 2019.**

Please let me know if you have any questions and/or need any assistance in meeting this due date. Thanks

From: (b)(6)
Sent: Friday, May 03, 2019 12:43 PM
To: (b)(6) @va.gov>; (b)(6) @va.gov>;

(b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>;
Sperr, Andrea <Andrea.Sperr@va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; (b)(6)
(VACO) (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6)
(b)(6) @va.gov>; (b)(6) @va.gov>
Subject: AQ46(F) RIA with OIRA's passback 1

(b)(6)

Please see the attached AQ46(F) RIA containing OIRA's passback #1.

Please provide a response to each OIRA comment by including an action response/reply in their comment bubble. If you make any changes/edits, please make them in TRACKED mode and ensure that all of OIRA's comments remain in tack when sending the RIA back to 00REG.

Let me know if you have any questions.

NOTE: Defer any EO13771 comments to 00REG and we'll make them after receiving your final version. Thanks

(b)(6)

Reg should be forthcoming today also.

From: (b)(6)
Sent: Monday, April 22, 2019 4:43 PM
To: Sperr, Andrea <Andrea.Sperr@va.gov>; (b)(6) @va.gov>; (b)(6)
(b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; (b)(6)
(b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>
Subject: RE: AQ45 and AQ46

Hi VHA,

AQ46 Final rule and RIA was sent to OMB.

V/r
(b)(6)
Regulation Policy and Management (00REG)
Office of the Secretary
Department of Veterans Affairs
(b)(6) @va.gov
(b)(6) (voice)
(mobile)

From: Sperr, Andrea
Sent: Monday, April 22, 2019 12:25 PM
To: (b)(6) @va.gov>; (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (VACO) (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; @va.gov>
Subject: RE: AQ45 and AQ46

I have un-highlighted the regulation text, we can provide OMB with a separate identification of changes at their request. Please use this attachment, thank you.

Andrea Sperr
Regulation Specialist
Office of Regulatory and Administrative Affairs (10B4)
Veterans Health Administration
810 Vermont Ave. NW
Washington, DC 20420
(202) 461-6725, office
(b)(6) cell

From: (b)(6)
Sent: Monday, April 22, 2019 12:10 PM
To: Sperr, Andrea <Andrea.Sperr@va.gov>; (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (VACO) (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>
Subject: RE: AQ45 and AQ46

Awesome! There are a lot of yellow hi-lights in the regulatory text, do you need them to remain hi-lighted? Thanks

V/r (b)(6)

(b)(6)

(b)(6)
Director,
Office of Regulation Policy and Management (00REG)
Office of the Secretary
Washington, DC
(b)(6)

From: Sperr, Andrea
Sent: Monday, April 22, 2019 12:01 PM
To: (b)(6) @va.gov>; (b)(6) @va.gov>; Glynn, Melissa S. (VACO) <(b)(6) @va.gov>
Subject: RE: AQ45 and AQ46
Importance: High

(b)(6)

Attached is the final draft of the AQ46 final rule for submission to OMB, this copy includes the updated supplementary information as well as the updated CRA discussion in the APA paragraph. There are 4 remaining tracked comments in the attachment to explain the new language for the transplant supplemental rule as well as the new CRA language, and to reference the PRA issues that will be separately noticed. Please let us know if anything else is required to complete the submission of the AQ46 final rule to OMB today, thank you.

Andrea Sperr
Regulation Specialist
Office of Regulatory and Administrative Affairs (10B4)
Veterans Health Administration
810 Vermont Ave. NW
Washington, DC 20420
(202) 461-6725, office
(b)(6) cell

From: (b)(6)
Sent: Monday, April 22, 2019 8:30 AM
To: (b)(6) @va.gov>; Glynn, Melissa S. <(b)(6) va.gov>
Cc: Sperr, Andrea <Andrea.Sperr@va.gov>
Subject: RE: AQ45 and AQ46

I got a lot done over the weekend, so 12 will work.

v/r (b)(6)

(b)(6)

Director,
Office of Regulation Policy and Management (00REG)
Office of the Secretary
Washington, DC
(b)(6)

From: (b)(6)
Sent: Monday, April 22, 2019 8:29 AM
To: Glynn, Melissa S. <(b)(6)@va.gov>; (b)(6)@va.gov>
Cc: Sperr, Andrea <Andrea.Sperr@va.gov>
Subject: RE: AQ45 and AQ46

(b)(6)

We are working on cleaning up the remaining few issues in AQ46. We can have a draft to you by 10am if need be, but the draft would be more complete and have a better chance of passing OMB muster if we could have until noon. Please let us know whether the additional two hours would make it too difficult for you to still submit to OMB today or whether we could submit to you NLT noon.

Thanks,

(b)(6)

From: Glynn, Melissa S.
Sent: Thursday, April 18, 2019 4:25 PM
To: (b)(6)@va.gov>; (b)(6)@va.gov>
Cc: Sperr, Andrea <Andrea.Sperr@va.gov>
Subject: RE: AQ45 and AQ46

Thank you (b)(6) and Andrea!

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6)@va.gov>
Date: Thursday, Apr 18, 2019, 3:37 PM
To: (b)(6)@va.gov>, Glynn, Melissa S (b)(6)@va.gov>
Cc: Sperr, Andrea <Andrea.Sperr@va.gov>
Subject: RE: AQ45 and AQ46

Roger that, keep up the good work. I can see the finish line, but we're not quite there yet. Thanks

v/r (b)(6)

(b)(6)
Director, Office of Regulation Policy and Management
Office of the Secretary
Department of Veterans Affairs
(b)(6)

From: (b)(6) @va.gov>
Date: Thursday, Apr 18, 2019, 3:33 PM
To: (b)(6) @va.gov>, Glynn, Melissa S. <(b)(6) @va.gov>
Cc: Sperr, Andrea <Andrea.Sperr@va.gov>
Subject: RE: AQ45 and AQ46

(b)(6)

We are on track to have the regulation to you by Monday at 10am. I do want to note that we will have all of the boiler plate (reg flex, EO, PRA, unfunded mandates, etc) ready for you tomorrow with the exception of the CRA section. We would like to submit the CRA section to you by 10am Monday with the rest of the preamble. I just emailed Rachel Mitchell to make sure they are on track to have the RIA and CFO memo to you by tomorrow.

Thanks,

(b)(6)

From: (b)(6)
Sent: Thursday, April 18, 2019 3:01 PM
To: (b)(6) @va.gov>; Glynn, Melissa S. <(b)(6) @va.gov>
Cc: Sperr, Andrea <Andrea.Sperr@va.gov>
Subject: RE: AQ45 and AQ46

(b)(6)

How are we looking to have the Reg to me by 10:00 on Monday and Reg tomorrow?

v/r (b)(6)

(b)(6)
Director,
Office of Regulation Policy and Management (00REG)
Office of the Secretary
Washington, DC
(b)(6)

From: (b)(6)
Sent: Wednesday, April 17, 2019 11:20 AM
To: (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>
Cc: Sperr, Andrea <Andrea.Sperr@va.gov>
Subject: RE: AQ45 and AQ46

Correct. 10:00am the latest. I was able to get a few things done today. Thanks

v/r (b)(6)
(b)(6)
Director,
Office of Regulation Policy and Management (00REG)
Office of the Secretary
Washington, DC
(b)(6)

From: (b)(6)
Sent: Wednesday, April 17, 2019 11:19 AM
To: (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>
Cc: Sperr, Andrea <Andrea.Sperr@va.gov>
Subject: RE: AQ45 and AQ46

(b)(6)

Thanks for this information. To clarify, in my email below I asked whether it would be okay if we provided you the RIA and the boilerplate paragraphs (apa, reg flex, cra, unfunded mandates, pra, executive order sections, etc) on Friday but the meat of the preamble (supplementary information) on Monday. Based on your email, it seems that you are amenable to that so long as you receive the supplementary information by 9am. Is that correct?

Thanks,

(b)(6)

From: (b)(6)
Sent: Wednesday, April 17, 2019 10:03 AM
To: (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>
Cc: Sperr, Andrea <Andrea.Sperr@va.gov>
Subject: RE: AQ45 and AQ46

(b)(6)

Yes, AQ45 went to OMB.

Having the AQ46 RIA over the weekend is ideal, but more importantly our submission date to OMB is 4/22/19 and if you send me the Reg and RIA on Monday (what time?, who knows), there are still a lot of tasks that I need to complete in order to send the Reg and RIA to OMB and meet the 4/22/19 deadline.

In order to get the Reg and RIA to OMB, I have to review the Reg and RIA to make necessary changes to the EO13771 language, other APA formatting to the Reg, APA sections, good cause, etc. I have to review RIA and calculate EO13771 #s for the Reg, based on the final RIA. Review the PRA section and enter all APA paragraph details in ROCIS. Then I have to create an Accounting Table for the RIA, enter both Reg and RIA information in ROCIS, upload both Reg and RIA in ROCIS for formal submission to OMB. Brief the COSVA that I'm sending this to OMB and will seek SECVA signature concurrently. I also have to give OMB a heads up on Friday, to open ROCIS, that we are submitting the Reg and RIA on Monday.

BLUF: If you send the Reg and RIA to me on Monday, when am I supposed to complete the work above? God forbid there's an error in the RIA or problems with the reg that need attention.

I've expressed these challenges to the COSVA and the fact that receiving the Reg and RIA from you on Monday, who knows what time, we could possibly not meet the 4/22/19 deadline. Therefore, we need the Reg and RIA by Friday of Saturday.

NOTE: The only compromise would be to provide me with the Reg by 0900 Monday morning and RIA this Friday/Saturday, no exceptions to the 0900 time for the Reg. I will inform OMB to open ROCIS this Friday and that I will be formally submitting these version on Monday, 4/22/19.

v/r (b)(6)
(b)(6)
Director,
Office of Regulation Policy and Management (00REG)
Office of the Secretary
Washington, DC
(b)(6)

From (b)(6)
Sent: Wednesday, April 17, 2019 9:36 AM
To: (b)(6) @va.gov>
Cc: Sperr, Andrea <Andrea.Sperr@va.gov>
Subject: AQ45 and AQ46

(b)(6)

I just wanted to follow up on AQ45 and AQ46. Did AQ45 go to OMB yesterday? Also, we briefly spoke, but I wanted to clarify whether it would be okay if we provided you the boilerplate and RIA for AQ46 Friday, but spent some time on the meat of it over the weekend.

Thanks,

(b)(6)

Deputy Director
Office of Regulatory and Administrative Affairs (10B4)
Veterans Health Administration
810 Vermont Ave., NW 675E
Washington, DC 20420
(b)(6)

From: Rychalski, Jon J.
Sent: Wed, 2 Jan 2019 23:24:12 +0000
To: RLW;Byrne, Jim
Cc: Powers, Pamela;Murray, Edward;McIlroy, Andrew R.;Pannullo, Jerome;(b)(6) (b)(6) Parker, Amy L.
Subject: OMB Final Settlement
Attachments: S&D Mulvaney Ltr, settlement appeal, 12-12-18.pdf, FY 2020 Final after BRB, 1-2-19.xlsx

Mr. Wilkie, Mr. Byrne

Good evening!

In response to our December 12 appeal for an (b)(5) above the FY 2020 settlement (letter attached), the Budget Review Board (VP, Chief of Staff and OMB Director) and OMB provided an (b)(5) (b)(5) (b)(5) With this final change, the total discretionary budget request for FY 2020 is now (b)(5) (see attached spreadsheet for details).

The FY 2020 budget will support your top priorities: Mission Act, EHRM, customer service (increase to VEO), business transformation (i.e. FMBT) and improved accountability (such as increase to OAWP). There are however, (b)(5) (b)(5)

OMB told us informally that they would consider an internal offset if we wanted to fund the (b)(5) This would be difficult. Finding an (b)(5) (b)(5) If we do want to make an appeal (b)(5) we need to do so this week. If asked by anybody (b)(5) we can say we fought hard for (b)(5) but in the end OMB did not support it.

Thanks to Andrew McIlroy for putting this summary together.

Jon

THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

December 12, 2018

The Honorable Mick Mulvaney
Director, Office of
Management and Budget
Washington, DC 20503

Dear Director Mulvaney:

I received the Office of Management and Budget's (OMB) Fiscal Year (FY) 2020 settlement offer of December 10, 2018. Working together, we have made significant progress. While I understand you have very limited flexibility at this point, I am compelled to appeal certain items that I feel are critical to the Department of Veterans Affairs' (VA) ability to meet Administration and Congressional expectations, especially with respect to the Maintaining Internal Systems and Strengthening Integrated Outside Network (MISSION) Act of 2018.

- **Beneficiary Travel Reimbursement.** (b)(5)
(b)(5)

- **MISSION Act Urgent Care.** (b)(5)
(b)(5)

- **Veterans Health Administration Medical Care Infrastructure Funding.** (b)(5)
(b)(5)

The Honorable Mick Mulvaney

(b)(5)

- **Construction.** (b)(5)

(b)(5)

In total, VA appeals for (b)(5)

(b)(5) This is significantly below the total requirements of (b)(5)

(b)(5) My responsibility to meet the President's commitment to veterans necessitates that I advocate for the requisite resources to pay the debt that we owe to those who have served our Nation so well.

The enclosed table provides additional detail with respect to this appeal. Thank you for your consideration.

Sincerely,

Robert L. Wilkie

Enclosure

Veterans Affairs FY 2020 Request

($ in thousands)	2018 Enacted	2019 Enacted	2020 Revised Request	2020 OMB Passback	2020 VA Appeal	2020 OMB Settlement	2020 VA Settlement Appeal	2021 VA Request	2021 OMB Passback	2021 OMB Settlement
Medical Care	69,823,192	73,128,493	(b)(5)							
Medical Research	722,262	779,000								
Electronic Health Records	782,000	1,107,000								
Veterans Benefits Administration	2,910,000	2,956,316								
General Administration	335,891	355,897								
Board of Veterans' Appeals	161,048	174,748								
National Cemetery Administration	306,193	315,836								
Construction-Major	512,430	2,177,486								
Construction - Minor	767,570	799,514								
Grants for State Extended Care Facilities	685,000	150,000								
Grants for Veterans Cemeteries	45,000	45,000								
Information Technology	4,055,500	4,103,000								
Inspector General	164,000	192,000								
Loan Administration Funds	180,214	202,210								
DoD Transfers for Joint Accounts	0	128,000								
Joint Incentive Fund Rescission										
Discretionary Total (without Mission)	81,450,300	86,614,500								
Mission Act										
Discretionary Total (with Mission)	81,450,300	86,614,500								

Veterans Affairs FY 2020 Request

($ in thousands)	*2018 Enacted*	*2019 Enacted*	*2020 Revised Request*	*2020 OMB Passback*	*2020 VA Appeal*	*2020 OMB Settlement*	*2020 VA Settlement Appeal*	*2020 VA Final (After Budget Review Board)*	*Variance 2020 Final Settlement vs 2019 Enacted $*	*Variance 2020 Final Settlement vs 2019 Enacted %*
Medical Care	69,823,192	73,128,493	(b)(5)							
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Electronic Health Records	782,000	1,107,000								
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Mission Act										
Discretionary Total (with Mission)	81,450,300	86,614,500								
% change from prior year (without Mission)	9%	6%								

From: (b)(6)
Sent: Thu, 3 Jan 2019 20:34:27 +0000
To: Rychalski, Jon J.;Powers, Pamela
Cc: McIlroy, Andrew R.
Subject: RE: OMB Final Settlement

Please let me know if I should schedule this for tomorrow. Thank you.

(b)(6)

From: Rychalski, Jon J.
Sent: Thursday, January 03, 2019 9:32 AM
To: Powers, Pamela (b)(6)@va.gov>(b)(6)@va.gov>
Cc: McIlroy, Andrew R. (b)(6)@va.gov>
Subject: FW: OMB Final Settlement

Pam

I won't be at the Friday am sync. (b)(6) And Ed Murray is out (b)(6)

Do you want to have Andrew McIlroy (DAS for Budget) and Amy Parker come up to discuss with Mr. Wilkie like maybe right after the sync?

Thanks

Jon

From: RLW
Sent: Wednesday, January 2, 2019 4:09:29 PM
To: Rychalski, Jon J.; Byrne, Jim
Cc: Powers, Pamela; Murray, Edward; McIlroy, Andrew R.; Pannullo, Jerome; (b)(6) Parker, Amy L.
Subject: RE: OMB Final Settlement

Let's discuss on Friday

Sent with Good (www.good.com)

From: Rychalski, Jon J.
Sent: Wednesday, January 2, 2019 3:24:12 PM
To: RLW; Byrne, Jim
Cc: Powers, Pamela; Murray, Edward; McIlroy, Andrew R.; Pannullo, Jerome (b)(6) Parker, Amy L.
Subject: OMB Final Settlement

Mr. Wilkie, Mr. Byrne

Good evening!

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Thanks to Andrew McIlroy for putting this summary together.

Jon

From: (b)(6)
Sent: Thu, 3 Jan 2019 21:58:21 +0000
To: Powers, Pamela;McIlroy, Andrew R.;Rychalski, Jon J.
Cc: Parker, Amy L (b)(6)
Subject: RE: OMB Final Settlement

How about tomorrow at 2:00pm? We can do in his office if there aren't a lot of people. Thank you.

(b)(6)

From: Powers, Pamela
Sent: Thursday, January 03, 2019 4:56 PM
To: McIlroy, Andrew R. (b)(6) @va.gov>; Rychalski, Jon J. (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: Parker, Amy L. <(b)(6) @va.gov>
Subject: RE: OMB Final Settlement

We are scheduling a budget meeting tomorrow with Secva to discuss the pass back.

Sent with Good (www.good.com)

From: McIlroy, Andrew R.
Sent: Thursday, January 3, 2019 12:40:16 PM
To: Rychalski, Jon J.; Powers, Pamela; (b)(6)
Cc: Parker, Amy L.
Subject: RE: OMB Final Settlement

Pam

If you do want us to join you and Mr. Wilkie for a discussion about Louisville after the morning sync, let us know. Otherwise we can discuss Louisville during our Friday 10am budget hearing discussion.

Thanks
Andrew

Andrew McIlroy
Acting Deputy Assistant Secretary for Budget
Office of Management
Department of Veterans Affairs

Desk (b)(6)
Cell

(b)(6) @va.gov

From: Rychalski, Jon J.
Sent: Thursday, January 03, 2019 9:32 AM
To: Powers, Pamela (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: McIlroy, Andrew R. (b)(6) @va.gov>
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Thanks to Andrew McIlroy for putting this summary together.

Jon

From: RLW
Sent: Tue, 8 Jan 2019 13:15:45 +0000
To: RLW
Subject: Congressional Engagement for Veterans/Freshman Veterans (Brooks Tucker)
Attachments: Rep. Riggleman, Denver (VA-R).docx, Rep. Luria, Elaine (VA-D).docx, Rep. Baird, Jim (IN-R-4).docx, Rep. Reschenthaler, Guy (PA-14).docx, Rep. Rose, Max (NY-R).docx, Rep. Watkins, Steve (KS-R-2).docx, Rep. Crow, Jason (CO-D-6).docx, Rep. Cisneros, Gilbert (CA-D-39).docx, Rep. Waltz, Michael (FL-R-06).docx, Rep. Timmons, William (SC-R).docx, Rep. Green, Mark (TN-R).docx, Rep. Taylor, Van (TX-R).docx, Copy of New Member Veterans List.xlsx, Rep. Dan Crenshaw (TX-R).docx, Rep. Jared Golden (D-ME-2) 2018.docx, Rep. Pence, Greg (IN-R-6).docx, Rep. Steube, Greg (FL-R-17).docx

UPDATE for All: For the 2/5 presentations to new House Members who are Veterans, the following topics and briefers will follow a VA overview from SECVA -

Dr. Stone: MISSION Act – Focus on Expanding Community Care Access, Improving VA Access to Care.

Chairman Mason: Appeals Modernization Act – Focus on Implementation and Explanation of Reforms.

Dr. Lawrence: Forever GI Bill – Focus on Status of Payment Problems in 2018, Current Interim Situation, and Plan for Full Implementation in 2019.

Jim Gferer and John Windom: EHRM – Focus on Long Range Plan and Recent Milestones.

OCLA will coordinate with your offices, OEI and OPIA to arrange a briefing format and find a date to do a dry run with all the briefers prior to 2/5.

Brooks D. Tucker
Assistant Secretary
Office of Congressional and Legislative Affairs
O: (b)(6)
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
(b)(6)@va.gov

UPDATE: This event has been confirmed and scheduled for 2-3:30 PM on January 30 in the EEOB, Room 350.

WH OLA will send invitations tomorrow to the Chiefs of Staff for the 18 Freshmen/Veterans who have joined the House.

OCLA will work with COS on who to designate as briefers from senior leadership.

Will send an update in the next few days.

Brooks D. Tucker
Assistant Secretary
Office of Congressional and Legislative Affairs
O: (b)(6)
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
(b)(6)@va.gov

From: Tucker, Brooks
Sent: Wednesday, January 02, 2019 11:34 AM
To: Powers, Pamela (b)(6)@va.gov>; Stone, Richard A., MD (b)(6)@va.gov>; Lawrence, Paul R., VBAVACO (b)(6)@va.gov>; Reeves, Randy (b)(6)@va.gov>; Brazell, Karen (b)(6)@va.gov>; Sandoval, Camilo J. (b)(6)@va.gov> (b)(6)@va.gov>; (b)(6)@va.gov>; Windom, John H. (b)(6)@va.gov>
Cc: Syrek, Christopher D. (Chris) (b)(6)@va.gov>; Windom, John H. (b)(6)@va.gov>; Ullyot, John (b)(6)@va.gov>; Hutton James (b)(6)@va.gov>; Cashour, Curtis (b)(6)@va.gov>; O'Connor, Christopher (b)(6)@va.gov>; Balland, David (b)(6)@va.gov>; Haverstock, Cathy (b)(6)@va.gov>; Anderson, (b)(6)@va.gov>; Roa, Richard (OCLA) (b)(6)@va.gov>; 'Angelson, Alexander J. EOP/WHO' (b)(6) Kaldahl, Ryan M. EOP/WHO' (b)(6) 'Flynn, Matthew J. EOP/WHO' (b)(6)
Subject: New Member Orientation on VA

All: This is being sent as a preliminary notice, no action is needed at this time. New Members of Congress often come to Washington with a range of perceptions and misperceptions on VA and Veterans. In an effort to engage this new Congress with a proactive set of briefings for a relatively small group in a relatively short span of time, OCLA has been working with WH OLA to develop an orientation session for new Members of Congress who will be assigned to the HVAC and to a lesser degree the SVAC in the 116th Congress. This special orientation session would have SECVA and his core leadership team cover key strategic imperatives that are being undertaken at VA in 2019 and tie those in, where applicable, to local concerns of the Members (e.g. Mission Act, Appeals Modernization, GI Bill, EHRM, Suicide Prevention). The likely venue and forecasted timing will be at the EEOB, possibly in late January, with approximately 60-90 minutes allotted for briefs and interactive discussion. OCLA will be working, in the following sequence, with SECVA Schedulers, Member staffs, and WH OLA to identify the best date and time for this opportunity.

Brooks D. Tucker
Assistant Secretary
Office of Congressional and Legislative Affairs

O: (b)(6)
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
(b)(6)@va.gov

From: Wilkie, Robert L., Jr.
Sent: Thu, 10 Jan 2019 15:03:28 +0000
To: RLW
Subject: FW: What's happened to VHA? - There's an answer

From: (b)(6)
Sent: Thursday, January 10, 2019 3:03:27 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: RE: What's happened to VHA? - There's an answer

Mr. Secretary,

It seems that my original message did not reach you.

I'm saddened - albeit not really surprised - to learn that the Choice program continues to disappoint:
https://www.propublica.org/article/va-private-care-program-gave-companies-billions-and-vets-longer-waits

There are still MANY dedicated DVA employees available to turn things around, but leadership (not mere "management") can only come from VACO.

Again, most respectfully tendered,
(b)(6)

-----Original Message-----
From: (b)(6)
Sent: Friday, August 17, 2018 1:38 PM
To: Wilkie, Robert L., Jr. (b)(6)@va.gov>
Subject: What's happened to VHA? - There's an answer

Dear Mr. Secretary,

As a 20-year VHA clinician involved in direct patient care, I would like to take the advice of the Department of Homeland Security's "If you see something, say something" campaign.

I cannot speak for VBA or NCA, but we--in VHA--have lost our direction.

When I began my VA career in 1998, it was under the excitement of the leadership and far-sighted goals of (b)(6) (b)(6) MD, MPH. The path of VA Healthcare from backwater to leader under his tenure reversed many long-standing misconceptions about "VA Hospitals" and was moved VHA into a leadership position in American healthcare. https://www.va.gov/opa/publications/archives/vanguard/99junjulvg.pdf.

VHA spearheaded health care reforms that could have provided a solution to our ongoing American health care crisis:

- Integrated health care networks linking primary and specialty care and ancillary services, unified by a single electronic medical health record visible throughout VHA.
- Restricted drug formulary to avoid pressure from Pharma to prescribe the "latest, greatest" medications + pharmacy bundling & bulk buying to keep costs down.
- Use of front line employees to determine appointment scheduling appropriateness - this reduced unnecessary appointments and allowed for provision of timely medical care for patients who needed it (i.e. "the right care

at the right place at the right time").

As my colleagues entered the private sector, they raised eyebrows when I proudly extolled the virtues of the "VA healthcare system." I was convinced that VHA offered the solution to America's healthcare quagmire, namely: "paying more for less". As is well known, the US has a much-higher percentage of GDP expenditures & higher per capita rates for healthcare spending than all other countries, https://qz.com/1022831/why-doesnt-the-united-states-have-universal-health-care/, yet worse chronic disease indices than those found in other developed nations. http://content.healthaffairs.org/content/26/6/w678.full.

Clearly, other organizations were watching and recognizing that the VA did it better when it came to healthcare. The positive outcomes published in a 2005 RAND report (https://www.rand.org/content/dam/rand/pubs/research_briefs/2005/RAND_RB9100.pdf) were mirrored by glowing reports in the public domain (e.g. Bloomberg Press: https://www.bloomberg.com/news/articles/2006-07-16/the-best-medical-care-in-the-u-dot-s-dot).

Nothing changed my opinion after Phillip Longman's insightful "Best Care Anywhere: Why VA Health Care is Better Than Yours" (Polipoint Press) was published in 2007, because I could see firsthand that we WERE delivering a higher level of care than our peers in the private sector.

HOWEVER, clearly much has changed over the past few years. It became necessary to "restore" trust in VA healthcare (Kizer & Jha, 2014 - http://www.nejm.org/doi/pdf/10.1056/NEJMp1406852.) The implication, of course, is that something had been "lost."

It was.

We had the solution to American healthcare & we let it go. How was that possible? Through various permutations, the short answer is: the Veterans' Choice Program. Following execution of the Veterans Access, Choice, and Accountability Act of 2014 ("Veterans Choice Act") in August of that year, new demands pushed VHA in a different direction, albeit not a positive one. This was reflected in an in-depth assessment by 2016 (https://www.rand.org/pubs/research_reports/RR1165z4.html.

The unintended consequences of this program have reversed most of the gains made those 10-20 years ago:

- We no longer have an integrated health care network - use of non-VA providers has diluted care & medical records are difficult to obtain
- Drug formularies are bypassed
- Wait times increase as front line employees no longer seek to determine appropriateness of appointments, driving more patients into the Choice program
- We now have more employees to coordinate choice, but still serve the same number of patients.

Fast forward to today. Four years after enactment of the Veterans Choice Act, VHA has become just another version of American healthcare: a convoluted, fee-for-service adjunct cash cow+ for private practice.

This will be our undoing.

Productivity metrics following the private-sector model will drive the final nail into our coffin.

Why would we exchange an excellent, benchmark-proved, integrated healthcare system for another version of the private sector? This is consistent with how Albert Einstein famously defined insanity: "doing the same thing over and over again and expecting different results."

Was it truly the "unwillingness or inability of leaders to take responsibility for the effectiveness of their programs and operations," and the "sense of futility" at multiple levels in bringing about improvements? https://www.usnews.com/news/news/articles/2018-03-07/watchdog-report-failed-va-leadership-put-patients-at-risk.

Enter the VHA PARADIGM SHIFT: I was hired to take care of patients who happened to be veterans. Currently,

I'm expected to accede to every wish of veterans who happen to be patients.

Now, the pressure on all VHA employees is to give "the veteran" what s/he wants, and not what our patients need. There is obviously a big difference in these terms, "want" and "need." Perhaps we should stop making "veteran" a profession in its own right.

So, if we're truly wanting to give veterans what they want, and if the majority of veterans want non-VHA care, then we need to respect their collective wishes, close our doors, and privatize. We owe it to them and the taxpayers. In terms of healthcare, this will be a big mistake, but falls in line with the intent of a true "choice" program.

It's difficult to take pride in what we're now doing for our patients who have depended on us for so long; but if this is the direction the winds are blowing, then the death knell for VHA has been sounded.

Most respectfully submitted,

(b)(6) OD, MPH
DVA Employee and US Army Veteran
(b)(6)

From: Windom, John H.
Sent: Thu, 10 Jan 2019 15:36:02 +0000
To: Byrne, Jim
Subject: FW: EHRM in the News and SecVA Stand-Up -- Thursday, Jan. 10, 2019
Attachments: 190108_VA Secretary's Stand-Up Brief.pptx, 190110_VA Secretary's Stand-Up Brief.pptx

DEPSEC,
I would like to stop by to better understand my future role based on the below.
Vr
John

Sent with Good (www.good.com)

From: (b)(6) (Booz Allen Hamilton)
Sent: Thursday, January 10, 2019 7:23:16 AM
To: (b)(6) (Booz Allen Hamilton)
Subject: EHRM in the News and SecVA Stand-Up -- Thursday, Jan. 10, 2019

News Summary: Today's news clips include two articles from Military.com. One article discusses how VA recently filled 3 key management slots. The other article discusses how VA awarded the first of several regional contracts for its new Community Care Network.

Military.com: VA Finally Fills 3 Key Management Slots (Jan. 8, 2019, Richard Sisk)

- After more than two years, the Department of Veterans Affairs finally has a Senate-confirmed chief information officer. It also has filled two additional management slots crucial to the multibillion-dollar switch to an electronic health records system, as well as implementation of portions of the VA Mission Act that apply to private health care.
- In one of the final acts of the last Congress, the Senate confirmed James Gfrerer, a career Marine officer and former cybersecurity executive with Ernst & Young, as assistant secretary for the Office of Information and Technology. The office had been run by acting executives since the end of President Barack Obama's administration.
- VA Secretary Robert Wilkie administered the oath of office Monday to Gfrerer for the post, which will oversee the $10 billion, 10-year contract with Cerner Corp. of Kansas City that Wilkie authorized last year for the electronic health record system, he said in a Twitter post.
- Gfrerer will be in charge of the switchover to Cerner's electronic records platform from the VA's existing Veterans Health Information Systems and Technology Architecture (VistA).

Military.com: VA Awards Contracts Worth Up to $55 Billion for Private-Sector Care (Jan. 9, 2019, Patricia Kime)

- The Department of Veterans Affairs has awarded the first of several regional contracts for its new Community Care Network that will replace various private-sector health care programs for veterans with VA health benefits.
- The VA announced Dec. 28 that it awarded management contracts for three regions covering 36 states, plus Washington, D.C.; Puerto Rico; and the U.S. Virgin Islands, to Optum Public Sector

Solutions Inc., a government-services arm of Optum, the health services arm of UnitedHealthcare.

- The contracts, for Regions 1, 2 and 3, are for a base period of one year, starting Jan. 18, and seven renewable one-year options through 2026, worth a total of $55.2 billion, if all options are exercised.

(b)(6) | U.S. Department of Veterans Affairs (contractor) |
Digital Communications | Office of Electronic Health Record Modernization (OEHRM)|
811 Vermont Avenue NW (4th Floor) Washington, DC 20420|
(b)(6)@va.gov

Visit VA Online: www.VA.gov | www.facebook.com/VeteransAffairs
|https://twitter.com/VeteransAffairs|
www.flickr.com/photos/VeteransAffairs | http://www.youtube.com/user/deptvetaffairs

VA Secretary's Stand-Up Brief8 January 2019

Executive SummaryPreviously established storylines progressed little yesterday, and the number of impactful local and national stories dropped compared to the weekend.

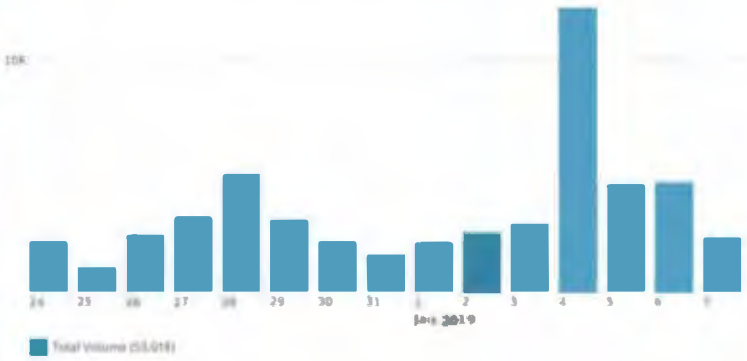
Storyline	Outlets	Analysis	Trend	Priority
Dir. Keita Franklin on the Suicide prevention budget	*Connectingvets*	This article relayed statements from Nat. Dir. of Suicide Prevention Dr. Keita Franklin on the small amount of funds from the Suicide prevention media outreach budget that were spent in 2018. According to reporting, she said that paid advertising efforts had been too focused on "very high risk veterans," and the program was therefore restructured. She also stated that the money was however used, "in a different way."	**Emerged**	Suicide
184 families removed from Charleston VA caregiver program	*Post and Courier*	*Post and Courier* profiled one of the families affected by the reported removal of 184 families from the Charleston VA caregiver program. VA messaging was present in the article only from a statement which included, "Determinations are often made by multi-disciplinary teams, including primary care doctors, rehab professionals, and mental health clinicians," and, "clearer, more objective eligibility criteria," are being established.	**Emerged**	Service
James Gfrerer confirmed as Assistant Secretary and CIO	*Health Data Management*	This article outlined James Gfrerer's new role as CIO in regards to Cerner and MHS GENESIS.	**Declined**	Inter-operability / Service

VA Secretary's Stand-Up Brief8 January 2019

Social Media TakeawaySocial activity plummeted yesterday after the weekend surge and users focused on long-term storylines established in earlier weeks.

Key Points@kylegriffin's 6 Jan. tweet promoting the 3 Dec. ProPublica article on Mar-a-Lago was the top post of the day, generating 230+ additional retweets (5k+ total).@TulsiPress (Rep. Tulsi Gabbard) authored the second most-popular post, writing that she helped write the GI Bill law signed by President Trump, which will "hold the VA accountable" (140+ retweets). She also linked to the related 3 Jan. CBS News article.In the third top post, @beccas1434 advertised a May 2018 guide on using VA care and Medicare at the same time (130+ retweets).@SenJohnKennedy (R-La.) linked to the 19 Dec. Time article on VA suicide prevention spending (80+ retweets).@RoKhanna wrote against privatization and linked to the Pacific Standard reprint of the ProPublica article on Choice leading to increased costs and longer wait times (80+ retweets).All other posts received fewer than 50+ retweets.

Twitter and Facebook Volume: 24 December – 7 January



Notable Social Media Items

Platform	Item	Relevance
Twitter	@kylegriffin1	6% of Volume
Twitter	Topic: GI Bill	4% of Volume
Facebook	#BorneTheBattle 125: (b)(6) – President of SVA's interview from #NatCon2019	50+ Reactions, 5+ Shares

VA Secretary's Stand-Up Brief8 January 2019

Newsday: Riverhead VA clinic services expanded (7 January, Martin C. Evans, 1.4M uvm; Melville, NY)Veterans on Long Island's East End now have more medical services closer to them with an expansion of the VA clinic in Riverhead. The expansion increased the number of primary care physicians at the clinic from two to three, added an audiology facility for hearing exams, installed a new physical therapy suite, and increased some clinic hours, said Dr. Cathy Cruise, the acting director of the Department of Veterans Affairs medical center in Northport. Hyperlink to Above Health Data Management: Senate confirms James Gfrerer as VA CIO; will oversee EHR transition (7 January, Greg Slabodkin, 143k uvm; Chicago, IL)The U.S. Senate has confirmed the Trump administration's nominee for the position of chief information officer at the Department of Veterans Affairs. James Gfrerer will oversee the implementation of the VA's IT systems. He served for more than two decades in the Marine Corps and was a Department of Defense detailee to the State Department, where he led interagency portfolios in counterterrorism and cybersecurity. Hyperlink to AboveSalisbury Post: Despite shutdown, it's business as usual at the Salisbury VA (8 January, Andie Foley, 22k uvm; Salisbury, NC)As the now third-longest government shutdown on record continues, things remain business as usual for Rowan's largest federal employer. The employer? Salisbury's W.G. Hefner VA Medical Center. Just under 3,100 are employed through Salisbury's VA system, including employees at the Charlotte CBOC and Health Care Center and the Kernersville Health Care System. The veterans hospital is among the top five employers in Rowan County. Hyperlink to AboveConnectingVets.com (CBS Radio): VA Director of Suicide Prevention on what really happened with their budget (7 January, Elizabeth Howe, New York, NY)Of the $6.2 million budget earmarked for suicide prevention media outreach in 2018, the VA used only $57,000 — less than one percent, that's according to a recent GAO report. When the report was released many had questions about how the money was — or was not — being spent by the VA to fight the veteran battle against suicide. Many found it particularly alarming since VA Secretary Robert Wilkie had touted veteran suicide as one of his top priorities. Now VA National Director of Suicide Prevention Dr. Keita Franklin is speaking out. Hyperlink to Above

VA Secretary's Stand-Up Brief10 January 2019

Executive SummaryVA-specific stories decreased in volume yesterday, while local and national outlets increasingly focused on the impact of the government shutdown on Veterans.

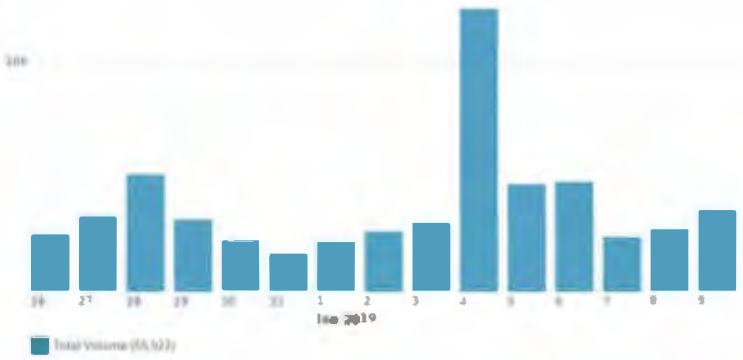
Storyline	Outlets	Analysis	Trend	Priority
Effect of government shutdown on VA and Veterans	*Stars and Stripes*, *USA Today*, *Washington Post*, *The Hill*, *ABC News*	This storyline is gradually increasing in importance as the shutdown continues. *Stars and Stripes* focused on Veteran government employees working outside of VA who are not receiving paychecks. The end of the article relayed the anecdote of Veterans experiencing hardship due to the shutdown being referred to the Veterans Crisis Line. A *USA Today* article on the shutdown included the statement from a D.C. restaurant owner that, "If the VA closed, we'd be almost dead." *The Washington Post* drew attention, as did specialized outlets, to the impact of the shutdown on VA loans. *The Hill* and *ABC News* focused on the political aspect of this storyline.	**Sustained**	Service / Other
VA awards $55B for private-sector care	*Military.com*	*Military.com* summarized the rewarding of several regional contracts for the Community Care Network. The article explained the difference between the current contracts and the new contractors, which according to Sec. Wilkie will increase Veterans' access to care.	**Emerged**	Inter-operability
IG Michael Missal interview on *Federal News Network*	*Federal News Network*	*Federal News Network* interviewed IG Michael Missal. Although the written description of the discussion was solely on issues with VA police oversight, the interview also covered errors in the allocation of survival benefits by VBA.	**Emerged**	Interests

VA Secretary's Stand-Up Brief10 January 2019

Social Media TakeawayThe government shutdown trended as a topic on social media and overall volume remained moderate.

Key PointsIn the top post, @votevets tagged #TrumpShutdown and wrote that 800k federal workers are going without pay, and that of the Veterans who are affected, nearly 50k have a VA disability rating (650+ retweets). The post additionally linked to the related Stars and Stripes article from yesterday, which was also promoted by its author @nikkiwentling (170+ retweets). ProPublica editor @ericuman wrote the second top post, and linked to the outlet's 18 Dec. article on Veterans having longer waits due to Choice (350+ retweets).In the third top post, @Dobieblue questioned why #22ADay is not considered "National Emergency (340+ retweets). The post also stated that 145k Veterans and active duty members committed suicide since 9/11.The 8 Jan. tweet by @VetAffairsDems, which advocated prioritizing Veterans issues over a #BorderWall, garnered an additional 80+ retweets (410+ total).In the seventh top post, @DeptVetAffairs linked to The Oregonian article explaining that VA is not affected by the shutdown (90+ retweets).

Twitter and Facebook Volume: 26 December – 9 January



Notable Social Media Items

Platform	Item	Relevance
Twitter	Topic: Government shutdown	14% of Volume
Twitter	Choice	8% of Volume
Facebook	VAntage Point: #BorneTheBattle 127: Student Veteran of the Year finalists Chanel Powell and Tyler Freeman	50+ Reactions, 10+ Shares

VA Secretary's Stand-Up Brief10 January 2019

USA Today: Crash safety to craft beer: Shutdown impacts Americans in surprising ways (9 January, Jorge L. Ortiz and Paul Davidson, 26.5M uvm; McLean, VA)Mike Yohannes has run a food stand in downtown Washington for the past 20 years, surviving economic downturns while selling hot dogs, candy bars and an assortment of other edible items. But the latest government shutdown could be the death knell for his business. Hyperlink to AboveMilitary.com: VA Awards Contracts Worth Up to $55 Billion for Private-Sector Care (9 January, Patricia Kime, 2M uvm; San Francisco, CA)The Department of Veterans Affairs has awarded the first of several regional contracts for its new Community Care Network that will replace various private-sector health care programs for veterans with VA health benefits. The VA announced Dec. 28 that it awarded management contracts for three regions covering 36 states, plus Washington, D.C.; Puerto Rico; and the U.S. Virgin Islands, to Optum Public Sector Solutions Inc., a government-services arm of Optum, the health services arm of UnitedHealthcare. Hyperlink to AboveWBOY (NBC-12, Video): 'Missing Man Table' dedication held at Clarksburg VA Hospital (9 January, Justin McLennan, 131 uvm; Clarksburg, WV)A permanent reminder of veterans who paid the ultimate price for their country has been installed in the Louis A Johnson V.A. Medical Center. The memorial is a table that has been fully set, with an empty chair, meant to symbolize those who never made it home after their service. The "Missing Man Table" will be a permanent fixture in the veterans canteen area of the hospital. Hyperlink to AboveKUFM (NPR-89.1, Audio): Montana VA Reports Good 2018, Promises Progress On Suicide (10 January, Eric Whitney, 23k uvm; Missoula, MT)2018 was a good year for veterans health care in Montana, but the Veterans Administration needs to do a better job connecting vets in crisis to help to bring their persistently high suicide rate down. Montana has averaged more than one veteran suicide per week over the last five years. Hyperlink to Above

From: (b)(6)
Sent: Fri, 11 Jan 2019 22:40:06 +0000
To: RLW
Cc: (b)(6)
Subject: FW: CVA / UNC-TV interviews 14 Jan -- Talking points and biographies
Attachments: Additional Talking Point1.docx

Sir – additional info. for Monday's Interview with UNC TV. Thank you.

(b)(6)

From: Hutton, James
Sent: Friday, January 11, 2019 5:35 PM
To: (b)(6) @va.gov> (b)(6) @va.gov>
Subject: RE: CVA / UNC-TV interviews 14 Jan -- Talking points and biographies

(b)(6)

The gentlemen from UNC-TV (the afternoon interview) sent us some more questions at almost 5:00 p.m.

We've included the questions with responses on the attachment.

James

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: (b)(6)
Email: @va.gov
Twitter: @jehutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Hutton, James
Sent: Friday, January 11, 2019 1:01 PM

To: (b)(6) @va.gov>; (b)(6) @va.gov>
Subject: CVA / UNC-TV interviews 14 Jan -- Talking points and biographies

CVA / UNC-TV interviews 14 Jan -- Talking points and biographies

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: (b)(6)
Email: @va.gov
Twitter: @jehutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Hutton, James
Sent: Wednesday, January 02, 2019 9:16 AM
To: (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; Ullyot, John (b)(6) @va.gov>
Subject: Talking Points for Orlando

(b)(6)

Here are talking points for the Orlando trip.

There are a few more talking that are specific to Orlando in the event memo.

I've also included biographies of the reporters who will interview the Secretary.

James

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW

Washington, D.C. 20420
Office: (b)(6)
Email: [redacted]@va.gov
Twitter: @jehutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

From: (b)(6)
Sent: Mon, 14 Jan 2019 11:36:49 -0600
To: Wilkie, Robert L., Jr.
Subject: Re: [EXTERNAL] Perspective

Sir
Thank you for your response,
My apologies for the typos, but I am sure you get the gist of the note.

I appreciate your willingness to consider my points and that of others...as a nation we have an obligation to Veterans and must resist the temptations to tweak a system if it potentially could slide back to a VA of old.
God Bless
(b)(6)
PUSH
Pray Until Something Happens

Sent from my iPhone
"So please excuse the typos!"

> On Jan 14, 2019, at 10:25, Wilkie, Robert L., Jr. (b)(6)@va.gov> wrote:
>
> (b)(6)
>
> Thank you for your note of support and service to our Country!
>
> Robert
>
> -----Original Message-----
> From: (b)(6) [mailto(b)(6)@aol.com]
> Sent: Monday, January 14, 2019 7:51 AM
> To: Wilkie, Robert L., Jr. (b)(6)@va.gov>(b)(6)@va.gov>(b)(6)
(Cerner) (b)(6)@va.gov>
> Subject: [EXTERNAL] Perspective
>
> Secretary Wilkie
> I read an article yesterday in Fort Worth about privatization of VA medical services. The most poignant statement came towards the end, (Veterans) "They want to go to places where speak the language and understand the culture." This is absolutely correct and cannot be understated.
>
> I have access to great health care through my wife's employment, but I only go to the VA because that is where I feel at home. They get me, they understand what I have been through and they have the compassion coupled with the relatability to help me. The private sector does not understand, "thank you for your service is a cliche I hear often, but most don't have a clue what that service was all about, but the VA does and my experience on this journey has been tremendous with the VA.
>
> I am 100% permanently disabled and I know what my future may look like down the road as I age, I could not imagine getting my care from a private hospital that has idea what I have been through. I have used the choose program and it is extremely invaluable, but I also know that the VA monitors those referrals and I know that they provide me a "choice," which could be lost with privatization.
>
> Veterans need to be with other Veterans and throwing us into the mainstream, in my view will have a very negative impact, expense not withstanding.

>
> Always available to provide additional perspective.
> Respectfully
>
> Colonel (b)(6) USA RET)
(b)(6)
> PUSII
> Pray Until Something Happens
>
> Sent from my iPhone
> "So please excuse the typos!"

From: Powers, Pamela
Sent: Wed, 16 Jan 2019 23:33:13 +0000
To: RLW
Subject: FW: Current Drafts of Written and oral statement
Attachments: Wilkie FY 2020 Budget Testimony MASTER.docx, Wilkie FY 2020 Oral Statement MASTER.docx

Sir,

This is for your review next week during your convalescence.

Pam

From: (b)(6)
Sent: Wednesday, January 16, 2019 3:54 PM
To: Powers, Pamela (b)(6) @va.gov>
Cc: Rychalski, Jon J. (b)(6) @va.gov>; McIlroy, Andrew R. (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>
Subject: Current Drafts of Written and oral statement

Ma'am,

As you requested, please find attached current drafts of the written and oral FY 2020 budget testimony.

These drafts have not been fully vetted; the input provided by admins and staff offices was cleared through their chains, but the entire product has not been circulated for review.

While VHA is finalizing their numbers, some of the statements about program increases may need to be adjusted in the oral testimony.

Thanks and please let us know if you have any questions.

V/r,

(b)(6)
Congressional Appropriations Advisor
Office of Budget/Office of Management
Department of Veterans Affairs
810 Vermont Ave NW
Washington, DC 20420
(b)(6) direct

From: (b)(6)
Sent: Tue, 22 Jan 2019 22:08:58 +0000
To: Powers, Pamela;Rychalski, Jon J.
Cc: Byrne, Jim;Tucker, Brooks;Glynn, Melissa S.
Subject: RE: Hearing Schedule
Attachments: House and Senate Appropriations MilConVA Subcommittee Hearings.docx

Yes, attached is the list of HAC and SAC hearings with witnesses and dates. The February 26th VA oversight hearing may get shifted to the afternoon. At this time, there are no budget hearings scheduled due to the uncertainty of the budget release so all hearings listed would be considered oversight hearings.

Thank you,
(b)(6)

From: Powers, Pamela
Sent: Tuesday, January 22, 2019 5:02 PM
To: Rychalski, Jon J. (b)(6)@va.gov>
Cc: Byrne, Jim (b)(6)@va.gov>; Tucker, Brooks (b)(6)@va.gov>; (b)(6) (b)(6)@va.gov>; Glynn, Melissa S. (b)(6)@va.gov>
Subject: RE: Hearing Schedule

I believe Melissa is working on setting up a Strategic Messaging Meeting with senior leaders. Melissa….do you want me to schedule or do you have it? My thoughts are that we should include John U, Jon R, Brooks, Jim B., Rich, Steve L, you and I. The messaging that Ginger is working would be a good starting point.

From: Rychalski, Jon J.
Sent: Tuesday, January 22, 2019 4:58 PM
To: Powers, Pamela (b)(6)@va.gov>
Cc: Byrne, Jim (b)(6)@va.gov>; Tucker, Brooks (b)(6)@va.gov>; (b)(6) (b)(6)@va.gov>
Subject: RE: Hearing Schedule

Absolutely! (b)(6) can you send an updated version?

Also, did you mention last week that you were going to convene a meeting of interested parties to discuss MISSION/Privatization this week? If so, is there anything planned? I think we all agree this will be maybe the most complicated issue for hearings and today I met with the VHA CFO to discuss their proposal for an In House/Purchased Care split in the Advanced Appropriation for FY 2021. I think that you, Jim and maybe the Secretary should weigh in on or at least be familiar with what is being proposes.

Jon

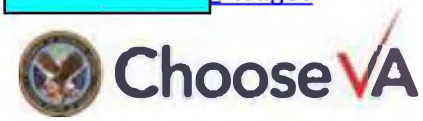
From: Powers, Pamela
Sent: Tuesday, January 22, 2019 4:53 PM
To: Rychalski, Jon J. (b)(6) @va.gov>
Cc: Byrne, Jim (b)(6) @va.gov>; Tucker, Brooks (b)(6) @va.gov>
Subject: Hearing Schedule

Jon,

Can you please send Jim and I an updated Hearing Schedule? It would be helpful to note which ones are "oversight" related and which ones are budget.

Thanks!
Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office (b)(6)
Cell (b)(6)
(b)(6) @VA.gov



House and Senate Appropriations MilConVA Subcommittee Hearings
Proposed Hearing Schedule and Witness Recommendations

SAC MilConVA

OEHRM Hearing

February 5th, 10:30am

- Lead witness: **Jim Byrne**, General Counsel performing the duties of Deputy Secretary
- Accompanying Witness: **John Windom**, Executive Director, OEHRM
- Accompanying Witness: John Short, Chief Technology Officer, OEHRM
- Accompanying Witness: Dr. Lauren Kroupa, Chief Medical Officer, OEHRM

HAC MilConVA - all start at 10am unless otherwise noted

Long term health challenges and longterm care – if possible to schedule

[Veterans are living long, VA nursing home program impacts, aging in place]

Date: February 13th (afternoon) [tentative]

Recommended witnesses:

Lead Witness: **Dr. Teresa Boyd**, ADUSH for Clinical Operations

Accompanying Witness: **Dr. Scotte R. Hartronft**, Acting Executive Director – VA Office of Geriatrics & Extended Care (10NC4)

VA General Oversight

[MISSION Act implementation, privatization, supply chain issues, VA contracting – things Chairwoman Wasserman Schultz has discussed with the Secretary]

Date: February 26th

Requested Witness:

- Secretary Wilkie

Electronic Health Record Modernization and Information Technology Oversight

[Oversight on EHRM and general IT]

Date: February 27th

Requested Witnesses:

- Lead witness: **Jim Byrne**, General Counsel performing the duties of Deputy Secretary
- Accompanying Witness: **Jim Gfrerer**, Assistant Secretary for Information Technology
- Accompanying Witness: **John Windom**, Executive Director, OEHRM

Female Veterans Access to VA

[Accessing care, barriers to women veterans, scope of services, childcare, gender sensitivity]

Date: February 28th

Recommended Witnesses:

- Lead Witness: **Dr. Patricia Hayes**, Chief Consultant, Women's Health Services
- Accompanying Witness: **D**(b)(6) National MH Director, Family Svc/Women's MH/MST

Mental Health and Homelessness

[Mental health issues facing veterans, as well as the effects of mental health on homeless veteran population – anxiety, depression, PTSD, suicide prevention]

Date: March 7th

Recommended Witnesses:

- Co-Lead Witness: **Dr. David Carroll**, Executive Director, Mental Health Operations
- Co-Lead Witness: **Roger Casey**, Director, Education-Dissemination, National Center on Homelessness

From: RLW
Sent: Thu, 24 Jan 2019 14:52:48 +0000
To: RLW
Subject: Prep for Feb 5 Congressional Event
Attachments: v5 New Members Briefing on MISSION and VA.PPTX, OEHRM 2.5.19 WH Congressional Presentation_Final.pptx, Chairman Mason-White House Presentation Feb 2019 final.pptx

We have received positive responses from 9 of the 18 invitees and no declines for the Feb 5 Congressional Engagement for Veterans/Freshman Veterans. We continue to work with WH OLA and conduct office by office engagement to meet the Members' staffs and encourage participation. A reminder was sent to yesterday afternoon to all the Member offices who had not responded as of yesterday.

OCLA will convene a prep session next week (date TBD) for the briefers (SECVA, USH, USB, CIO and Chairman of BVA). Topics to be briefed are:

SECVA – State of VA in Brief (Topics TBD)

Dr. Stone - MISSION Act – Focus on Expanding Community Care Access, Improving VA Access to Care.

Chairman Mason - Appeals Modernization Act – Focus on Implementation and Explanation of Reforms.

Dr. Lawrence - Forever GI Bill – Focus on Status of Payment Problems in 2018, Current Situation, and Plan for Full Implementation in 2019.

Jim Gferer and John Windom - EHRM – Focus on Long Range Plan and Recent Milestones.

From: Glynn, Melissa S.
Sent: Mon, 28 Jan 2019 00:38:12 +0000
To: Powers, Pamela
Subject: RE: MISSION Act Access Standards Communications Plan
Attachments: Regulation Communications Timeline.docx

Pam –
This is a work in progress. I am hopeful that a timeline will be easier to coordinate the plan and facilitate updates during our daily scrum meetings.

Let me know your thoughts. I am available on (b)(6)

From: Powers, Pamela
Sent: Sunday, January 27, 2019 4:54 PM
To: Glynn, Melissa S. (b)(6) @va.gov>
Subject: RE: MISSION Act Access Standards Communications Plan

I just spoke with Drew. He is good with our rollout plan and thinks the WH can help with surrogates and other Hill engagements. I invited him to our morning sync so we have his buy-in and help. I told him I would send him and Bill the comm plan and talking points tonight. Are you working those? I can redo them too, if you don't have the time today. Let me know.

Hope you had a good weekend with you mom!

Pam

Sent with BlackBerry Work
(www.blackberry.com)

From: Glynn, Melissa S. (b)(6) @va.gov>
Date: Sunday, Jan 27, 2019, 1:09 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: RE: MISSION Act Access Standards Communications Plan

It is positive - we want to make sure the interested parties are alerted when the regulation is published. We are seeking comment and it is critical that stakeholders review the draft regulation and provide input prior to its finalization

Sent with Good (www.good.com)

From: Powers, Pamela
Sent: Sunday, January 27, 2019 10:03:10 AM

To: Glynn, Melissa S.
Subject: RE: MISSION Act Access Standards Communications Plan

Thanks Melissa. (b)(5) (b)(5)

Sent with BlackBerry Work
(www.blackberry.com)

From: Glynn, Melissa S. (b)(6) @va.gov>
Date: Sunday, Jan 27, 2019, 1:01 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: RE: MISSION Act Access Standards Communications Plan

Pam
I couldn't download it in my iPhone so I finally gave up and forwarded it so I could read it.

In order to be more clear on I would create a table organized by date. Other columns would have the audience, message type, key points, outlet, identify any linkages and/dependencies, and assign responsibility.

I can create and attach a table to support their plan.

Sent with Good (www.good.com)

From: Powers, Pamela
Sent: Sunday, January 27, 2019 9:12:26 AM
To: Glynn, Melissa S.
Subject: FW: MISSION Act Access Standards Communications Plan ...

Melissa, this is not exactly what I was looking for but I can work with it. I wanted to get your input before I do anything though. Can you take a look?

Pam

Sent with BlackBerry Work
(www.blackberry.com)

From: Hutton, James <(b)(6) @va.gov>
Date: Sunday, Jan 27, 2019, 11:55 AM
To: Powers, Pamela (b)(6) @va.gov>, Ullyot, John (b)(6) @va.gov>, Syrek, Christopher D. (Chris) (b)(6) @va.gov>
Cc: Tucker, Brooks (b)(6) @va.gov>, Glynn, Melissa S. (b)(6) @va.gov>, Cashour, Curtis (b)(6) @va.gov> (b)(6) @va.gov>

Subject: MISSION Act Access Standards Communications Plan

Pam,

I've attached the MISSION Act Access Standards Communications Plan per your request.

James

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: (b)(6)
Email: @va.gov
Twitter: @jchutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Glynn, Melissa S.
Sent: Mon, 28 Jan 2019 12:59:30 +0000
To: Powers, Pamela
Cc: (b)(6)
Subject: Updated tracker
Attachments: Regulation Communications Timeline 1-28-19.docx

Good morning Pam
One update for 1/30 already

Melissa S. Glynn, Ph.D.
Assistant Secretary
Office of Enterprise Integration

(b)(6) Office
Cell

From: Glynn, Melissa S.
Sent: Mon, 28 Jan 2019 15:31:01 +0000
To: Powers, Pamela;Tucker, Brooks;Ullyot, John;Lieberman, Steven;(b)(6) (b)(6)
Cc: Syrek, Christopher D. (Chris);Cashour, Curtis;OSVA Conference Rooms;Hutton, James(b)(6) (Physician)(b)(6) (b)(6) Rychalski, Jon J.
Subject: RE: Daily Mission Act Sync Meeting
Attachments: Regulation Communications Timeline 1-28-19 v.3.docx

I have updated the timeline per our discussion this morning. Please let me know of any changes/updates.
Thank you
Melissa

-----Original Appointment-----
From: Powers, Pamela
Sent: Friday, January 25, 2019 10:33 AM
To: Powers, Pamela; Tucker, Brooks; Glynn, Melissa S.; Ullyot, John; Lieberman, Steven; (b)(6) (b)(6)
Cc: Syrek, Christopher D. (Chris); Cashour, Curtis; Hutton, James;(b)(6) (Physician); OSVA Conference Rooms;(b)(6) Rychalski, Jon J.
Subject: Daily Mission Act Sync Meeting
When: Monday, January 28, 2019 8:30 AM-9:00 AM (UTC-05:00) Eastern Time (US & Canada).
Where: 1015F

From: (b)(6)
Sent: Mon, 28 Jan 2019 19:58:53 +0000
To: Cashour, Curtis;Powers, Pamela;Tucker, Brooks;Glynn, Melissa S.;Ullyot, John;Lieberman, Steve (b)(6) ;Syrek, Christopher D. (Chris);Hutton, James (b)(6) (Physician (b)(6) Matthews, Kameron (b)(6) (b)(6) Rychalski, Jon J.;Stone, Richard A., MD (b)(6)
Subject: RE: // input needed // Initial FAQ List

I think 10D can take a first cut at these.

(b)(6) PMP
Executive Officer to the Deputy Under Secretary for Health
for Community Care
(b)(6) @va.gov
P – (b)(6)
C –

From: Cashour, Curtis
Sent: Monday, January 28, 2019 2:57 PM
To: (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>; Tucker, Brooks (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; Ullyot, John (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; (b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Hutton, James (b)(6) @va.gov> (b)(6) (b)(6) @va.gov> (b)(6) (Physician) (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Rychalski, Jon J. (b)(6) @va.gov>; Stone, Richard A., MD (b)(6) @va.gov>; (b)(6) @va.gov>
Subject: // input needed // Initial FAQ List

Folks – We put together a list of likely questions from media listed below.

VHA/Melissa – can you provide answers? Ideally we need these by COB today so we can circulate for concurrence with the press release we are currently working on. Thanks.

###

Q1: How much will this cost?

Q2: How is this not privatization?

Q3: Won't rerouting billions of dollars from VA facilities to private-sector care harm VA's services and infrastructure?

Q4: You're going from 8 percent eligibility under Choice to 20-30 percent eligibility with these standards. How can VA sustain a tripling of eligibility for community care?

Q5: What data are the access standards based on? How did you determine the eligibility criteria for these standards?

Q6: How does the 40-mile legacy grandfather provision work?

Q7: Why did you switch from distance to drive-time criteria?

Q8: Can you provide more details on the types of urgent care services that will be covered and what Veterans' copayments will be?

Q9: Veterans Service Organizations and members of Congress say they weren't consulted on the standards. What input did you seek from these stakeholders and did you incorporate it in the standards?

Q11: The Choice Program rollout was riddled with problems. What are you doing to prevent similar issues with the rollout of these standards and who is in charge (what specific person) of the rollout?

Q12: You say you are seeking public comment on these proposed standards. Will VA modify the standards based on feedback from these comments?

###

Curt Cashour
Press Secretary
Department of Veterans Affairs
(b)(6)
@va.gov
@curtcashour

From: (b)(6)
Sent: Monday, January 28, 2019 11:30 AM
To: Powers, Pamela (b)(6) @va.gov>; Tucker, Brooks (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; Ullyot, John (b)(6) @va.gov>; Lieberman, Steven (b)(6) ov>; (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (Physician) (b)(6) @va.gov>; (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov; (b)(6) @va.gov>; Rychalski, Jon J. (b)(6) @va.gov>; Stone, Richard A., MD (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>
Subject: RE: FW: Daily Mission Act Sync Meeting

Please see attached updated talking points – we added the last two sections on urgent care and comments and made a few other minor edits.

(b)(6) PMP
Executive Officer to the Deputy Under Secretary for Health
for Community Care
(b)(6) @va.gov
P – (b)(6)
C –

From: Selnick, Darin
Sent: Mon, 28 Jan 2019 20:09:26 +0000
To: Powers, Pamela
Cc: Cashour, Curtis;Syrek, Christopher D. (Chris)
Subject: RE: // input needed // Initial FAQ List

Will do

Darin

Darin Selnick
Executive Consultant
Office of the Secretary
Cell (b)(6)

From: Powers, Pamela
Sent: Monday, January 28, 2019 3:04 PM
To: Selnick, Darin <(b)(6) @va.gov>
Cc: Cashour, Curtis (b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>
Subject: FW: // input needed // Initial FAQ List

Darin, please review and provide inputs to Curt.

Pam

Sent with BlackBerry Work
(www.blackberry.com)

From: Cashour, Curtis (b)(6) @va.gov>
Date: Monday, Jan 28, 2019, 2:56 PM
To: (b)(6) @va.gov>, Powers, Pamela (b)(6) @va.gov>, Tucker, Brooks (b)(6) @va.gov>, Glynn, Melissa S (b)(6) @va.gov>, Ullyot, John (b)(6) @va.gov>, Lieberman, Steven (b)(6) @va.gov>, (b)(6) (b)(6) @va.gov>, (b)(6) @va.gov>, Syrek, Christopher D. (Chris) (b)(6) @va.gov>, Hutton, James (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>, (b)(6) (Physician) (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>, Matthews, Kameron (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>, Rychalski, Jon J. (b)(6) @va.gov>, Stone, Richard A., MD (b)(6) @va.gov>, (b)(6) @va.gov>
Subject: // input needed // Initial FAQ List

Folks – We put together a list of likely questions from media listed below.

VHA/Melissa – can you provide answers? Ideally we need these by COB today so we can circulate for concurrence with the press release we are currently working on. Thanks.

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Q12: You say you are seeking public comment on these proposed standards. Will VA modify the standards based on feedback from these comments?

###

Curt Cashour
Press Secretary
Department of Veterans Affairs
(b)(6)
@va.gov
@curtcashour

From (b)(6)
Sent: Monday, January 28, 2019 11:30 AM
To: Powers, Pamela (b)(6) @va.gov>; Tucker, Brooks (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; Ullyot, John (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov> (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Cashour, Curtis

(b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; (b)(6)
(b)(6) @va.gov>; (b)(6) (Physician) (b)(6) @va.gov>; (b)(6)
(b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6)
(b)(6) @va.gov>; Rychalski, Jon J. (b)(6) @va.gov>; Stone, Richard A., MD (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>
Subject: RE: FW: Daily Mission Act Sync Meeting

Please see attached updated talking points – we added the last two sections on urgent care and comments and made a few other minor edits.

(b)(6) PMP
Executive Officer to the Deputy Under Secretary for Health
for Community Care
(b)(6) @va.gov
P (b)(6)
C

From: (b)(6)
Sent: Tue, 29 Jan 2019 03:15:52 +0000
To: Cashour, Curtis;Powers, Pamela;Tucker, Brooks;Glynn, Melissa S.;Ullyot, John;Lieberman, Steven (b)(6) ;Syrek, Christopher D. (Chris);Hutton, Jame (b)(6) (Physician (b)(6) Matthews, Kameron (b)(6) (b)(6) Rychalski, Jon J.;Stone, Richard A., MD (b)(6)
Cc: Toles, Krystal M.;VHA 10D Support Staff
Subject: RE: // input needed // Initial FAQ List
Attachments: Sample Questions and Answers Regarding Access Standards 012819.docx

OM should also review the response to #1 since it references costs – so it aligns to budget. Thank you.

(b)(6) PMP
Executive Officer to the Deputy Under Secretary for Health
for Community Care
(b)(6) @va.gov
P (b)(6)
C

From: (b)(6)
Sent: Monday, January 28, 2019 5:48 PM
To: Cashour, Curtis (b)(6) va.gov>; Powers, Pamela (b)(6) va.gov>; Tucker, Brooks (b)(6) va.gov>; Glynn, Melissa S. <(b)(6) va.gov>; Ullyot, John (b)(6) va.gov>; Lieberman, Steven (b)(6) va.gov> (b)(6) (b)(6) va.gov>; (b)(6) va.gov>; Syrek, Christopher D. (Chris) (b)(6) va.gov>; Hutton, James (b)(6) va.gov> (b)(6) (b)(6) va.gov>; (b)(6) Physician (b)(6) va.gov> (b)(6) (b)(6) va.gov>; Matthews, Kameron (b)(6) va.gov> (b)(6) (b)(6) va.gov>; Rychalski, Jon J. (b)(6) va.gov>; Stone, Richard A., MD (b)(6) va.gov> (b)(6) va.gov>
Cc: (b)(6) va.gov> (b)(6) va.gov>; VHA 10D Support Staff (b)(6) va.gov>
Subject: RE: // input needed // Initial FAQ List

Curt – please see attached sample questions and answers. Most of these responses came from our draft Congressionally Mandated Report on Access. OM should review the response to #3 since it is regarding the budget.

(b)(6) PMP
Executive Officer to the Deputy Under Secretary for Health
for Community Care
(b)(6) @va.gov
P (b)(6)
C

From: Cashour, Curtis
Sent: Monday, January 28, 2019 2:57 PM
To: (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>; Tucker, Brooks (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; Ullyot, John (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>; (b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Hutton, James (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>; (b)(6) Physician) (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Rychalski, Jon J. (b)(6) @va.gov>; Stone, Richard A., MD <(b)(6) @va.gov> (b)(6) @va.gov>
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Department of Veterans Affairs
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@va.gov
@curtcashour

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Sent: Monday, January 28, 2019 11:30 AM
To: Powers, Pamela (b)(6) @va.gov>; Tucker, Brooks (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; Ullyot, John (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; (b)(6) @va.gov>; Manuel, Howard L. (b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) Physician) (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) @va.gov>; Rychalski, Jon J. (b)(6) @va.gov>; Stone, Richard A., MD (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: (b)(6) @va.gov>
Subject: RE: FW: Daily Mission Act Sync Meeting

Please see attached updated talking points – we added the last two sections on urgent care and comments and made a few other minor edits.

(b)(6) PMP
Executive Officer to the Deputy Under Secretary for Health
for Community Care
(b)(6) @va.gov
P – (b)(6)
C –

From: Tucker, Brooks
Sent: Tue, 29 Jan 2019 12:07:08 +0000
To: (b)(6) Cashour, Curtis;Powers, Pamela;Glynn, Melissa S.;Ullyot, John;Lieberman, Steven (b)(6) ;Syrek, Christopher D. (Chris);Hutton, James (b)(6) (Physician (b)(6) Matthews, Kameron (b)(6) (b)(6) Rychalski, Jon J.;Stone, Richard A., MD; (b)(6)
Cc: (b)(6) VHA 10D Support Staff
Subject: RE: // input needed // Initial FAQ List

If not already done, for clarity and consistency, these responses, when finalized, should be incorporated into the prep and talking points for upcoming engagements with Committee Staffs regarding Mission Act.

Sent with Good (www.good.com)

From (b)(6)
Sent: Monday, January 28, 2019 7:15:52 PM
To: Cashour, Curtis; Powers, Pamela; Tucker, Brooks; Glynn, Melissa S.; Ullyot, John; Lieberman, Steven; (b)(6) Syrek, Christopher D. (Chris); Hutton, James; (b)(6) (b)(6) (Physician); (b)(6) Matthews, Kameron (b)(6) Rychalski, Jon J.; Stone, Richard A., MD; (b)(6)
Cc (b)(6) VHA 10D Support Staff
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Christopher (b)(6) @va.gov>; Rychalski, Jon J. (b)(6) @va.gov>; Stone, Richard A., MD (b)(6) @va.gov> (b)(6) @va.gov>
Cc (b)(6) @va.gov> (b)(6) @va.gov>; VHA 10D Support Staff <(b)(6) @va.gov>
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Press Secretary
Department of Veterans Affairs
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@va.gov
@curtcashour

From: (b)(6)
Sent: Monday, January 28, 2019 11:30 AM
To: Powers, Pamela (b)(6) @va.gov>; Tucker, Brooks (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; Ullyot, John (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Syrek, Christopher D. (Chri (b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>; Hutton, James < (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (Physician) (b)(6) @va.gov>; (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; O'Connor, (b)(6) @va.gov>; Rychalski, Jon J (b)(6) @va.gov>; Stone, Richard A., MD < (b)(6) @va.gov>; (b)(6) @va.gov>
Cc (b)(6) @va.gov>
Subject: RE: FW: Daily Mission Act Sync Meeting

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(b)(6) PMP

Executive Officer to the Deputy Under Secretary for Health
for Community Care
(b)(6) @va.gov
P (b)(6)
C

From: Tucker, Brooks
Sent: Wed, 30 Jan 2019 01:58:12 +0000
To: RLW
Cc: Powers, Pamela
Subject: RE: RELEASE: Tester Leads 28 Senators in Demanding Answers on VA Community Care Implementation

Notable absence: SEN Sinema didn't sign the Tester letter.

Sent with BlackBerry Work
(www.blackberry.com)

From: RLW (b)(6)@va.gov>
Date: Tuesday, Jan 29, 2019, 4:56 PM
To: Tucker, Brooks (b)(6)@va.gov>
Cc: Powers, Pamela (b)(6)@va.gov>
Subject: RE: RELEASE: Tester Leads 28 Senators in Demanding Answers on VA Community Care Implementation

An indication that we are now winning. If they are bellyaching about process they are on the backheel.

Sent with BlackBerry Work
(www.blackberry.com)

From: Tucker, Brooks <(b)(6)@va.gov>
Date: Tuesday, Jan 29, 2019, 4:53 PM
To: RLW <(b)(6)@va.gov>
Subject: RE: RELEASE: Tester Leads 28 Senators in Demanding Answers on VA Community Care Implementation

I love this town, with all the politics it really is all about the Vets. ☺

Sent with BlackBerry Work
(www.blackberry.com)

From: RLW (b)(6)@va.gov>
Date: Tuesday, Jan 29, 2019, 4:47 PM
To: Tucker, Brooks (b)(6)@va.gov>
Subject: RE: RELEASE: Tester Leads 28 Senators in Demanding Answers on VA Community Care Implementation

Great

Sent with BlackBerry Work
(www.blackberry.com)

From: Tucker, Brooks (b)(6) @va.gov>
Date: Tuesday, Jan 29, 2019, 4:40 PM
To: RLW (b)(6) @va.gov>
Cc: Powers, Pamela (b)(6) @va.gov>
Subject: RE: RELEASE: Tester Leads 28 Senators in Demanding Answers on VA Community Care Implementation

OPIA thinks the NYT article will sink this. No press inquiries so far but OPIA is prepared to rebut.

Sent with BlackBerry Work
(www.blackberry.com)

From: RLW (b)(6) @va.gov>
Date: Tuesday, Jan 29, 2019, 4:34 PM
To: Tucker, Brooks (b)(6) @va.gov>
Cc: Powers, Pamela @va.gov>
Subject: RE: RELEASE: Tester Leads 28 Senators in Demanding Answers on VA Community Care Implementation

Write a response and have it ready if we get any press calls.
You can say I was not privy to those negotiations but my understanding is that many Senators did not wish to participate in those discussions. Etc.

Sent with BlackBerry Work
(www.blackberry.com)

From: Tucker, Brooks (b)(6) @va.gov>
Date: Tuesday, Jan 29, 2019, 4:29 PM
To: RLW (b)(6) @va.gov>
Cc: Powers, Pamela (b)(6) @va.gov>
Subject: FW: RELEASE: Tester Leads 28 Senators in Demanding Answers on VA Community Care Implementation

These assertions are baseless and mischaracterize the history of the negotiations, which Senate Minority declined to join.

Sent with BlackBerry Work
(www.blackberry.com)

From: Tucker, Brooks (b)(6) @va.gov>
Date: Tuesday, Jan 29, 2019, 4:03 PM

To: Ullyot, John (b)(6) @va.gov>, Cashour, Curtis (b)(6) @va.gov>, Hutton, James (b)(6) @va.gov>
Subject: FW: RELEASE: Tester Leads 28 Senators in Demanding Answers on VA Community Care Implementation

Subject: RELEASE: Tester Leads 28 Senators in Demanding Answers on VA Community Care Implementation

U.S. SENATOR FOR MONTANA
JON TESTER
Ranking Member, Senate Veterans' Affairs Committee

FOR IMMEDIATE RELEASE
January 29, 2019

(b)(6)

Tester Leads 28 Senators in Demanding Answers on VA Community Care Implementation

Senators Take VA to Task For Lack of Communication, Transparency

(U.S. Senate) – Ranking Member Jon Tester is leading a demand for more transparency and information from the VA about its implementation of the bipartisan *VA MISSION Act*.

Tester led a group of 28 Senators in expressing their frustration with the VA's lack of communication about critical decisions on community care access standards that will help determine when a veteran is eligible for community care. In a letter to VA Secretary Robert Wilkie, the Senators wrote:

"At recent briefings, VA leadership officials have indicated the Department now intends to designate all clinical services as making a veteran nearly-automatically eligible for community care. This will significantly increase the overall cost and amount of care VA will send to the community. Given that the administration opposes increasing overall federal spending, these increased costs for community care will likely come at the expense of VA's direct system of care. And that is something we cannot support."

The *VA MISSION Act* was written by Republicans and Democrats to overhaul and streamline the VA's community care programs. Congress and the VA agreed the Secretary would designate three-to-five types of care, like laboratory tests, X-rays, or urgent care, as eligible for community care if that care was clinically necessary.

In December, Tester grilled Wilkie about this same issue and his concern that designating all clinical services as nearly-automatic for community care would be putting the VA down a path towards privatization. Tester also previously held the VA accountable for providing a smooth transition to the new Veterans Community Care Program for Montana veterans ahead of its expected launch date of June 2019.

Tester is joined by Senators Brian Schatz (D-Hawaii), Richard Blumenthal (D-Conn.), Mazie Hirono (D-Hawaii), Patty Murray (D-Wash.), Sherrod Brown (D-Ohio), Joe Manchin (D-W.Va.), Tina Smith (D-Minn.), Tammy Baldwin (D-Wis.), Kamala Harris (D-Calif.), Jack Reed (R.I.), Elizabeth Warren (D-Mass.), Richard Durbin (D-Ill.), Robert Casey (D-Pa.), Debbie Stabenow (D-Mich.), Kirsten Gillibrand (D-N.Y.), Bernie Sanders (I-Ver.), Amy Klobuchar (D-Minn.), Tammy Duckworth (D-Ill.), Robert Menendez (D-N.J.), Cory Booker (D-N.J.), Dianne Feinstein (D-Calif.), Christopher Murphy (D-Conn.), Maria Cantwell (D-Wash.), Tim Kaine (D-Va.), Mark Warner (D-Va.), Tom Udall (D-N.M.), Edward Markey (D-Mass.), and Catherine Cortez Masto (D-N.M.).

Their letter can be read online HERE.

###

From: Tucker, Brooks
Sent: Wed, 30 Jan 2019 17:58:53 +0000
To: RLW
Cc: Powers, Pamela
Subject: RE: [EXTERNAL] RE: NYT VA article

Growing vibe from questions that the train has left so most questions are for data to substantiate the standards or better inform on impact to system. Cost is a recurring concern.

Sent with BlackBerry Work
(www.blackberry.com)

From: RLW (b)(6) @va.gov>
Date: Wednesday, Jan 30, 2019, 12:45 PM
To: Tucker, Brooks <(b)(6) @va.gov>
Subject: RE: [EXTERNAL] RE: NYT VA article

Heard that appropriators were happy.

Sent with BlackBerry Work
(www.blackberry.com)

From: Tucker, Brooks <(b)(6) @va.gov>
Date: Wednesday, Jan 30, 2019, 12:38 PM
To: RLW <(b)(6) @va.gov>
Cc: Powers, Pamela <(b)(6) @va.gov>
Subject: RE: [EXTERNAL] RE: NYT VA article

Appropriators went fairly well from what I was told. Authorizers is somber with Tester and Takano staff asking most questions.

Sent with BlackBerry Work
(www.blackberry.com)

From: RLW <(b)(6) @va.gov>
Date: Wednesday, Jan 30, 2019, 12:11 PM
To: Tucker, Brooks (b)(6) @va.gov>
Subject: FW: [EXTERNAL] RE: NYT VA article

From (b)(6)

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) (Moran) <(b)(6) @moran.senate.gov>
Date: Wednesday, Jan 30, 2019, 12:08 PM
To: RLW <rlw@va.gov>
Subject: [EXTERNAL] RE: NYT VA article

Draft talkers I just sent to our Comms team.

We grouped the tp's together under separate headings.

Partisan Letter:

- I am deeply disappointed by the message my colleagues delivered to veterans across the country and to the VA yesterday.
- Senator McCain and I were also intimately involved in the negotiations with the VA and the White House on MISSION Act throughout 2017 and 2018, and this letter is very much a one-sided take and does not reflect ground truth.
- Instead, this letter paints a picture of partisanship, which is truly unfortunate knowing everything it took to reach a compromise that Democrats and Republicans in both the House and Senate agreed upon, that Veteran Service Organizations endorsed and that the President would sign.
- This letter invokes the intent of Congress as a whole regarding the implementation of a bipartisan bill, yet this letter is clearly not a bipartisan group of Senators and attempts to project a partisan interpretation of the law.

Intent to Limit Care:

- As referenced in this letter, the legislatively history is important. I was the only Member of the Senate Veterans Affairs Committee to vote against the earlier version of the MISSION Act when presented for markup before the Committee in November 2018, specifically because of the language they drafted on access standards and the way in which it would limit the care veterans could receive through the new program.
- It is clear that the intent of the Minority then, and now spelled out in this letter, is to "limit" care to only to several, specific services like "x-rays or lab tests". This kind of intentional restriction on access to care is why I voted against the bill in the Committee because it is not what is in a veterans best interest and is certainly not what veterans deserve from a grateful nation and officials elected to office to serve them.
- Limiting access to care undermines the MISSION Act access standards entirely, provisions that Senator McCain and I drafted together and are the backbone of this new, consolidated Veterans Community Care Program.

Moran History on Negotiations:

- To move the MISSION Act on the Senate floor, Senator McCain and I worked tirelessly with the VA and the White House to negotiate specific language that mandated the Secretary make certain "all care and services within the medical benefits package of the Department of Veterans Affairs" was covered by an access standard category such as Primary Care, Specialty Care and Mental Health.
- During the final rounds of our negotiations with Dr. Shulkin and his staff, my colleagues who now voice their discontent refused to take part in these final discussions where specific

language was added to the MISSION Act and agreed upon by Dr. Shulkin, the White House and Majority staff on the Senate Veterans Affairs Committee.

Double-Talk Disruption and Moving Forward:

- The biggest "sea change" that has occurred is the departure of Dr. Shulkin and based on Minority's recollection of the negotiations it would seem that they experienced similar double-talk from the former Secretary as I did, receiving commitments that were counter to those that the White House and Senator McCain and I received.
- Dr. Shulkin's double-talk was a disruption in the legislative process then and continues to bear fruit now. It is clear based on this letter from my colleagues that he made contrary commitments to my Minority colleagues, to the White House and to Senator McCain and me.
- At the end of the day, I would hope my colleagues now see that the intent of Congress in MISSION Act was and must remain bipartisan, we need to work together to ensure that the implementation of the new Veterans Community Care Program is as seamless as possible for the betterment of veterans.
- As in the past when Congress was called upon to pass the MISSION Act, any partisan discourse that is a distraction from the care of veterans is a disservice to those who serve our nation.

From: RLW [(b)(6)]@va.gov>
Sent: Wednesday, January 30, 2019 12:01 PM
To: [(b)(6)] (Moran) [(b)(6)]@moran.senate.gov>
Subject: NYT VA article

FYI

Sent with BlackBerry Work
(www.blackberry.com)

From: Cashour, Curtis [(b)(6)]@va.gov>
Date: Wednesday, Jan 30, 2019, 11:50 AM
To: Powers, Pamela [(b)(6)]@va.gov>, Syrek, Christopher D. (Chris) [(b)(6)]@va.gov>, Glynn, Melissa S. [(b)(6)]@va.gov>, Lieberman, Steven [(b)(6)]@va.gov>, Matthews, Kameron [(b)(6)]@va.gov>[(b)(6)]@va.gov>, Selnick, Darin [(b)(6)]@va.gov>
Cc: Ullyot, John [(b)(6)]@va.gov>, Hutton, James [(b)(6)]@va.gov>[(b)(6)]@va.gov>
Subject: RE: [EXTERNAL] please send any corrections to the following asap thanks!

+ Chris.

Thanks to everyone for their help and input. Below is the piece.

Veterans Will Have More Access to Private Health Care Under New V.A. Rules
By Jennifer Steinhauer
The New York Times
Jan. 30, 2019
https://www.nytimes.com/2019/01/30/us/politics/veterans-health-care.html

WASHINGTON — Veterans who live as little as a 30-minute drive from a Veterans Affairs health care facility will instead be able to choose private care, the most significant change in rules released Wednesday as part of the Trump administration's effort to fix years-old problems with the health system.

> Veterans who can prove they must drive for at least 30 minutes to a Department of Veterans Affairs facility will be allowed to seek primary care and mental health services outside the department's system. Current law lets veterans use a private health care provider if they must travel 40 miles or more to a V.A. clinic. Measuring commuting time rather than distance will greatly open the private sector to veterans in rural and high-traffic urban areas.
>
> Supporters say the new policy, which is likely to go into effect in June, will help veterans get faster and better care. But critics fear it will prompt the erosion of the largest integrated health care system in the country as billions of dollars are redirected to private care.

The goal of the new policy, officials say, is to provide veterans with easier, streamlined access to health care.

"This is the most transformative piece of legislation since the G.I. Bill," Robert L. Wilkie, the secretary of veterans affairs, said in a telephone interview this week. "It gets us on the road to becoming a 21st-century health care institution."

> The move has been anticipated for months, after congressional lawmakers passed legislation last spring that empowered the administration to make substantial changes to veterans health care.

Current law lets veterans facing a wait of 30 days or more for an appointment at their closest V.A. facility seek private care, but under the new policy, that would be reduced to 20 days, and with the goal of 14, by 2020. Veterans will also be allowed access to walk-in clinics; however, those will require co-pays for treatment after a third visit. If seeking a specialist after the new policy takes effect, veterans must prove a drive of at least 60 minutes.

Taken together, the percentage of veterans eligible for what officials refer to as "community care" currently — roughly 8 percent of the 7 million treated annually — would rise to between 20 and 30 percent, according to Department of Veterans Affairs officials.

Lawmakers and veterans advocacy groups — which have been wary of large-scale moves into the private sector — will be briefed about the program on Wednesday.

In recent years, Veterans Affairs hospitals have struggled to keep up with patient loads as service members returning from Iraq and Afghanistan — many with complex injuries and post-traumatic stress — hit the system at the same time that aging and increasingly ill older veterans made more use of it.

A scandal in 2014 over hidden waiting lists at V.A. facilities sent lawmakers in search of solutions, with many Republicans favoring more use of the private sector and Democrats preferring to add doctors and medical centers to the government-run system.

Congressional Republicans and the Trump administration have been greatly influenced by Concerned Veterans for America, an advocacy group with ties to the billionaire industrialist brothers Charles G. and David H. Koch, which has long championed expanding the use of private health care for veterans. Traditional veterans service organizations, which have largely opposed these changes, have had less say their chair at the table reduced to more of a stool under Mr. Wilkie.

The legislation passed last spring and signed by President Trump in June, the Mission Act, increased funding for the Department of Veterans Affairs and earmarked more money for private care. It is up to Congress to beef up both pots of money each year.

"I can't imagine the V.A. being shortchanged in any way," Mr. Wilkie said. "I can't imagine anyone doing that."

Critics fear that private health care, which tends to have higher costs than government-provided care, will force the department to cut corners elsewhere.

A congressionally mandated report in 2016, by a panel called the Commission on Care, analyzed the cost of sending more veterans into the community for treatment and warned that unfettered access could cost well over $100 billion each year. That same commission foundquality of care at the V.A. to be very high, one area of agreement between V.A. officials and those who use and advocate the system.

The new standards were developed after V.A. officials studied both the military's insurance plan, Tricare Prime, which sets a lower bar for access to private care than the department has historically had, and the Medicare Advantage program, which allows Medicare beneficiaries to buy private health insurance plans instead of using government-run fee-for-service Medicare.

The Department of Veterans Affairs will remain at the center of care coordination, and the private providers — who would be paid by the department at rates roughly comparable to the Medicare program — would not be permitted to cherry-pick the healthiest patients, V.A. officials said. About 26 percent of veterans pay a co-payment, and they would have similar co-payments at private doctors.

Department officials — including Mr. Wilkie — have repeatedly insisted that the department should and probably will remain the provider of choice

for most veterans, who prefer the culture of a V.A. hospital to that of the private sector. But a shrinking veteran population over all in the United States and more reliance on private providers could lead to the closings of some government hospitals, some veterans groups and members of Congress warn.

Mr. Wilkie insisted that was not the goal of the new policy, and said that fears of full privatization were unfounded.

"I think it's simple: People don't want change," he said of such concerns. "That is a normal human reaction."

###

Curt Cashour
Press Secretary
Department of Veterans Affairs
(b)(6)
@va.gov
@curtcashour

From: Powers, Pamela
Sent: Tuesday, January 29, 2019 9:00 PM
To: Glynn, Melissa S. (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>; Matthews, Kameron (b)(6) @va.gov>; (b)(6) @va.gov>; Selnick, Darin (b)(6) @va.gov>
Cc: Ullyot, John (b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Subject: RE: [EXTERNAL] please send any corrections to the following asap thanks!

Thanks Curt. If this is the substance of the article, this is a win for VA.

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(www.blackberry.com)

From: Glynn, Melissa S. <(b)(6) @va.gov>
Date: Tuesday, Jan 29, 2019, 8:57 PM

To: Lieberman, Steven (b)(6) @va.gov>, Cashour, Curtis (b)(6) @va.gov>, Matthews, Kameron (b)(6) @va.gov> (b)(6) @va.gov>, Selnick, Darin (b)(6) @va.gov>
Cc: Ullyot, John (b)(6) @va.gov>, Hutton, James (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>, Powers, Pamela (b)(6) @va.gov>
Subject: RE: [EXTERNAL] please send any corrections to the following asap thanks!

Curt
Better!
Thank you

Sent with BlackBerry Work
(www.blackberry.com)

From: Lieberman, Steven (b)(6) @va.gov>
Date: Tuesday, Jan 29, 2019, 8:56 PM
To: Cashour, Curtis (b)(6) @va.gov>, Matthews, Kameron (b)(6) @va.gov>, Glynn, Melissa S. (b)(6) @va.gov> (b)(6) @va.gov>, Selnick, Darin (b)(6) @va.gov>
Cc: Ullyot, John (b)(6) @va.gov>, Hutton, James (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>, Powers, Pamela (b)(6) @va.gov>
Subject: RE: [EXTERNAL] please send any corrections to the following asap thanks!

Looks good this way. Thanks

From: Cashour, Curtis
Sent: Tuesday, January 29, 2019 8:52 PM
To: Matthews, Kameron (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov> (b)(6) (b)(6) @va.gov> (b)(6) @va.gov>
Cc: Ullyot, John (b)(6) @va.gov>; Hutton, James (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>
Subject: RE: [EXTERNAL] please send any corrections to the following asap thanks!

OK. Changes below. Is everyone OK with this?

Please note that we may not be able to get the reporter to omit the 14-day reference, as some of the literature we gave the her (attached) included it.

(b)(5)

(b)(5)

Curt Cashour
Press Secretary
Department of Veterans Affairs
(b)(6)
@va.gov
@curtcashour

From: Matthews, Kameron
Sent: Tuesday, January 29, 2019 8:44 PM
To: Cashour, Curtis <(b)(6)@va.gov>; Glynn, Melissa S. (b)(6)@va.gov>; Lieberman, Steven (b)(6)@va.gov>(b)(6)@va.gov>; Selnick, Darin (b)(6)@va.gov>
Cc: Ullyot, John <(b)(6)@va.gov>; Hutton, James <(b)(6)@va.gov> (b)(6)@va.gov>; Powers, Pamela <(b)(6)@va.gov>
Subject: RE: [EXTERNAL] please send any corrections to the following asap thanks!

Can we say "eligible for community care" instead? We are trying to distinguish from the formal Choice program.

From: Cashour, Curtis <(b)(6)@va.gov>
Date: Tuesday, Jan 29, 2019, 8:39 PM

To: Matthews, Kameron <(b)(6) @va.gov>; Glynn, Melissa S <(b)(6) @va.gov>, Lieberman, Steven <(b)(6) @va.gov>, (b)(6) @va.gov>, Selnick, Darin <(b)(6) @va.gov>
Cc: Ullyot, John <(b)(6) @va.gov>, Hutton, James <(b)(6) @va.gov>; (b)(6) @va.gov>, Powers, Pamela <(b)(6) @va.gov>
Subject: RE: [EXTERNAL] please send any corrections to the following asap thanks!

Thanks. How about the following? Changes are highlighted:

(b)(5)

Curt Cashour
Press Secretary
Department of Veterans Affairs
(b)(6) @va.gov
@curtcashour

From: Matthews, Kameron
Sent: Tuesday, January 29, 2019 8:38 PM
To: Glynn, Melissa S. <(b)(6) @va.gov>; Cashour, Curtis <(b)(6) @va.gov>; Lieberman, Steven <(b)(6) @va.gov>; (b)(6) @va.gov>; Selnick, Darin <(b)(6) @va.gov>
Cc: Ullyot, John <(b)(6) @va.gov>; Hutton, James <(b)(6) @va.gov (b)(6) (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>
Subject: RE: [EXTERNAL] please send any corrections to the following asap thanks!

Nothing in addition to Melissa's comments.

From: Glynn, Melissa S. (b)(6) @va.gov>
Date: Tuesday, Jan 29, 2019, 8:31 PM
To: Cashour, Curtis (b)(6) @va.gov>, Lieberman, Steven <(b)(6) @va.gov>, Matthews, Kameron (b)(6) @va.gov>, (b)(6) @va.gov>, Selnick, Darin (b)(6) >
Cc: Ullyot, John (b)(6) @va.gov>, Hutton, James <(b)(6) @va.gov> (b)(6) (b)(6) @va.gov>, Powers, Pamela <(b)(6) @va.gov>
Subject: RE: [EXTERNAL] please send any corrections to the following asap thanks!

I'm concerned with citing the 14 day standard without highlighting it explicitly as a goal.

The percentage of Veterans who could use private care will rise. Not who would use

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(www.blackberry.com)

From: Cashour, Curtis <(b)(6) @va.gov>
Date: Tuesday, Jan 29, 2019, 8:24 PM
To: Lieberman, Steven (b)(6) @va.gov>, Matthews, Kameron <(b)(6) @va.gov>, (b)(6) @va.gov>, Glynn, Melissa S. (b)(6) @va.gov>, Selnick, Darin (b)(6) @va.gov>
Cc: Ullyot, John <(b)(6) @va.gov>, Hutton, James <(b)(6) @va.gov>, (b)(6) (b)(6) @va.gov>
Subject: FW: [EXTERNAL] please send any corrections to the following asap thanks!

Folks – please see below from the Times and let me know if you have any edits or corrections. Again, we need to get back with the reporter by 8 a.m. Thanks.

From: Steinhauer, Jennifer [mailto:jestei@nytimes.com]
Sent: Tuesday, January 29, 2019 8:13 PM
To: Cashour, Curtis (b)(6) @va.gov>
Subject: [EXTERNAL] please send any corrections to the following asap thanks!

This new policy, which supporters argue will help veterans get faster and better care but that critics fear will spark the erosion of the largest integrated health care system in the country, has been anticipated for months on Capitol Hill, where lawmakers last year passed legislation empowering the White House to make substantial changes. Lawmakers and veteran's advocates groups -- which have been wary of large-scale moves into the private sector -- will be briefed on the program Wednesday.

Under current law, veterans were permitted to go out of the VA system if they had to travel 40 miles or more to get to a V.A. facility; that will now be a 30-minute drive for primary care or mental health services; and a sixty minute drive for specialists. Shifting the measurement from distance to commuting time will greatly open the private sector to veterans in both high-traffic urban areas and rural swaths.

The current law also offers the private care option for veterans whose closest V.A. facility had a 30-day or more wait for appointments; under the new plan, which is likely to go into effect in June, that wait would be reduced to 20 days, and 14 days by 2020. Taken together, the percentage of veterans who use taxpayer funded private care currently -- about 8 percent of the 9 million treated annually -- would rise to between 20 percent and 30 percent, according to U.S. Department of Veteran Affairs officials.

Veterans would also be allowed access to walk-in clinics, which would require co-pays for treatment after a third visit. Taken all together, the goal officials say is to streamline care for veterans, and make it easier to get.

.....

The V.A. will remain at the center of care coordination and the private providers -- who would be paid by the V.A. at rates roughly comparable to the Medicare program -- would not be permitted to cherry pick the least ill patients, V.A. officials said. About 26 percent of veterans pay a V.A. copayment, and they would have similar copayments at private doctors.

.

-30

From: (b)(6)
Sent: Mon, 4 Feb 2019 12:39:08 -0500
To: Byrne, Jim;Powers, Pamela;Bader, Christine E.
Subject: [EXTERNAL] Somers Meeting Follow-Up
Attachments: ORIGINALSystemic VA Issues for Congress.pdf, Systemic Issues for Congress final.doc, TribeWhitePaper_2JUN17.pdf, TRIBE_Addendum_15JAN18.pdf, 6.12.18 DOD.Kurta Network of Support.pdf, Support Network.pdf

All,

Thank you so much for taking the time to meet with us today, and allowing us to continue to be part of the process. We sincerely appreciate your willingness to listen to what we have to say.

We have attached the documents that we mentioned. The first version of our "Systemic Issues" document is the original. The second is the edited version that we submitted as part of our testimony before the House VA Committee in July, 2014. TRIBE and the Amendment are the transition proposal.

We had a very positive meeting with (b)(6) and her team. Their faces all lit up when we told them we had just been with you.

We look forward to continuing to work together to help those who have already sacrificed so much, and look forward to seeing you again soon.

Sincerely,

Howard and Jean

SYSTEMIC ISSUES AT THE VETERANS ADMINISTRATION AS PERCEIVED BY THE FAMILY OF DANIEL SOMERS

MISSION STATEMENT

No service member or veteran should suffer the wide range of fundamental deficiencies in needed and entitled services as Daniel suffered. Anyone who needs help should be able to access the VA system appropriately and with ease to get the evaluation and treatment that they need when they need it.

Howard B Somers MD and Jean Somers
With input by Angeline Somers
and Augusta Roth, MD

DANIEL'S CAREER TIMELINE & DUTIES

1/23/03 Date of enlistment in CA National Guard
Basic Training
Ft. Huachuca for MOS training
Assignment to Natl Guard Unit C Co 250th MI BN, Long Beach CA

1/3/04 - 2/7/05 Iraq deployment - Daniel's description of the character of his service in Iraq:
I was assigned as a member of a Tactical Human intelligence Team (THT), for which I was also the HMMWV turret gunner. I performed more than four hundred combat missions in this role, and as a result was exposed to numerous IED, VBIED, and rocket attacks. My THT was assigned to work in tandem with a special Iraqi unit (I am barred from saying which unit or why), to include accompanying said unit on raids and other operations.

2/28/05 Report date to Defense Language Institute (DLI) Monterey CA
3/3/05-6/22/06 Arabic studies at DLI (graduated with honors)

June 2006 Transfer to L3 in Washington DC (on loan from National Guard Unit)

Early 2007 - 10/2007 Redeployment to Iraq attached to JSOC
Daniel worked with JSOC through his former unit in Mosul where he ran The Northern Iraq Intelligence Center. His official role was as a senior analyst for the Levant (Lebanon, Syria, Jordan, Israel and part of Turkey). Some of his duties included being part of on-the-ground missions with JSOC troops.

10/2007 - 1/14/08 At high risk of redeployment by Army; First attempt to gain entry to Phoenix VA system.

10/2010 Applied to vocational rehabilitation.

1/22/11 Terminal date of reserve/military obligation

10/8/2011 Filed claims benefit appeal after receiving VA notice that "gulf war syndrome" was being acknowledged.

6/10/13 Date of death

EXECUTIVE SUMMARY

This report and call to action reflects the experiences of Daniel Somers with the Veteran Administration (VA) program services as perceived by his family. Our concern is that impediment and deficiencies which he encountered may be symptomatic of deeper and broader issues in the program services – potentially affecting the experiences of a much broader population of service members and veterans.

Our purpose is:

- To identify specific, fundamental problems, shortcomings and needs in VA policies and operational management, processes, procedures, and practices that Daniel experienced in his touch-points with the program.
- To suggest that persisting experiences such as theses can have progressive, cascading and cumulative detrimental effect on those with serious needs seeking services.
- To bring into question whether such a wide range and long series of experiences, in such fundamental areas as those recounted here, are indicative of endemic and system-wide problems or weaknesses in the program.
- To propose specific, prioritized, and practical actions and remedies that could address and potentially solve or alleviate the identified problems and shortcomings.
- To advocate for a change in the VA system's approach to its veterans as patients first, military second, thereby altering the entire environment and culture of the system.

SUMMARY OUTLINE OF ISSUES

Part 1. Phoenix VA Healthcare/Veterans Health Administration:

- Undefined VA status of National Guard service members during interim period
- Inadequate Appointment System impedes/reduces access and lacks basic documentation
- **Lack of compatibility between computer systems (URGENT)**
- Insufficient treatment resource planning and training (Succession planning; provider shortage; outsourcing; peer support groups)
- 'Double bind' therapy policy has the effect of denying services
- Inadequate facilities, inefficient charting process, and inappropriate caseload management (Bed shortage; facility limitations)
- Insufficient personnel training and basic customer/patient relationship management (Sensitivity training; advocates; ombudsman)
- **Inadequate pain management services(URGENT)**
- Uncoordinated inter-Agency goals, policy and procedures (Formulary limitations)
- Uniformity across entire VA system

Part 2. Phoenix VA Benefits/Veterans Benefits Administration:

a. No way to ascertain status of claim
b. Use of VFW and DAV for "backdoor" answers
c. Lack of Appointment System interfaces and prioritized, proactive procedures
d. Lack of communication between Disability Determination and Voc Rehab

PROBLEM(S) ENCOUNTERED / RECOMMENDATIONS

Phoenix VA Healthcare/Veterans Health Administration:

- **Procedural Reforms**

1. **Undefined VA status of National Guard members during interim period**

   There was a three month period when Daniel returned from his second tour (October 2007) when he was not active duty National Guard, but was "ready reserve" (?)/re-deployable. He attempted to get services through the VA at this time, but was told by them that he had to be seen at a military hospital. When he attempted to be seen there, he was told he had to go to the VA.

   - Is this a problem within the military – that National Guardsman have a blurred status during this time period?
   - Train staff at VA to better understand unique National Guard status.

2. **'Double bind' therapy policy has the effect of denying services**

   Daniel was told by the Phoenix VAMC that he was not eligible for individual therapy unless he first went to group therapy. Discussing his traumas would have revealed classified information, so he could not be in group therapy. At one point he was told he could have group therapy or no therapy at all. Since Daniel's death, we have heard from other veterans in other VAMC's that they have been told the same thing.

   - Individual therapy should be offered to traumatized veterans who did classified work either at the VAMC or by contracting to an outside psychiatric provider.
   - Providing group therapy to vets of equivalent security clearance might also be an option.

3. **Insufficient personnel training and basic customer/patient relationship management (Sensitivity training; advocates; ombudsman)**

   As the bed shortage scenario concerning Daniel illustrates, there was a severe lack of sensitivity on the part of the Phoenix VAMC staff with whom he came in contact. This insensitivity extended to those with whom he attempted to (1) make healthcare appointments and (2) gather information about his claims status.

When Daniel would allow his wife, who is a practicing BSN, to come to the hospital with him, she had to be very assertive as a nurse advocating for him at the VA ER to get them to take his symptoms, including pain, seriously.

Two weeks after Daniel's death, his widow was contacted by a VA Suicide Prevention Hotline staff person. He offered his condolences and asked if he could help with anything, but when she asked for help with the disability claim delays and related the multiple barriers to care for veterans, he said he couldn't do anything. He did offer to send her a pamphlet on grieving from a non-VA counseling organization (La Frontera). When the pamphlet came, it was wrapped in a white sheet of paper that only had her name and address on it. There was no personalized letter of any kind.

In addition, when he verified the address to send the pamphlet, he had the incorrect address, one that they had not lived at for four years.

- Staff should routinely receive training to sensitize them to the unique needs of this patient population.
- Staff should be made to feel comfortable with alerting superiors to atypical situations that might require immediate attention.
- All professional staff should be encouraged to act as advocates on behalf of their patients, such as for denied services and formulary exceptions to name two.
- Each facility should have a fulltime ombudsman whose position is prominently advertised, is easily accessible and is responsive to the needs of every veteran.
- Suicide Prevention staff should offer to have appropriate personnel return the call – or refer them to the direct line of the appropriate personnel - if they cannot answer a question or concern of the surviving spouse/parent.
- Suicide Prevention staff should offer a range of pamphlets listing all local and VA support groups.
- Suicide Prevention staff should send a personalized letter expressing condolences.
- Suicide Prevention staff should be prepared to offer some counseling at the time of this phone call.

- **Reforms Requiring Additional Funding**

  1. **Inadequate Appointment System impedes/reduces access and lacks basic documentation**

     Even after National Guard discharge, he could not get an appointment for months. He had to get a private sector mental health evaluation and that doctor called contacts she had at the VA pleading that he be seen ASAP. (This was done by his mother-in-law who is a psychiatrist.)

     Phoenix VAMC still uses a postcard system for appointments. Daniel told us, his wife and mother-in-law, that when he would call for an appointment, he would be told to await a postcard in the mail for his appointment date/time. If he could not make the appointment, he could not find a way to reschedule it. There was not even a way to find out if a postcard had been sent, nor if it was sent to the correct address.

- Terminate the postcard system.
- Use a phone system that allows the vet easy access to a real person to make, confirm, reschedule and/or cancel an appointment.
- Initial contact should result in:
  - vet's personal data info being updated and current in appointment system (& across all data systems – DOD, Benefits, Healthcare)
  - a first appointment as triaged by appropriate specialty personnel
  - vet's assignment to a Navigator (case manager)
  - confirmation that the vet has received the information packet (provided at discharge) of how to navigate the VA system for healthcare, benefits and support groups
- Make follow up appointments before the vet leaves the VAMC offices.
- If the vet cannot make an appointment before leaving the office, institute a tickler system for following up with the seriously ill (physical or mental) vet.
- Reconfirm all appointments by phone, text or email the day before the appointment.
- Provide assistance to ensure that all veterans sign up for "My Chart" access at their first appointment. Provide appropriate training to vets unfamiliar with system access. Vets

who do not have computer access or are unable/unwilling to register for "My Chart" should be flagged in system.

- Follow up with the vet for all missed appointments.
- **URGENT - Every contact with the vet should be documented (in system/chart).**
- Identification of vets with multi-system conditions (ie, Gulf War Syndrome)
  - Establish multi specialty clinics wherein these vets can be seen

    or
  - Establish a system whereby multiple providers meet weekly to conference on this class of patients
- Wait time goals need drastic improvement:
  - Per Robert Petzel, MD in March 2013 before a sub hearing of the US Senate Committee on Veterans' Affairs stated that current access to care goals are:

    7 days for Primary care based on "Desire Date" and

    "just-in-time mental health care" (with a goal of same day access).
  - Phoenix VAMC current goals are:

    Primary care: 40% within 14 days of "create date"

    Mental Health: 75% within 14 days of "create date"
  - A third category should be added that addresses seriously ill vets who require triaged appointments. The wait time for this category should be 100% within 24 hours of create date.
- The vet's personal contact info should be updated at each contact. The following information should be updated across ALL data systems:
  - SSN
  - Phone
  - Address
  - Email

- Performance evaluations should be done on the above issues on a regular and timely basis (quarterly) by either VAMC Administrative staff, outsourced to an independent agency (NAOC?) or an Armed Services oversight committee.

2. Lack of compatibility between computer systems (URGENT NEED)

- **The VISTA system (DOS based) should be replaced in all VAMC's with a system that will interface with the VA Healthcare chart system (CPRS), the VA Benefit system and the DOD system.**

3. Insufficient treatment resource planning and training (Succession planning; provider shortages; outsourcing; peer support groups)

Daniel had been seeing a psychiatrist at the VAMC with whom he had established a trusting relationship. At the end of an appointment, the provider told him that he was retiring and would not be available for future appointments. Upon leaving the VAMC, he was told that the VAMC was short-staffed in the mental health department and that he would be notified by postcard when he was reassigned to a new provider. He was never contacted.

We were told at the Phoenix VAMC that there is no contractual obligation for providers to give adequate advance notice to the VAMC of their resignation or retirement so that adequate continuity of care can be provided. We are also aware that a significant number of psychiatrists were transferred over from clinical care to do disability evaluations when that became a VA priority, making the shortage of doctors for patient care even more severe.

- Add a provision within all professional contracts to require a 90 day (or other appropriate time period) notice of termination of services to allow for continuity of care.
- Recruit additional mental health professionals.
- If a VAMC is understaffed in a specialty, it should provide active assistance to the vet to obtain required/necessary services from a private sector professional.
- Loosen VISN requirements. Currently VAMC's must look to other facilities/providers within their region for placement. This can result in patients being a great distance from their support group. (i.e.- the Phoenix VAMC may have to send someone to West Texas)

- Increase access to local facilities and providers in the private sector with a minimum amount of paperwork/red tape when providers and/or services are not available when needed.
- Educate veterans in the procedure to request, procure and get reimbursement for private sector services.
- Educate providers to be patient advocates for the procurement of outside services when these services are lacking within the VAMC itself.
- Actively recruit and train veterans who have suffered from PTSD, TBI and/or Gulf War Syndrome who are capable of participating as mentors in a peer support system. ACTIVELY PUBLICIZE IT and ensure that all newly diagnosed vets are assigned a mentor.

4. Inadequate facilities, inefficient charting process, and inappropriate caseload management (Bed shortage; facility limitations)

Daniel related this incident to both his wife and mother-in-law (independently and on different occasions): He presented to the Phoenix VAMC asking for help. He was told that there were no beds available in the psych unit or the ER. He ended up in a ball, on the floor, crying in the waiting area. He was told by staff that he could stay there until he felt safe enough to drive home.

- Allocate funds to increase the number of beds available at all VAMC's as needed.

Some Phoenix VAMC clinical staff have been stationed in a warehouse/plant services facility, but vets cannot be seen there due to safety issues. Therefore, clinicians see vets at the VAMC, but then must go back to the warehouse to write their clinical notes.

- Until an expansion of the facility can be done, evaluate if there are non-clinical personnel (including management) that might be more appropriately housed at the warehouse, allowing for full use of the hospital grounds for clinical staff.

  (We have heard that there is a requirement for VAMC's to have 20 years rent banked in the first year of renting. Many VAMC's are unable to meet this requirement.)
- Allow telecommuting for charting, so that clinical staff don't waste time moving between buildings after seeing each patient.

Due to funding of different programs, social worker caseloads vary greatly at the Phoenix VAMC. Social workers seeing veterans assigned to the mental health case management section are assigned only 9 patients. Those who see homeless veterans

have about 30 in their caseloads. However, for veterans who are ill enough to seek psychiatric care (and not assigned in either of the first two categories) literally thousands are assigned to one social worker.

- Re-evaluate and reassess caseloads to determine if additional categories might be needed and/or caseload balancing is required.

Veterans have said that it is "degrading" to be seen at the Central Arizona Shelter Service (CASS). It is an area that is unsafe and rampant with crime. They feel it is demoralizing to be housed there. Flyers are posted at the Phoenix VAMC describing HUDVASH housing for homeless vets. The flyer states that there are walk-in hours for assessment, but intakes have been moved to LODESTAR, which is physically located at CASS where VA staff work.

- Vets, particularly those with PTSD, require a calm, safe environment to prevent additional exacerbation of their symptoms. Moving these services to a safer location would show much needed respect and honor for veterans and provide them a sense of dignity when they are hurting and often suicidal. They need a safe place to heal.

5. **Inadequate pain management services**

Daniel was diagnosed with PTSD, TBI and Gulf War Syndrome (which by definition includes chronic fatigue, fibromyalgia, irritable bowel syndrome, depression and cluster headaches). Due to his irritable bowel syndrome, his body was not always capable of absorbing oral medications.

Even with his private sector doctor's notes stating that he had tried the VA's formulary of drugs for pain, he could not get a fentanyl patch as it was not on the VA formulary. In addition, he was told that because a VA doctor had not prescribed him the formulary medications, he would have to re-try them so that it could be documented in his VA chart before any request for exception could be made.

When a vet presents to either the VA or private sector hospital for an acute pain episode, providers look at the list of drugs and dosages he is on and label him as a "drug seeker" and refuse treatment.

- Clearly notate the vet's VA chart as being a participant in the VAMC's pain management program.
- Establish a nationwide database for veterans requiring treatment for breakthrough pain at civilian facilities.
  - Provide an ID card to the veteran which lists a 24 hour "800" number.
  - Man the "800" number with live personnel who have access to these veterans' medical records and can authorize treatment at any facility in the acute situation.
  - The veteran should be given an appointment to be seen within 24 hours at the nearest VAMC or authorized outside provider at the time of the call.
- **URGENT - Establish Pain Management Clinics at every VAMC.**

6. **Uncoordinated inter-Agency goals, policies and procedures (Formulary limitations)**

See above for fentanyl patch issues.

Daniel had been wait-listed for a civilian MDMA (ecstasy) clinical trial for his PTSD. He was researching options for LSD trials for fibromyalgia.

He felt that the DEA has instilled in providers a fear of punishment for prescribing higher doses of narcotics.

- The VA should be at the forefront of cutting edge clinical trials for PTSD, TBI and Gulf War Syndrome symptoms (especially fibromyalgia).
- If unable to conduct these trials within the VA system, the VA should be the most fierce and vigorous advocate of clinical trials in these areas.
- The DEA should be encouraged to relax their restrictions on the use of Schedule I medications in clinical trials.

Phoenix VA Benefits/Veterans Benefits Administration

1. **No way to ascertain status of claim**

For years, there was no way for Daniel to determine what the status of his benefits claim was. When it was finally announced that it was going to be online, he could access the information, but it was never updated. He told us of submitting additional paperwork in November of 2012 that still was not showing as having been received as of February 2013. He finally received a notice that the "drop dead" completion date for his claim was May 2013. It was not finalized until July 2013, six weeks after his death.

- Assign a number to each claim as it is filed indicating how many claims are ahead of it.
- Assign an ultimate "point person" who is responsible to contact the veteran regarding his claim: ie, missing documentation, needed appointments, delay notifications. This person should be easily accessible to the vet regarding all aspects of his claim.

2. **Use of VFW and DAV for "backdoor" answers**

Veterans frequently use the VFW and/or DAV to assist them in filing benefit claims and for navigating the VA system through back channels. The websites for both organizations actively promote this service.

- Either train these organizations to work hand-in-hand with the VAMC or provide better resources and VAMC personnel at each VAMC to assist the veteran in negotiating the system and filing/following his claim. (The aforementioned "point person" would be an ideal person to provide this service.)

3. **Lack of Appointment System interfaces and prioritized, proactive procedures**

The one time that Daniel did get through to someone in the Benefit Claims department, he was told that his claim "went to the bottom of the pile" because he did not show up for a scheduled "final evaluation/physical". He was told a postcard had been sent informing him of this appointment, though he never received it. When pressed, he was told that it was documented in the Benefits system that a postcard was to be sent, but not in the Scheduling system database, "so maybe it never got sent out".

- As previously stated, the VISTA appointment system is an antiquated DOS-based system that does not interface with other databases. It is URGENT that this system be replaced with a new system that interfaces with both the VAMC chart system (CPRS) and the DOD database.

- For appointments that are so critical, the Benefits Department must make personal contact with the veteran when scheduling these appointments.
- If the veteran no shows for this appointment, every effort must be made to immediately reschedule the appointment at the earliest possible time or in special cases where the vet feels unable to leave his residence, allow for a Home Visit by clinical staff.

4. **Lack of communication between Disability Determination and Vocational Rehab**

When Daniel applied for Voc Rehab benefits, the psychologist who evaluated him made the determination that he was "unemployable" due to his PTSD and recommended that he appeal the 30% disability that he had been given.

Total percent service connected disabilities are not consistently awarded. The Benefits Department will award less than the total. When challenged on this by an articulate veteran, they will make the correction. However, if the vet is less articulate or less persistent, he is told that the lower percentage is correct. Vets have to make noise to get what they deserve and be treated fairly. Many are too ill to do this.

- Rather than have the veteran file an appeal, the Voc Rehab Department should have the ability to communicate directly with the Disability Determination Department and ask for a review and revision of the initial disability findings on behalf of the veteran.
- ApUniply uniform rules to Disability Determination and institute a procedure for all appeals through the previously mentioned Ombudsman or other Advocate system.
- The Voc Rehab database should interface with all other databases (DOD, Disability Determination and VAMC).

5. **Lack of Uniformity Between Region & State VA's**

The Somers family's story, as well as the process of its presentation in circles of responsibility, speaks to **a root issue** underlying all government organization business processes. Namely, **the need for a vehicle that provides ongoing (persistent), open (transparent) inclusion of all voices in the process**. In short: the process of **open dialogue among all stakeholders in the business of Veterans Affairs must be institutionalized**.

This could be an opportunity for the VA to move much of its business into 21st century Web 2.0 and Government 2.0. Organizational online ***collaboration platforms*** ('business webs') are proliferating in the private and public sectors. A collaboration platform enables coordination of databases across systems. More importantly, it also enables a **'Veterans Communities Network'** consisting of a multitude of communities with their own conversations, libraries, blogs, feeds and surveys. These communities not

only enable interested parties to conduct some business from home. They **add volunteer resource pools to the VA** - enabling interested parties to be part of the process of identifying problems, figuring out solutions for 'doing the right thing,' and delivering some solutions.

SUMMARY AND CALL TO ACTION

This report documents a tragic story of touch-points and interactions with the organizational business system of a U.S. government program that fell short of acceptable and, perhaps in some instances, humane treatment of a patient and citizen who selfishly served our country at great personal cost.

The report is offered in the spirit of a **call to action,** summoning public efforts to rectify and improve services as they apply to the broader population of veterans.

- It identifies a broad spectrum of issues that warrant a **comprehensive public review**
- It puts forward specific recommendations which, viewed together, present a profile for developing **a concerted program of continuous improvement going forward.**

The report raises some tough and uncomfortable questions regarding **the VA's end-to-end health services delivery system** - specific policies and operational processes, procedures and practices. One agonizing question: In some cases, can persistent or coincident and cumulative deficiencies in the system contribute to, rather than alleviate, veterans' sense of helplessness?

In particular, a program of continuous improvement must increase awareness of, prioritize, and enhance treatment responses to conditions that involve PTSD and suicidal tendencies. These conditions require and deserve a process path of extreme resort. And more so, in the case of combat servicemen exposed to the most extreme horrors of war, who continue to battle them at home - a rippling battle with costly social and government program consequences.

An alternative to all of these potential funding solutions would be to open the VA healthcare process to privatization, as Tricare does, to compel the current model to self-improve and compete for veterans' business. This would ultimately allow the veteran to seek the best possible care. We hope this report is a model for such a future.
We also respectfully request that when any and/or all of this report is approved and initiated, we be permitted to serve as members to represent the views of affected families.

SYSTEMIC ISSUES AT THE VETERANS ADMINISTRATION AS PERCEIVED BY THE FAMILY OF DANIEL SOMERS

MISSION STATEMENT

No servicemember or veteran should suffer the wide range of fundamental deficiencies in essential services that Daniel endured. The VA health system should be readily accessible and accountable to patients in need, as well as their families and support network.

By Howard B Somers MD and Jean Somers[1]

*This report is submitted as originally prepared with appropriate updates noted.

DANIEL'S CAREER TIMELINE & DUTIES

1/23/03 Date of enlistment in CA National Guard

[1] Prepared in consultation with Daniel's widow (Bachelor of Science in Nursing) and mother-in-law (a psychiatrist).

Basic Training
Ft. Huachuca for MOS training (18 weeks)
Assignment to National Guard Unit C Co 250th MI BN, Long Beach CA
1/3/04 - 2/7/05 Iraq deployment

Daniel's description of the character of his service in Iraq:
I was assigned as a member of a Tactical Human intelligence Team (THT), for which I was also the HMMWV turret gunner. I performed more than four hundred combat missions in this role, and as a result was exposed to numerous IED, VBIED, and rocket attacks. My THT was assigned to work in tandem with a special Iraqi unit (I am barred from saying which unit or why), to include accompanying said unit on raids and other operations.

2/28/05	Report date to Defense Language Institute (DLI) Monterey CA
3/3/05-6/22/06	Arabic studies at DLI (graduated with honors)
June 2006	Moved to Washington DC for a position with L3 (with permission from National Guard Unit)
Early 2007 – 10/2007	Redeployment to Iraq as a contractor with L3: Daniel worked with JSOC through his former unit in Mosul where he ran The Northern Iraq Intelligence Center. His official role was as a senior analyst for the Levant (Lebanon, Syria, Jordan, Israel and part of Turkey). Some of his activities included being part of on-the-ground missions with JSOC troops.
10/2007 – 1/14/08	At high risk of redeployment by Army due to IRR status; First attempt to gain entry to Phoenix VA system.
2/1/2008	First appointment at Phoenix VAMC (Caseworker) – per VAMC document
5/11/2009	Last appointment at Phoenix VAMC (Social Worker) – per VAMC document
10/2010	Applied to vocational rehabilitation; denied
1/22/11	Terminal date of reserve/military obligation
10/8/2011	Filed claims benefit appeal after receiving VA notice that "gulf war syndrome" was being acknowledged.
6/10/13	Date of death

EXECUTIVE SUMMARY

This report and call to action reflects Daniel Somers' experience with Veteran Administration (VA) services. When we began to advocate for reforms in light of Daniel's experience, our concern was that the program failures that Daniel encountered were symptomatic of deeper and broader issues in the program services — potentially affecting a much broader population of service members and veterans. Recent revelations of gross neglect and mismanagement at the VA have proven our initial concerns to be well-founded.

The purpose of this report was, and continues to be:

- To identify specific, fundamental problems, shortcomings and needs in VA policies and operational management, processes, procedures, and practices that Daniel experienced in his touch-points with the program.
- To suggest that persisting experiences such as these can have progressive and devastating effects on those with serious needs seeking VA care.
- To bring into question whether such a wide range and long series of experiences, in such fundamental areas as those recounted here, are indicative of systemic problems or weaknesses in VA programs.
- To propose specific, prioritized, and practical reforms that could address the identified problems and shortcomings.
- To advocate for a fundamental change in the culture of the VA system based on the recognition that those seeking treatment are patients first.

SUMMARY OUTLINE OF ISSUES

Part 1. Phoenix VA Healthcare/Veterans Health Administration:

A. Procedural Reforms

1. Undefined VA status of National Guard service members during interim period
2. 'Double bind' therapy policy has the effect of denying services
3. Insufficient personnel training and basic customer/patient relationship management (Sensitivity training; advocates; ombudsman)
4. Using HIPAA as an excuse.

B. Reforms Requiring Additional Funding

1. Inadequate appointment system impedes/reduces access and lacks basic documentation
2. Critical need for compatibility between computer systems
3. Insufficient treatment resource planning and training (Succession planning; provider shortage; outsourcing; peer support groups)
4. Inadequate pain management services
5. Uncoordinated inter-Agency goals, policy and procedures (Formulary limitations)
6. Inadequate facilities, inefficient charting process, and inappropriate caseload management (Bed shortage; facility limitations)

Part 2. Phoenix VA Benefits/Veterans Benefits Administration:

A. No way to ascertain status of claim

B. Lack of appointment system interfaces and prioritized, proactive procedures

C. Lack of communication between Disability Determination and Voc Rehab

PROBLEM(S) ENCOUNTERED / RECOMMENDATIONS

Phoenix VA Healthcare/Veterans Health Administration:

A. Procedural Reforms

1. Undefined VA status of National Guard members during interim period

There was a three month period when Daniel returned from his second tour (October 2007) when he was not active duty National Guard, but was "inactive ready reserve". He attempted to get services through the VA at this time, but was told by them that he had to be seen at a military hospital. When he attempted to be seen at a military hospital, he was told he had to go to the VA. This blurred status affects both National Guard and Reserve members.

UPDATE: We have been told by the VA Administration in Washington DC that they have instituted new procedures that require the VA to be the default provider. We have not been able to verify this.

RECOMMENDATIONS:

- Train staff at the VAMC's to better understand unique IRR status of Guard and Reserve.

- Make this an area that is examined and evaluated at each VAMC during inspections.

2. **'Double bind' therapy policy has the effect of denying services**

   Daniel was told by the Phoenix VAMC that he was not eligible for individual therapy unless he first went to group therapy. Discussing his traumas would have revealed classified information, so he could not be in group therapy. At one point he was told he could have group therapy or no therapy at all. Since Daniel's death, we have heard from other veterans in other VAMC's that they have been told the same thing.

UPDATE: Rep. Kyrsten Sinema has introduced H.R.3387 to address this issue.

RECOMMENDATIONS:

Individual therapy should be offered to traumatized veterans who did classified work either at the VAMC or by contracting to an outside psychiatric provider.

- EVERY veteran should be able to be evaluated to determine the best means of treatment.

3. **Insufficient personnel training and basic customer/patient relationship management (Sensitivity training; advocates; ombudsman)**

   Daniel related the following incident to both his wife and mother-in-law (independently and on different occasions): He presented to the Phoenix VAMC asking for help. He was told that there were no beds available in the psych unit or the ER. He ended up in a ball, on the floor, crying in the waiting area. He was told by staff that he could stay there until he felt safe enough to drive home.

   As this bed shortage scenario illustrates, there was a severe lack of sensitivity on the part of the Phoenix VAMC staff with whom Daniel came in contact. This insensitivity extended to those with whom he

attempted to (1) make healthcare appointments and (2) gather information about his claims status.

When Daniel would allow his wife, who is a practicing BSN, to come to the hospital with him, she had to be very assertive. She used her experience as a nurse to advocate for him at the VA ER to get them to take his symptoms, including pain, seriously.

Two weeks after Daniel's death, his widow was contacted by the Phoenix VA Suicide Prevention Coordinator. He offered his condolences and asked if he could help with anything, but when she asked for help with the disability claim delays and related the multiple barriers to care for veterans, he said he couldn't do anything. He did offer to send her a pamphlet on grieving. When the pamphlet came, it was wrapped in a white sheet of paper that only had her name and address on it. There was no personalized letter of any kind; the only thing in the envelope was an 8 ½ x 11 photocopied piece of paper which was literature for a local non-VA counseling organization (La Frontera).

In addition, when the Suicide Prevention Coordinator verified the address to send the pamphlet, the system he was using had the incorrect address, one that they had not lived at for four years.

UPDATE: We have learned that Daniel could have requested, and certainly should have been offered, either a voucher for care at a nearby hospital or transfer to another VAMC within the VISN.

RECOMMENDATIONS:

- Staff should routinely receive training to sensitize them to the unique needs of this patient population.

UPDATE: A common complaint that we have heard is that too much of the training is on-line or computer-based.

- Staff should be made to feel comfortable with alerting superiors to atypical situations that might require immediate attention.
- Dramatically increase "secret shopper" and Mental Health site visits to include every VAMC on a 12-18 month cycle as

opposed to the current 3 year cycle to ensure policies, procedures and best practices are being followed.

- All professional staff should be encouraged to act as advocates on behalf of their patients, such as for denied services and formulary exceptions.
- Provide incentives for accepted innovative ideas to improve systems and procedures.
- Provide a means for front line personnel to give comments and feedback on current policies and procedures, perhaps to a party outside of their facility.
- Provide a better procedure for employees to report problems to the OIG and other parties so that they truly do remain anonymous.
- Each facility should have a fulltime ombudsman whose position is prominently advertised, is easily accessible and is responsive to the needs of every veteran.
- Suicide Prevention staff should offer to have appropriate personnel return the call – or refer them to the direct line of the appropriate personnel - if they cannot answer a question or concern of the surviving spouse/parent.
- Suicide Prevention staff should offer a range of pamphlets listing all local and VA support groups.
- Suicide Prevention staff should send a personalized letter expressing condolences.
- Suicide Prevention staff should be prepared to offer some counseling at the time of the condolence phone call.

4. **UPDATE: Use of HIPAA as an excuse for not involving family members and for not using modern technology.**

We met with Phoenix VA Administrators (Sharon Helman, Darren Deering, D.O., Lance Robinson and Sylvia Vela, M.D.) on July 23, 2013 at their request to address the problems Daniel had with their system. Throughout our discussions with them over the next few months, they repeatedly cited HIPAA as the reason that they (a) could not contact a family member about Daniel's suicidal ideation; (b) would not have been able to speak to us even if we had known that we could have contacted them directly; (c) could not use email or text messages [1] to remind Daniel of his appointments or [2] to follow up on a no-show appointment. They indicated that they could not even text each other within the VAMC.

B. Reforms Requiring Additional Funding

1. Inadequate Appointment System impedes/reduces access and lacks basic documentation

Even after National Guard discharge, Daniel could not get an appointment for months. He had to get a private sector mental health evaluation and that doctor called contacts she had at the VA pleading that he be seen ASAP. (This was done by his mother-in-law who is a psychiatrist.)

Phoenix VAMC still uses a postcard system for appointments. Daniel told us, his wife and mother-in-law, that when he would call for an appointment, he would be told to await a postcard in the mail for his appointment date/time. If he could not make the appointment, he could not find a way to reschedule it. There was not even a way to find out if a postcard had been sent, nor if it was sent to the correct address.

RECOMMENDATIONS:

- Terminate the postcard system.

- Use a phone system that allows the veteran easy access to a call center staffed with enough people to make, confirm, reschedule and/or cancel an appointment.

- Initial contact should result in:
  - Veteran's personal data info being updated and current in appointment system (& across all data systems – DOD, Benefits, Healthcare)
  - A first appointment as triaged by appropriate specialty personnel
  - Veteran's assignment to a Navigator (case manager)
  - Confirmation that the veteran has received the information packet (provided at discharge from service) of how to navigate the VA system for healthcare, benefits and support groups
  - Determination if veteran has a primary caregiver and ensure proper HIPAA waivers are in place to include that person in treatment.
  - Encourage every veteran to supply a list of Points of Contact to act as their Support Network with appropriate HIPAA waivers.
- Make follow up appointments before the veteran leaves the VAMC offices.
- Institute a tickler system procedure for following up with the seriously ill (physical or mental) veteran if the veteran is unable to make an appointment before leaving the office.
- Reconfirm all appointments by phone, text or email the day before the appointment.
- Provide assistance to ensure that all veterans sign up for "My Chart" access at their first appointment. Provide appropriate training to veterans unfamiliar with system access. Veterans who do not have computer access or are unable/unwilling to register for "My Chart" should be flagged in system.
- Follow up with the veteran for all missed appointments.

UPDATE: Per a meeting that we had with Jan Kemp, RN, PhD (who at the time was the National Mental Health Director for Suicide Prevention for the VA) this has been procedure since 2008, but when we asked the Phoenix Administration about it in August of 2013, they claimed ignorance of the procedure.

- **CRITICAL - Every contact with the veteran should be documented (in system and chart).**
- Identify all veterans with multi-system conditions (ie, Gulf War Syndrome, Burn Pit Exposure)
  - Establish multi-specialty clinics wherein these veterans can be seen -or –
  - Establish a system whereby multiple providers meet weekly to conference on this class of patients
- Drastically improve wait time goals to meet or exceed the best of the private sector.

UPDATE from August 2013: Robert Petzel, MD, in March 2013 before a sub hearing of the US Senate Committee on Veterans' Affairs, stated that access to care goals are:

- 7 days for Primary care based on "Desire Date" and
- "just-in-time mental health care" with a goal of same day access

As of August 2013 the Phoenix VAMC Director informed us that wait times there were:

- Primary care: 40% within 14 days of "create date"
- Mental Health: 75% within 14 days of "create date"

- A third category should be added that addresses seriously ill veterans who require triaged appointments. The wait time for this category should be 100% within 24 hours of call.
- The veteran's personal contact information should be updated at each contact. The following information should be updated across ALL data systems:
  - SSN/military identification
  - Spelling of name

- Phone
- Address
- Email

➢ Performance evaluations should be done on the above issues on a regular and timely basis, perhaps by an independent 3rd party.

2. Lack of compatibility between computer systems (URGENT NEED)

- **The VISTA system (DOS based) should be replaced in all VAMC's with a system that will interface with the VA Healthcare chart system (CPRS), the VA Benefit system and the DOD system.**

RECOMMENDATION:
Daniel's story, as well as the process of its presentation in circles of responsibility, speaks to a root issue: the need for an information technology system that provides ongoing (persistent), open (transparent) inclusion of all voices in the process. In short, move the system from "a need to know" basis to one of "responsibility to share". This could be an opportunity for the VA to move much of its business into 21st century Web 2.0 and Government 2.0.

UPDATE: You have at your fingertips the OMB's Federal Enterprise Architecture. Per the FEA website: *EA is uniquely positioned as the management best practice which can provide a consistent view across all program and service areas to support planning and decision-making. EA standards also promote mission success by serving as an authoritative reference, and by promoting functional integration and resource optimization with both internal and external service partners.*

3. Insufficient treatment resource planning and training (Succession planning; provider shortages; outsourcing; peer support groups)

Daniel had been seeing a psychiatrist at the VAMC with whom he had established a trusting relationship. At the end of an appointment, the provider told him that he was retiring and would not be available for future appointments. Upon leaving the VAMC, he was told that the VAMC was short-staffed in the mental health department and that he would be notified by postcard when he was reassigned to a new provider. He was never contacted.

We were told at the Phoenix VAMC that there is no contractual obligation for providers to give adequate advance notice to the VAMC of their resignation or retirement so that adequate continuity of care can be provided. We are also told that a significant number of psychiatrists were transferred over from clinical care to do disability evaluations when that became a VA priority, making the shortage of doctors for patient care even more severe.

RECOMMENDATIONS:

- Add a provision within all professional contracts to require a 90 day (or other appropriate time period) notice of termination of services to allow for continuity of care.

UPDATE: We have investigated this option and have learned that this falls within the power of the Secretary of Veterans Affairs and not the OPM. We recently addressed this issue with Acting Undersecretary for Health, VHA Robert Jesse, MD, PhD.

- Recruit additional mental health professionals.

UPDATE: This has been done, but there are not enough trained mental health professionals available within the entire medical community.

- If a VAMC is understaffed in a specialty, it should provide active assistance to the veteran to obtain required/necessary services from a private sector professional.

- Educate veterans in the procedure to request, procure and get reimbursement for private sector services.

- Loosen VISN requirements. Currently VAMC's must look to other facilities/providers within their region for placement. This

can result in patients being a great distance from their support group. (i.e.- the Phoenix VAMC is within the same VISN as El Paso, Texas)

- Increase access to local facilities and providers in the private sector with a minimum amount of paperwork/red tape when providers and/or services are not available when needed.

UPDATE: Last fall Congress allocated $9.3 billion to replace the current voucher system with the PC3 (Patient Centered Community Care) program, whereby veterans could utilize either the TriWest Healthcare Alliance or Health Net Federal Services provider network to obtain specialty services. To our knowledge, this system has yet to roll out. Is there some reason why we think that giving them even more money to do the same thing will work now?

- Educate providers and staff to be patient advocates for the procurement of outside services when these services are lacking and/or not within the VA's timely guidelines.

- Actively recruit and train veterans who have suffered from PTSD, TBI, Gulf War Syndrome, MST and Burn Pit Exposure who are capable of participating as mentors in a peer support system. ACTIVELY PUBLICIZE IT and ensure that all newly diagnosed veterans are assigned a mentor.

- Provide Congressional members with information to take back to their States regarding the Star Behavioral Health program which trains non-VA mental health providers how to treat

veterans. This program is in need of funding at the State and/or federal level to continue their work and to expand their training to non-VA, non-mental health providers in an effort to help those providers identify veterans in need of referral.

- Provide a forum for medical specialty boards to discuss establishing a mandatory rotation during Psychiatric and Primary Care residencies (Family Practice, Internal Medicine, ER, Ob/Gyn, Pediatrics) on how to identify military/veteran-specific issues such as PTS, TBI, GWS, MST and Burn Pit Exposure so that proper referrals can be made.

4. Inadequate pain management services

Daniel was diagnosed with PTSD, TBI and Gulf War Syndrome (which by definition includes chronic fatigue, fibromyalgia, irritable bowel syndrome, depression and cluster headaches). Due to his irritable bowel syndrome, his body was not always capable of absorbing oral medications. This condition was aggravated by the fact that changing generic drug manufacturers would frequently cause an exacerbation of his symptoms each time the generic changed.

Even with his private sector doctor's notes stating that he had tried the VA's formulary of drugs for pain, he could not get a Fentanyl patch as it was not on the VA formulary. In addition, he was told that because a VA doctor had not prescribed him the formulary medications, he would have to re-try them so that it could be documented in his VA chart before any request for exception could be made.

When a veteran presents to either the VA or private sector hospital for an acute pain episode, providers look at the list of drugs and dosages he is on and label him as a "drug seeker" and refuse treatment.

RECOMMENDATIONS:

- **URGENT -** Every VAMC must have a comprehensive Pain Management Program.

- Clearly notate the veteran's VA chart as being a participant in the VAMC's pain management program.

- Establish a nationwide database for veterans requiring treatment for breakthrough pain at civilian facilities.
  - Provide an ID card to the veteran which lists a 24 hour "800" number to a pain management hotline.
  - Staff the "800" number with live personnel who have access to these veterans' medical records and can authorize treatment at any facility in the acute situation.
  - The veteran should be given an appointment to be seen within 24 hours at the nearest VAMC or authorized outside provider at the time of the call.
- Review and evaluate the DOD and VA formularies to create a uniform formulary with realistic procedures and appeals for requesting exceptions to the formulary.

5. Uncoordinated inter-Agency goals, policies and procedures (Formulary limitations)

See above for Fentanyl patch issues.

Daniel had been wait-listed for a civilian MDMA (ecstasy) clinical trial for his PTSD. He was researching options for LSD trials for fibromyalgia.
Daniel felt that the DEA instills in providers a fear of punishment for prescribing higher doses of narcotics, regardless of the need.
Daniel had wanted to move from the Phoenix area to the State of Washington as the heat in Phoenix aggravated his PTSD issues. He feared the move would further delay the completion of his Benefit claim.

RECOMMENDATIONS:

- The VA should be at the forefront of cutting edge clinical trials for PTSD, TBI and Gulf War Syndrome symptoms (especially fibromyalgia).

- If unable to conduct these trials within the VA system, the VA should be the most fierce and vigorous advocate of community clinical trials in these areas.
- The DEA should be encouraged to relax their restrictions on the use of Schedule I medications in clinical trials.

UPDATE - JULY 2013*:* A staffer on the Senate Veterans Affairs Committee related a story to us about having broken his arm while on vacation in an area outside of his normal VA. He presented to the nearest VA and it took over four hours for that VA to even verify his eligibility. In addition, they weren't even able to "see" his medical records.

6. **Inadequate facilities, inefficient charting process, and inappropriate caseload management (Bed shortage; facility limitations)**

Daniel's Phoenix VAMC ER visit is testimony to these deficiencies. (See A3 of this report: He presented to the Phoenix VAMC asking for help. He was told that there were no beds available in the psych unit or the ER. He ended up in a ball, on the floor, crying in the waiting area. He was told by staff that he could stay there until he felt safe enough to drive home.)

RECOMMENDATIONS:

- Allocate funds to increase the number of psychiatric unit and ER beds available at all VAMC's as needed and/or allow individual VAMC's to contract with local hospitals and psychiatric facilities on an "as needed" basis.

While we were putting this report together in June 2013, a currently employed licensed social worker at the Phoenix VA offered these three observations under the condition that she remain anonymous:

- *Some Phoenix VAMC clinical staff have been stationed in a warehouse/plant services facility, but veterans cannot be seen there due to safety issues. Therefore, clinicians see veterans at the VAMC, but then must go back to the warehouse to write their clinical notes.*
- *Until an expansion of the Phoenix VAMC facility can be done, evaluate if there are non-clinical personnel (including management) that might be more appropriately housed at the warehouse, allowing for full use of the hospital grounds for clinical staff. (Administrative staff at the Phoenix VA complained about a requirement for VAMC's to have 20 years rent banked in the first year of renting.)*
- *Allow telecommuting for charting, so that clinical staff don't waste time moving between buildings after seeing each patient.*

- *Due to funding of different programs, social worker caseloads vary greatly at the Phoenix VAMC. Social workers seeing veterans assigned to the mental health case management section are assigned only 9 patients. Those who see homeless veterans have about 30 in their caseloads. However, for veterans who are ill enough to seek psychiatric care (and not assigned in either of the first two categories) literally thousands are assigned to one social worker.*
- *Re-evaluate and reassess caseloads to determine if additional categories might be needed and/or caseload balancing is required.*

- *Veterans have said that it is "degrading" to be seen at the Central Arizona Shelter Service (CASS). It is an area that is unsafe and rampant with crime. They feel it is demoralizing to be housed there. Flyers are posted at the Phoenix VAMC describing HUDVASH housing for homeless vets. The flyer states that there are walk-in hours for assessment, but intakes have been moved to LODESTAR, which is physically located at CASS where VA staff work.*

- *Veterans, particularly those with PTSD, require a calm, safe environment to prevent additional exacerbation of their symptoms. Moving these services to a safer location would show much needed respect and honor for veterans and provide them a sense of dignity when they are hurting and often suicidal. They need a safe place to heal.*

Phoenix VA Benefits/Veterans Benefits Administration

1. No way to ascertain status of claim

For years, there was no way for Daniel to determine what the status of his benefits claim was. When it was finally announced that it was going to be online, he was able to access the information. However, the status was never updated or accurate. He told us of submitting additional paperwork in November of 2012 that still was not showing as having been received as of February 2013. He finally received a notice that the "drop dead" completion date for his claim was May 2013. It was not finalized until July 2013, six weeks after his death.

RECOMMENDATIONS:

- Determine if claims need to be triaged in any way. Provide clear guidelines for such to VBA personnel as well as veterans/VSO's.

- Assign a number to each claim as it is filed indicating how many claims are ahead of it.

- Assign an ultimate "point person" who is responsible to contact the veteran regarding his claim: i.e., missing documentation, needed appointments, delay notifications. This person should be easily accessible to the veteran regarding all aspects of his claim.

2. Lack of Appointment System interfaces and prioritized, proactive procedures

The one time that Daniel did get through to someone in the Benefit Claims department, he was told that his claim "went to the bottom of the pile" because he did not show up for a scheduled "final evaluation physical". He was told a postcard had been sent informing him of this appointment, though he never received it. When pressed, he was told that it was documented in the Benefits system that a postcard was to be sent, but not in the Scheduling system database, "so maybe it never got sent out".

RECOMMENDATIONS:

- As previously stated, the VISTA appointment system is an antiquated DOS-based system that does not interface with other databases. It is URGENT that this system be replaced with a new system that interfaces with both the VAMC chart system (CPRS) and the DOD database.

- For appointments that are so critical, the Benefits Department must make personal contact with the veteran when scheduling these appointments.

- If the veteran no shows for this final evaluation appointment, every effort must be made to immediately reschedule the appointment at the earliest possible time or in special cases where the veteran feels unable to leave his residence, allow for a Home Visit by clinical staff.

3. Lack of communication between Disability Determination and Vocational Rehab

When Daniel applied for Voc Rehab benefits, the psychologist who evaluated him made the determination that he was "unemployable" and 100% PTSD disabled and recommended that Daniel appeal the 30% disability that he had been given. Service-connected disabilities are not consistently awarded at the correct percentage the first time they are awarded. The Benefits Department will award less than the total. When challenged on this by an articulate veteran, they will make the correction. However, if the veteran is less articulate or less persistent, he is told that the lower percentage is correct. Veterans have to make noise to get what they deserve and be treated fairly. Many are too ill to do this.

RECOMMENDATIONS:

- Rather than have the veteran file an appeal, the Voc Rehab Department should have the ability to communicate directly with the Disability Determination Department and ask for a review and revision of the initial disability findings on behalf of the veteran.

- Apply uniform rules to Disability Determination and institute a procedure for all appeals through the previously mentioned Ombudsman or other Advocate system.

- The Voc Rehab database should interface with all other databases (DOD, Disability Determination and VAMC).

SUMMARY AND CALL TO ACTION

This report documents a tragic story of touch-points and interactions with the organizational business system of a U.S. government program that fell short of acceptable and, perhaps in some instances, humane treatment of a patient and citizen who selflessly served our country at great personal cost.

The report is offered in the spirit of a **call to action**, summoning public efforts to rectify and improve services as they apply to the broader population of veterans.

- It identifies a broad spectrum of issues that warrant a **comprehensive public review**

- It puts forward specific recommendations which, viewed together, present a profile for developing **a concerted program of continuous improvement going forward**.

The report raises some tough and uncomfortable questions regarding **the VA's end-to-end health services delivery system** - specific policies and operational processes, procedures and practices. One agonizing question: In some cases, can persistent or coincident and cumulative deficiencies in the system contribute to, rather than alleviate a veteran's sense of helplessness?

In particular, a program of continuous improvement must increase awareness of, prioritize, and enhance treatment responses to conditions that involve PTSD, TBI and suicidal tendencies. These conditions require and deserve a process path of extreme resort. Especially in cases of combat servicemen exposed to the most extreme horrors of war, who continue to battle them at home - a rippling battle with costly social and government program consequences.

To debate what the increased cost of current proposed legislation is to what has been provided in the past is not the point. We know that the VA was not providing proper care nor providing care to all eligible veterans. The point is, we need to know what the true cost of treating all eligible veterans actually is and we will never know that until we are treating and paying for all of the veterans needing healthcare.

An alternative to all of these potential funding solutions would be to consider transitioning the VA into a Center of Excellence for war-related injuries, opening the VA healthcare process to privatization, as Tricare does, to compel the current model to self-improve and compete for veterans' business. This would ultimately allow the veteran to seek the best possible care and provide a clear focus for the VA.
We also respectfully request that as this Committee consider our testimony, this report and those of others, that you actively involve all of the VSO's into your decision-making process and that your encourage your colleagues in the full House to do the same. There is no better voice for our veterans than veterans themselves.

We thank you for your time. We sincerely hope that the systemic issues raised here will provide a platform to bring the new VA Administration together with lawmakers, veterans and private sector medical professionals and administrators for a comprehensive review of the entire VA system. Should they, this Committee or Congress as a whole make the decision to involve other stakeholders in ongoing discussion, we would be honored to be among those representing the views of affected families.

Transition, Renewal, Integration, Becoming, Empowerment

A Program of Community Reintegration

2 June 2017

Foreword

Jason Roncoroni is a former battalion commander with more than 33 months of combat service in Afghanistan and the creator of the TRIBE innovation. Jake Clark is a veteran, former federal agent, and the founder and President of Save A Warrior, a national non-profit organization for healing moral injury. Together, they are committed to ending the epidemic of veteran suicide.

The ongoing suicide epidemic is the most urgent crisis facing our veterans and their families. Traditional methods and existing protocols have proven largely ineffective and extremely costly. If we hope to solve this problem, it is time to try something different. It is time for TRIBE (Transition, Renewal, Integration, Becoming, Empowerment). Unlike the current strategies to the suicide problem, TRIBE is not a program of prevention or intervention. TRIBE represents an innovative, cultural shift. TRIBE offers veterans the opportunity to discover an empowering path for a new life after the military.

TRIBE is essential for reintegration back to civilian society. This paper describes the five-phase, structured process to transform veterans from military heroes to community leaders – veterans with the wisdom and power to continue a life of service. It also outlines the rationale behind this human-centered design and makes a compelling case for why this effort must begin now. Lastly, this paper describes how TRIBE is both a symbolic and substantive change from the current approach to military transition.

Symbolically, TRIBE sends a powerful message to military families, veteran communities, and external audiences. It asserts the commitment to the long-term wellness and success of service members beyond their transition date. Externally, the implementation of TRIBE will demonstrate every veteran's potential to become a valuable asset to society. Substantively, the advent of TRIBE represents a quantum moment, ushering in a comprehensive approach for achieving whole-person wellness while optimizing career potential to further ease a veteran's reintegration into a new societal role. It eliminates the crippling stigma to mental health support by incorporating mandatory assessments, monitoring, and wellness programs. As a collaborative initiative, TRIBE leverages a broad spectrum of community resiliency programs in a coalition of intentional, supportive services for transitioning service members to discover a post-military life with a renewed sense of purpose, meaning, and empowerment as servant leaders.

TRIBE is the key to ending the suicide crisis. For the sake of our veterans, TRIBE is an idea whose time has finally come.

Jason Roncoroni
LTC, U.S. Army (Retired)
TRIBE Creator

Jake Clark
Founder, President
Save A Warrior™

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TRIBE: A Program of Community Reintegration

"If warriors are returned home having had better psychological and spiritual preparation, they will integrate into civilian life faster and they and their families will suffer less"[1]

- Karl Marlantes, Author, USMC Veteran

Executive Summary

The veteran suicide epidemic is a symptom of the broader social decay of the veteran population. Despite the massive investment and expansion of public, private, and non-profit services over the past decade, suicide remains an elusive problem. The conventional approach of prevention and intervention has proven both costly and ineffective. In order to solve this problem, we must reframe the approach to veteran wellness to one that recognizes the potential of all veterans to continue an empowering life of service after the military. What the veteran community requires is TRIBE.

TRIBE addresses the core issue of disconnection that leads too many veterans down the path of isolation and despair that often ends in suicide. The acronym "TRIBE" stands for Transition, Renewal, Integration, Becoming, and Empowerment. As a program, it bridges the gap between the Department of Defense (DoD) and the Department of Veterans Affairs (VA) in the current model of military transition. As a proactive, comprehensive approach to wellness, TRIBE inverts the conventional approach to mental and emotional health and first addresses the shame from moral injury and psychological suffering. As a reintegration process, TRIBE represents a sustainable solution to repurpose and unleash the veteran's potential for a meaningful life of service after the military.

The Problem

Suicide hides in the shadows at the end of a long road of mental, emotional, and spiritual suffering. Unfortunately, the widespread implementation of intervention and prevention initiatives over the past decade has been unable to reverse the ongoing epidemic. By continuing to frame solutions from the perspective of prevention and intervention, marginal improvements remain the most optimistic outcomes. An enduring, sustainable solution comes from an alternative path from the isolation and lack of purpose that loses so many veterans to the darkness of despair.

Examining the suicide problem from the perspective of wellness reveals a much more disturbing socioeconomic view of the veteran population. As shown in Figure 1, the combination of factors that includes suicidal behavior, mental health, dissolution of the family, substance abuse, job security, and homelessness highlights the overwhelming failure of veterans to successfully reintegrate back into society.

By the Numbers : The State of Veteran Decay in America in 2017	
> 2,800,000	Number of calls by struggling and suicidal Veterans into the Veteran's Crisis Line from 2007 to early 2017.[2]
708,062	Number of mental disorder diagnoses for Veterans who served between October 1, 2001 to June 30, 2015. This figure represents 58.1% of Veterans who used VA health care.[3]
> 74,000	The number of times operators from the Veteran's Crisis Line dispatched first responders to high risk Veterans between 2007 and early 2017.[4]
39,471	Number of homeless Veterans Every Night in the United States in 2016.[5]
259%	During an 11-year period ending in 2013, the number of prescriptions from the VA for pain meds like oxycodone and morphine surged 259 percent nationally.[6]
88%	Percentage increase in reported cases of sexual assault in the military from 2007 to 2013.[7]
65%	Percentage of Veterans who will change jobs within the first two years after departing military service.[8]
62%	The higher rate of divorce for combat Veterans.[9]
53%	Percentage of Veterans who will collect unemployment within 15 months after departing Military Service[10]
50%	Percent of Veterans seeking treatment for PTSD or combat-related mental health issue who commit some form of domestic assault.[11]
45%	The higher rate of motor vehicle accident deaths for Veterans compared to the general population. Some of these may be intentional while others indicate the practice of high-risk behavior.[12]
39%	Percent of Veterans returning from Iraq and Afghanistan with problematic alcohol use.[13]
21%	Percent of domestic violence across the United States attributed to combat Veterans.[14]
12%	Percentage of Veterans who received a substance use disorder diagnosis from 2001-2010. Veterans abuse prescription drugs at a rate twice the rate of non-Veterans.[15]
9%	The higher rate of PTSD among military wives when compared to non-military wives.[16]

Figure 1: State of Veteran Decay in America in 2017

Addressing the poor state of wellness among veterans starts at the beginning. It starts at the transition process - the point in time where the military journey ends and the veteran life begins. Done correctly, the transition program repurposes service members into a fulfilling life as leaders in our communities throughout society. Veterans become assets. Done incorrectly, veterans struggle to connect to a society that is increasingly estranged from the military experience. Isolated, suffering, and alone, veterans become a burden on society. The right transition program is perhaps the most significant and important endeavor to improve the welfare of the veteran population.

Why Our Military and Veteran Communities Need TRIBE

TRIBE reinvigorates the deep psychological and spiritual healing currently absent from the contemporary military transition process. This omission has been a major cause of our failure as

a nation to deal with the massive suicide rates among veterans and active-duty military personnel. TRIBE provides the initiation experience for long-term behavioral changes conducive to accelerated healing. The initiation experience is grounded in the collective traditions from our shared culture throughout history. Whereas the traditional medical model uses a distant clinician, TRIBE employs a "parallel" process. TRIBE utilizes a peer-support program to work with a veteran's pre-existing strengths to create an opportunity for healing the whole person.

Why Now?

There are two compelling reasons why we must act now.

First, the traditional approach of prevention and intervention is simply not working. Even though the DoD implemented more than 900 suicide prevention programs since 2001, suicide rates in the military more than doubled from 2001 to 2013.[17] As shown in Figure 2, the utilization of crisis resources like the Veteran's Crisis Line (VCL) continue to rise even as the overall population of veterans continues to shrink. The Department of Veterans Affairs has struggled to keep pace with the increasing demand for crisis related services.[18] In the wake of investigations and hearings to improve the performance of intervention programs like the Veteran's Crisis Line, we have overlooked the more pressing question: Why aren't the number of crisis related events *decreasing*? Given the ongoing investment into the status quo for veteran support, those numbers in Figure 2 are trending in the wrong direction. Termination – not expansion – of crisis related services should be the overall objective and greatest measure of effectiveness for veteran wellness initiatives.

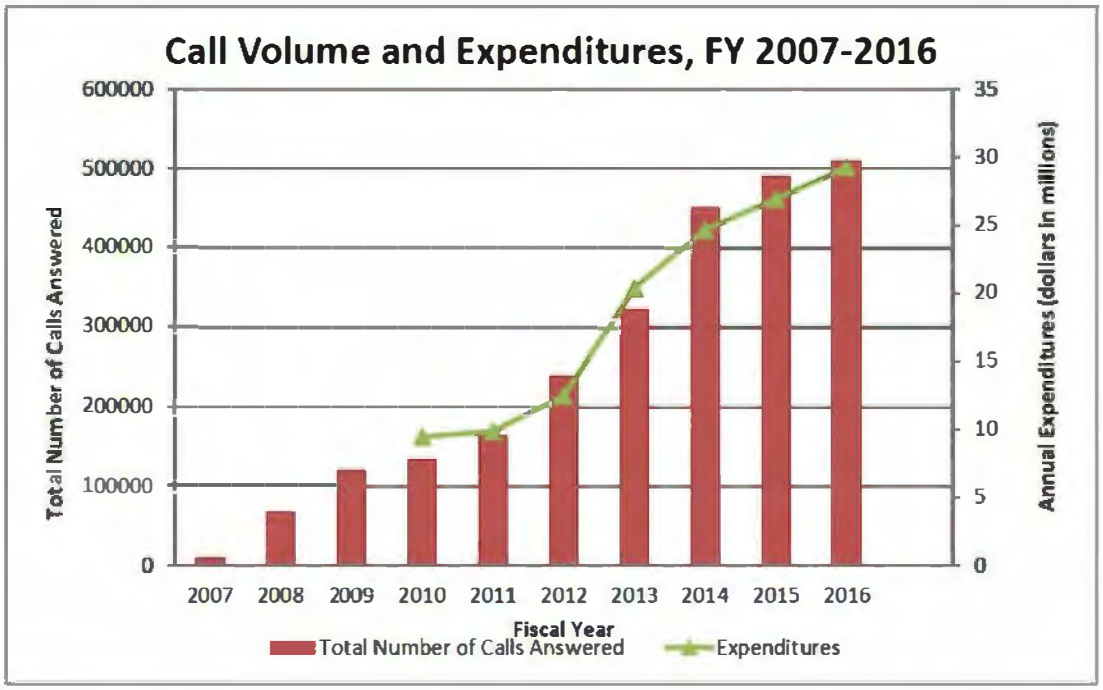

Figure 2: Veteran's Crisis Line Call Volume and Expenditures, FY 2007-2016[19]

Second, the cost structure for the existing model is rapidly approaching unsustainable levels. Over the past two decades, the VA ballooned to more than 1,203 outpatient sites, 144 hospitals, and 300 Vet centers, and 56 regional offices.[20] In 2017, the budget request for the VA was $182.3 billion and included funding for over 366,000 employees.[21] That figure represents a 300% increase in funding since the terrorist attacks in 2001.[22] This massive investment comes at a time when the veteran population actually decreased by 17% from 2001 to 2014, and only 62% of Veterans who qualify for health benefits actually utilize VA Healthcare.[23] Of the more than 21.6 million Veterans in 2014, slightly more than 9.1 million - less than 43% of the total population - were even enrolled with the VA.[24] Why do we continue to invest in an approach that doesn't connect with more than half of the veteran population?

For those veterans enrolled in the VA, service connected disabilities and costs related to treatment and compensation benefits have skyrocketed. Funding for mental health more than doubled over the past decade to a staggering $7.8 billion in 2017.[25] The funding and capacity expansion fails to keep pace with demand as more than 300,000 veterans continue to wait up to two months for medical appointments.[26] As shown in Figure 3, the number service connected disabilities and the commensurate compensation benefits have exploded over the past decade.

Metrics from the Department of Veterans Affairs Annual Benefits Reports	2007	2015	Growth Rate
Number of NEW service connected mental health disabilities receiving compensation	42,936	110,420	**157%**
Total Number of Veterans with service connected mental health disabilities	629,475	1,368,427	**117%**
Estimated cost of disability compensation for NEW mental health disability claims	$518,609,242	$1,497,997,892	**189%**
Estimated total cost of disability compensation for mental health disability claims	$7,603,212,978	$18,564,578,534	**144%**

Figure 3: Disability and Compensation Metrics from Annual Benefits Reports from the Department of Veterans Affairs.[27]

Disability compensation for veterans more than doubled from $39 billion in 2011 to almost $80 billion in 2017.[28,29] Should this growth rate continue, the annual payment of compensation benefits (checks in the mail) for mental health disabilities in 2030 will exceed the entire budget for the VA from 2017.

The condition of the veteran population hasn't improved anywhere near a level acceptable to justify the unsustainable costs. At what point do we secede failure? Do we wait until the veteran population shrinks to a sustainable level of funding, or are we ready to try something different? Why not consider the possibility of disrupting the entire ecosystem? The solution to end this problem is TRIBE.

Theoretical Foundation

The process of returning warriors to society existed long before the creation of federal institutions and government bureaucracies. Citizens from within the community shared the responsibility to recognize, accept, and welcome warriors back into society. Through a combination of rituals and ceremonies, the citizens of the tribe facilitated the healing and spiritual evolution for successful integration back to civilian life. As our modern culture becomes increasingly more self-reliant, we fail to facilitate those connections necessary to nurture the deep psychological and spiritual needs of returning warriors. We can move forward and improve the welfare of the veteran population by first stepping back and reinvigorating an evidence-based, anthropologically sound process to transform warriors back into civilians.

Figure 4: The Hero's Journey.[30]

TRIBE is a contemporary application of the Hero's Journey, a transcendent, Jungian approach to healing, personal transformation, and empowerment (see Figure 4). As a human-centered design, this application represents a catalytic innovation to improve the entire condition of the veteran population. The word TRIBE itself harkens back to the cornerstone of community and a shared commitment to serve. TRIBE addresses moral injury, the underlying psychological trauma, and – most importantly – the shame. *Shame* is what disconnects and isolates so many veterans in society today. TRIBE is the vital link between the warrior that once was and the future veteran empowered to continue a life of service in society.

TRIBE Program for Military Transition

As a program of military transition, TRIBE bridges the gap between the Department of Defense and the Department of Veterans Affairs. As shown in Figure 5, the first two phases of TRIBE – Transition and Renewal – occur through the military. Integration occurs at the point of

transition, and the final two phases – Becoming and Empowerment - occur after the service member has departed the military.

Transition. The life of every veteran begins with the application process and administrative requirements necessary to leave the military. As the first phase of TRIBE, the Transition Phase has two objectives. First, the service member is removed from official duties, responsibilities, and positions of authority in the military. Second, the transitioning service member coordinates all follow-on activities for the next year of the program. While the member is relinquishing authority and responsibility of their assigned position, they also complete the administrative requirements to depart the service. This includes the exams, evaluations, and briefings commensurate with

Figure 5: The TRIBE Program for Transitioning Service Members

current service transition requirements. At the conclusion of the Transition Phase, the service

member is administratively prepared to leave the military. The member's only remaining duty is to become a healthy, empowered civilian in society.

Renewal. The Renewal Phase accomplishes the core healing, treatment, and therapy essential for post-traumatic growth and reintegration. It is distinctive from the current medical model because it addresses guilt, shame, and regret – three emotions typically associated with moral injury. Innovations in this phase include:

- Mandatory, comprehensive behavioral health assessments.

- Spiritual initiation through a Return Boot Camp (as currently provided through the Save A Warrior™ program).

- Training in evidence-based, best practices for mindfulness and meditation.

The Renewal Phase infuses structure and rigor to transform the warrior back into a civilian with the power and wisdom to continue a life of service in society.

Integration. The celebration of honorable military service is a tradition lost in modern society. The Veteran Integration Ceremony renews that tradition. Most veterans are introduced to the VA in crowded hospital hallways and antiseptic correspondence while navigating the bureaucracy and enrollment procedures. Imagine the potential of a lifelong partnership that begins with a community wide commencement to recognize and welcome veterans back into society. The first experience the veteran has with the VA should be a positive one.

Becoming. Veterans earn the opportunity to become something more in life after the military. Becoming is the process of introspection to discover and align purpose and passion with external goals and strategies to achieve them. The distinctive features from this phase include:

- Professional Coaching – A credentialed life coach partners with new veterans for three months of life and transition coaching. Professional coaching enables the veteran to bridge the gap between the identity and role from the past with a new passion and purpose for the future.

- Transition Benefit Program – A 6 month severance program of pay and benefits supplants the immediacy of job placement. Duration of honorable, military service, combat experience, or a combination of both would qualify transitioning service members for this benefit program.

- Career Services – Career services follows professional coaching during the final three months of the TRIBE program. Ensuring comprehensive wellness, departing the military, and discovering a new purpose are the appropriate sequence of activities that should occur before the job search process begins.

Empowerment. Empowerment is the desired state of being for the veteran community. It is the opposite path from the isolation and despair that contributes to the slow decay that ends in suicide. As an alternative to prevention and intervention strategies, TRIBE builds an affirming life path to unleash every veteran's potential as they begin a new, civilian life in society.

TRIBE Program for Veterans

The current veteran population was not afforded the opportunity for social reintegration. As a result, many veterans remain stuck somewhere between military and civilian roles. They may no longer be a part of the military, but they also lack a sense of belonging in civilian society. This precipitates the slow decay highlighted earlier in Figure 1. The suicide epidemic is the unfortunate end of this failed process of reintegration.

In order to improve the welfare of the veteran population, we must apply the transformative aspects of TRIBE to the veteran community. As shown in Figure 6, applying the Renewal, Becoming, and Empowerment phases of TRIBE over a period of three months can repurpose struggling veterans toward a new path of wellness, personal fulfillment, and continued service.

Figure 6: The TRIBE Program for Veterans

Renewal. For veterans, the core of TRIBE is the Save A Warrior™ program of secular spiritual

initiation. This program addresses the accumulation of shame from childhood through combat service. After burning off the shame, Save A Warrior furnishes every veteran with evidence-based programs in mindfulness, such as Warrior Meditation™, to establish and maintain a lifelong practice of sustained emotional and mental wellness.

The impact from SAW on symptoms of suicidality, PTSD, and major depression has been extraordinary. The results in Figure 7 suggest that shame is the underlying factor manifesting through various symptoms in more traditional diagnoses of mental disorders. By addressing the shame, conventional treatments and therapies can resonate more effectively with veteran patients.

Suicide Behaviors Questionnaire-Revised

Score above **7** indicates an *individual at risk of suicide*

Number of individuals at risk of suicide (score above 7)	38	15	-23	-61%
Percent of the Total Population Sample	64%	25%	-39%	
Average Score for individuals at risk of suicide	11.92	6.87	-5.05	-42%

Conclusion: Average score of "at risk" inviduals is below the risk threshold of suicide based on this metric

Patient Health Questionnaire (PHQ-9)

Score above **10** has a sensitivity of 88% and a specificity of *88% for major depression*. Score above **15** represents moderately severe depression. Score above **20** represents severe depression.

Number of individuals reporting major depression (score above 10)	43	5	-38	-88%
Percent of the Total Population Sample	73%	8%	-64%	
Average Score for individuals with major depression	19.63	4.43	-15.20	-77%

Conclusion: Average score of individuals with major depression, bordering on severe depression was reduced below the minimal threshold for this instrument after SAW

Post-Traumatic Stress Assessment (PCL-M)

Score above **34** indicates *moderate symptoms for Post-Traumatic Stress*. Score above **44** indicates *HIGH symptoms for Post-Traumatic Stress*

Number of individuals at risk for moderate Post-Traumatic Stress (score above 34)	52	12	-40	-77%
Percent of the Total Population Sample	88%	20%	-68%	
Average Score for individuals with moderate or HIGH symptoms of PTSD	62.13	29.77	-32.35	-52%

Conclusion: Average score of individuals presenting symptoms of PTS reduced from HIGH to LOW after SAW.

Figure 7: Save A Warrior Survey Data for Suicidality, PTSD, and Symptoms of Depression[31]

Becoming. The Becoming Phase includes a ten-week program of professional life coaching for veterans. Once the veteran conquers the accumulated shame, a certified coach helps the veteran discover passion and purpose for a higher form of self-actualization. Life coaching from a certified professional is both a distinctive and decisive component of this program. Life coaching enhances goal attainment and quality of life, and life coaching also reduces depression, anxiety, and stress as veterans begin to discover a meaningful life after the Renewal Phase.[32] The coaching partnership reveals the purpose and identity, and the coach, as a fellow veteran, also facilitates accountability for continued mental, emotional, and spiritual growth.

Empowerment. Towards the end of the ten-week coaching program, the coach connects the veteran with peer support and related veteran service organizations. Some examples of such organizations include the American Legion, the Veterans of Foreign Wars, The Mission Continues, Team Rubicon, and Team Red White and Blue. Additionally, qualifying veterans earn the opportunity to sponsor other struggling veterans through the duration of the three-month program and beyond. Empowerment means repurposing that passion for service in a new role as an emerging leader in society.

Strategic Vision

TRIBE reframes the entire approach to the ongoing suicide epidemic. The objective of TRIBE is to create an affirming life path of leadership in the service of others. By leveraging an archetypal approach to healing, personal transformation, and empowerment, we transform military leaders into community leaders with the wisdom and power to serve and improve society. TRIBE closes the gap between the Department of Defense and the Department of Veterans Affairs to provide a comprehensive transition program for service members and their families. For veterans, TRIBE addresses the critical, overlooked steps in the reintegration process to discover a positive, fulfilling destiny.

Because many organizations already perform aspects of TRIBE for veterans and their families, testing and conceptual development of this initiative should necessarily begin in the veteran community. Many non-profit entities have already abstracted out all the complexities for delivering various phases of the TRIBE program, leaving only scaling and integration as the most pressing issues for institutional acceptance and implementation. Validating and improving TRIBE could occur in under a year followed by a deliberate process of implementation across the Department of Veterans Affairs with a cross-collaborative plan to replace the existing model of transition assistance in the Department of Defense. Given the work already underway, TRIBE could easily supplant the existing transition program within the next five years.

The Value Proposition

TRIBE is a catalytic innovation that intends to end the suicide epidemic. TRIBE addresses the accumulated residue from the warrior role that begets shame. It is a deeper, more lasting approach to wellness that starts before the veteran life begins. Because TRIBE heals the

underlying psychological trauma and shame, it has the potential to reduce if not outright eliminate the need to perpetuate compensation benefit payments for treatable disorders related to mental and emotional health. TRIBE is the initiative that will end the Veteran's Crisis Line and reduce the otherwise rising demand on an overburdened VA Healthcare system. TRIBE offers a more cost-effective, inclusive solution to unleash the leadership and service potential of veterans in society.

TRIBE realizes substantial, long-term cost savings from the current model of veteran support by proactively treating latent mental and emotional health related conditions. If we document and monitor the improved mental and emotional wellness of transitioning members over the period of a year, we can systematically reduce the magnitude of disability ratings for mental health disorders. Furthermore, we create a baseline of documentation to more efficiently process future claims. Proactive engagement and sequencing are the imperatives. The cost offsets would not only cover the expense of severance payments for the Transition Benefit Program, but they will also pay for the entire TRIBE program and reduce the skyrocketing, mandatory financial obligations in the VA's budget.

TRIBE Program Benefits

TRIBE is a human centered design with the potential to completely disrupt the ecosystem of programs and services intended to support the veteran community.

The TRIBE program . . .

Eliminates Mental Health Stigma. A mandatory schedule of provider assessments relieves the burden of self-selection for mental health treatment. This policy would eliminate the mental health stigma since every service member would partake in evaluations, treatment, and related therapy. The culture for mental health services would evolve from one of perceived weakness and shame to one of acceptance and proactive intervention. Additionally, mandating comprehensive mental health evaluations at selected points throughout the TRIBE process facilitates documentation, monitors progress, and helps anticipate future service demand.

Improves Military Readiness. The current construct of military transition encourages service members to begin preparation up to 18 months before departing the military.[33] This guidance competes with service imperatives to optimize combat readiness. TRIBE extends beyond the military transition date to relieve this tension and support military readiness. Additionally, TRIBE provides structure to the process of personnel management by reducing the volatility from personnel turnover.

Improves Veteran Engagement. Less than 45% of veterans are connected to services and programs through the Department of Veterans Affairs. TRIBE proactively connects all veterans to the VA early in the transition process. Therefore, TRIBE more than doubles the VA's current level of engagement with the veteran population.

Heals Moral Injury. The Department of Veterans Affairs currently has no protocols to

address the shame and related social disconnection from moral injury. Neither the American Psychiatric Association nor the VA considers "moral injury" an official diagnosis. This shortcoming limits practitioners to treat symptoms of moral injury common to approved diagnoses for mental disorders. Practitioners cannot diagnose and treat the condition of moral injury directly. The lack of approved treatment programs specific to moral injury is perhaps the greatest vulnerability in the ongoing struggle against military-related suicide. TRIBE provides the solution to this problem.

Sustains Behavioral Wellness. TRIBE educates and trains every veteran in evidence-based, best practices in mindfulness and meditation. Cohorts of veterans who participate in the program form a peer network for mutual support well beyond the duration of the program. Shared accountability to one another facilitates a supportive culture not unlike that of the military.

Celebrates Honorable Military Service. Veteran Integration Ceremonies restore the tradition to welcome service members back into society. As the number of American families personally connected to military service continues to shrink, this forum provides a vehicle for shared public meaning for military service. It provides an opportunity to acknowledge and accept veterans back into society.

Reframes Veteran Engagement with the VA. For many veterans, their first exposure to the VA occurs in the crowded hallways of VA medical centers. These preliminary engagements focus on negative aspects of the veteran's life – injuries, disabilities, and health problems. After this experience, many veterans refuse to return to any VA medical facility. TRIBE reframes that relationship. The first exposure the veteran has with the VA is through the Veteran Integration Ceremony. The coaching program that follows provides a positive, empowering focus toward the future. These initiatives can repair the strained relationship and rebuild the fractured trust between the VA, veterans, and their families.

Certified Coaching. TRIBE leverages the benefits of International Coaching Federation (ICF) certified coaching to identify and align the veteran's inner purpose and passion with outer goals and strategies to achieve them. As the precursor to career services, veterans can discover their best career path after the military. By focusing inward before seeking job opportunities outward, TRIBE can reduce the unemployment rate of veterans and the job turnover that occurs within the first two years after leaving military service.

Promotes Financial Stability. The Transition Benefit Program provides six months of pay and benefits for qualifying veterans upon departure from the military. This program relieves the urgency of seeking new employment and provides both veterans and their families the opportunity to focus on collective impacts of transition across the entire family.

Inverts the Current Cost Structure. This proactive approach disrupts and replaces the current cost structure. Why debate the urgency of concurrent retirement and disability payments when we can address and even heal the disability directly? By healing veterans, we can stop the perpetuity payments for treatable conditions and offer veterans something more valuable in return

– a meaningful life of purpose.

Conclusion

If we don't fundamentally change the current approach to veteran health and wellness, we run the risk of running out of veterans, money, or both. Prevention and intervention are not working. It is time to disrupt the status quo and change the entire ecosystem of programs and services that support our veterans. Every year, approximately 200,000 service members join the ranks of our veterans. For every veteran, the post-military journey begins with the transition process. That is our entry point to improve the welfare of the veteran population. TRIBE is an idea whose time has come. It is time to create a process-oriented program to enable our service members to discover a post-military path to empowerment. Most urgently, it is time to finally end the epidemic of military related suicide.

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TRIBE Addendum 1: Frequently Asked Questions (FAQ)

(Version 1. January 15, 2018)

Executive Summary

The following notable observations emerged during the analysis of questions and inquiries about the TRIBE program:

1. The current strategy of prevention and intervention in the DoD and the VA has failed to reverse the suicide trend in the military and Veteran communities.
2. TRIBE incorporates evidence-based methodologies into each of phase of the program.
3. In the human-centered design process, TRIBE is at the nexus between Ideation and Implementation. TRIBE is ready for beta testing.
4. Offsets account for nearly 63 percent of the total estimated cost of TRIBE and the Transition Benefit Program (TBP). Breakeven for the remaining expenditure occurs when the average annual Disability Rating for PTSD drops by at least 5 percent.
5. TRIBE provides an opportunity for the VA to connect with 100 percent of newly transitioned Veterans, and it has the potential to change how our nation perceives the Veteran population.

The goal of TRIBE is to transform the condition of the Veteran population, and, in doing so, end the suicide epidemic in the Veteran community. Social change across two federal agencies is a massive undertaking, but one entirely worthwhile considering our responsibility to safeguard welfare of our Veterans and their families.

Purpose

This addendum addresses inquiries and frequently asked questions about the TRIBE program. The objective of this addendum is to forward the conversation, continue ongoing collaboration, and encourage further refinement of this important innovation. As we continue to network with public, private, and non-profit entities, these questions will inform the evolution of this catalytic innovation.

Organization

Questions and answers are grouped into four basic categories: General, Program, Cost, and Policy. Each question is numbered for simplicity and ease of reference.

Each response includes two parts: Answer and Detailed Explanation. The 'Answer' addresses the specific inquiry directly, and the 'Detailed Explanation' provides broader context – the 'so what' – to facilitate deeper understanding.

As a continuation of the TRIBE White Paper (dtd 2 June 2017), enumeration of figures and endnotes continues from the end that document.

Publication Note

Updates to this addendum will be published quarterly depending on the number of questions and inquiries into the TRIBE program. Any update to the current version of the TRIBE White Paper (dtd 2 June 2017) will incorporate the observations from this addendum into the body of that document. Any future publication of the White Paper will supersede this addendum. Further inquiries regarding the TRIBE program should be directed to Jason Roncoroni, Strategic Advisor for Save A Warrior, at jasonr@saveawarrior.org.

Section 1. General Questions

Question 1-1. *Figure 1 in the White Paper shows some related statistics (e.g. number of calls to the Veterans Crisis Line), and it states that suicides in the military have doubled. However, there are no statistics in the paper about the number of veteran suicides per year. Are those statistics available? If so, has the veteran suicide rate been rising annually?*

Answer. According to the Department of Veterans Affairs, the Veteran suicide rate has risen approximately 10% since 2001 but has remained relatively stable at 20 Veteran suicides per day since 2011 (see Figure 8).

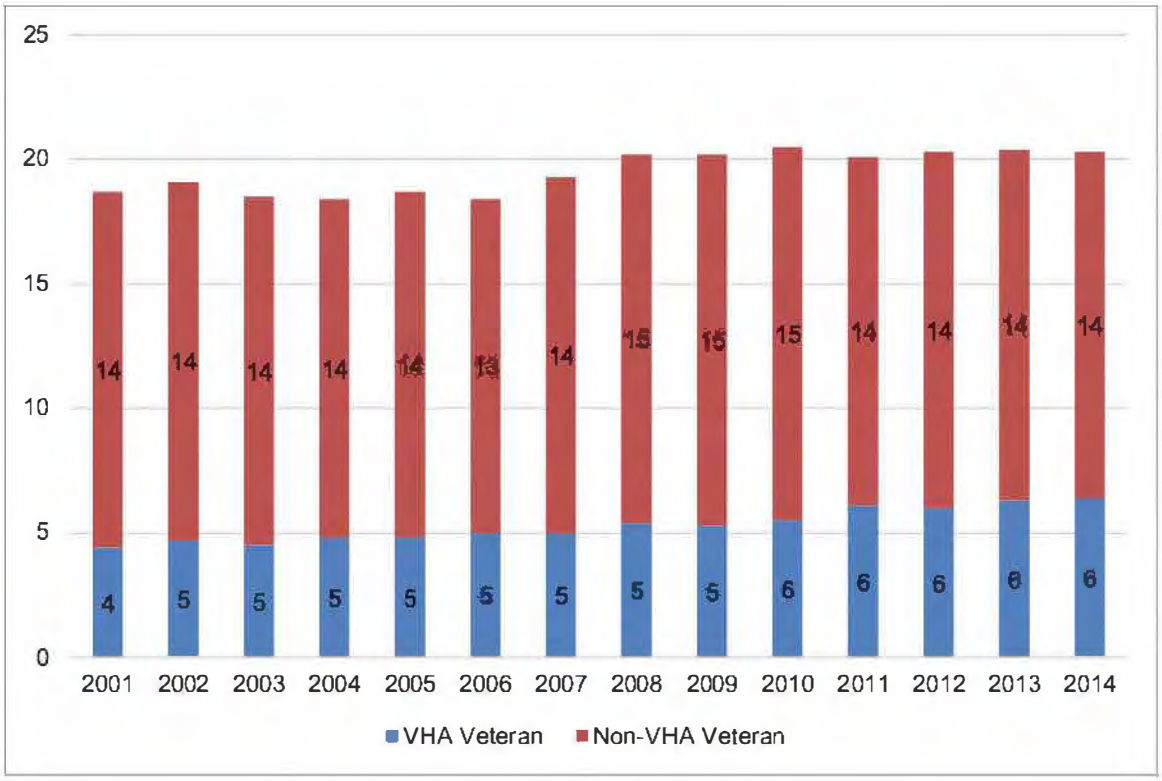

Figure 8: Daily Rate of Suicide for Veterans, 2001-2014[34]

Detailed Explanation:

These statistics support the argument that intervention and prevention policies from the Department of Defense and the Department of Veterans Affairs have failed to reduce the incidence of suicide across the military and Veteran communities.

Within the Department of Defense, suicide doubled between CY 01-12. According to the testimony of Jacqueline Garrick, acting Director of the Defense Suicide Prevention Office in 2013, 160 suicides occurred in 2001, and the Defense Suicide Prevention Office reported 321 suicides for 2012.[35,36] The most alarming suicide trend across all the services was in the Army. According to Figure 9, the suicide rate in the Active Duty Army tripled from 2004 to 2012.

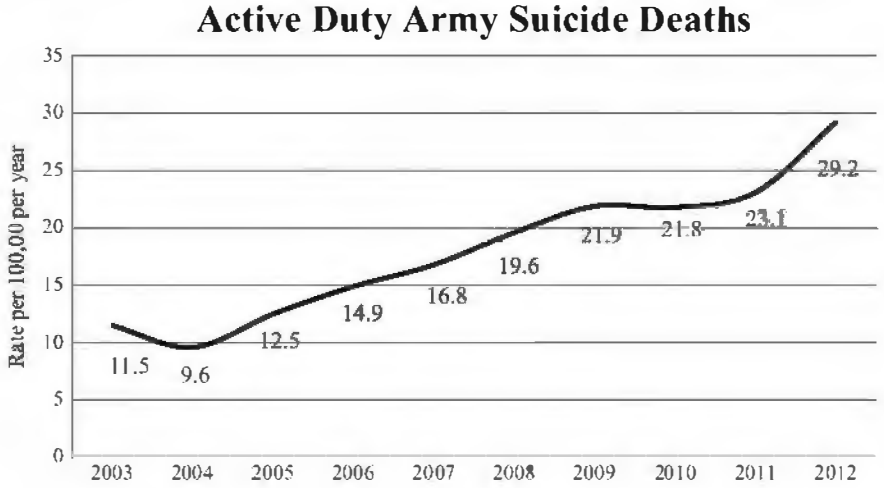

Figure 9. Active Duty Army Suicide Deaths[37]

Intervention and prevention initiatives in the VA didn't fare any better. Since 2007 and the introduction of the Veteran's Crisis Line, the suicide rate increased across every age demographic except Veterans 40-49 (see Figure 10). From 2007-2014, the suicide rate among Veterans ages 18-29 nearly doubled from 29.7 suicides per 100,000 to 58.4 suicides per 100,000.

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total	39.9	39.0	34.9	35.9	34.9	35.9	35.1	38.4	37.0	36.4	38.9	38.0	38.8	39.2
18–29	24.8	30.4	27.0	28.8	21.2	35.5	29.7	36.8	37.7	44.5	50.6	54.4	60.7	58.4
30–39	43.8	41.1	39.5	35.0	36.9	35.8	36.0	33.7	37.2	39.4	44.0	40.5	43.0	46.2
40–49	49.0	47.6	42.5	46.3	44.4	34.2	42.1	42.6	40.1	39.2	45.0	41.2	41.1	41.0
50–59	41.8	42.9	37.9	38.4	36.5	41.1	38.7	43.5	42.1	42.0	45.5	41.1	35.0	39.7
60–69	32.6	29.3	31.1	29.9	29.9	31.7	31.4	36.7	31.5	32.3	30.5	29.2	31.0	32.2
70–79	37.2	35.6	30.4	32.2	31.4	34.2	30.3	32.6	33.5	32.0	32.8	36.3	41.1	34.1
80+	47.5	47.7	36.6	40.0	40.4	36.9	37.8	40.8	41.8	35.4	43.6	44.7	44.1	45.8

Figure 10: Veteran Deaths by Suicide per 100,000 from 2001-2014[38]

Despite the massive investment into programs for intervention and prevention, the combined data from the Department of Defense and the Department of Veterans Affairs

illustrates the failure of the status quo. If we hope to change this disturbing trend in the military and Veteran communities, we clearly need to try something different.

Section 2. Program Questions

Question 2-1. *Societies in the past had a series of rituals and ceremonies that more effectively addressed reintegration. I understand that some portions of the proposed TRIBE process are evidence based (i.e. mindfulness and meditation), but is the entire proposed process evidence based?*

Answer: As of the end of 2017, the entire proposed process of TRIBE has not been formally studied, but this program is ready for beta testing. As a human-centered design for social innovation, TRIBE is at the inflection point between the ideation and implementation phases of development.[39]

Detailed Answer:

History and anthropology provide the evidence supporting the theory underpinning the TRIBE program. Primitive cultures used rituals and ceremonies to promote spiritual growth after war. Through modern medicine, we try to label these issues as a form of mental illness, and that is why traditional treatments have been largely ineffective.[40,41,42] The reason why so many Veterans suffer during and after military service is because we have no protocols for healing and personal growth for invisible wounds of a spiritual nature (such as moral injury).

We can learn from these primitive cultures. The sequence of programs in TRIBE follows the Hero's Journey, the same template used by these cultures for centuries. The Renewal Phase of TRIBE provides that healing and personal growth. Save A Warrior (SAW) performs this vital function for today's Veterans, and when combined with the other phases of TRIBE, builds an integrative, whole health program of healing, growth, and empowerment.

The process is important, but so too are the quality of the programs within that process. We identified programs for each phase of TRIBE based on a comprehensive review of qualitative and quantitative data. Although the sample size for Save A Warrior is relatively small, the impact of this program on symptoms of major depression, PTSD, and suicidality are too significant to ignore (see Figure 11). Save A Warrior succeeds where other treatments fail because Save A Warrior uses an entirely different approach to heal these invisible wounds.

Professional coaching is a departure from the conventional model of social work and case management currently used in the VA. Social work and therapy help Veterans resolve issues from the past, but coaching is oriented towards the future. The benefits from coaching best position Veterans to discover an empowering life beyond the military.[43]

Instrument	Metrics	Before SAW	After SAW	Change	Percent Change
Suicide Behavior Questionnaire	Number of individuals at risk of suicide (Score above 7)	38	15	-23	-61%
	Percent from the total sample	64%	25%	-39%	[redacted]
	Average Score for individuals at risk of suicide	11.92	6.87	-5.05	-42%
Patient Health Questionnaire (PHQ-9)	Number of individuals reporting major depression (score above 10)	43	5	-38	-88%
	Percent of the total population sample	73%	8%	-64%	[redacted]
	Average Score for individuals with Major Depression	19.63	4.43	-15.20	-77%
Post-Traumatic Stress Assessment (PCL-M)	Number of individuals with symptoms of moderate PTSD (score above 34)	52	12	-40	-77%
	Percent of the Total Population Sample	88%	20%	-68%	[redacted]
	Average Score for individuals with moderate symptoms of PTSD	62.13	29.77	-32.35	-52%

Figure 11: Behavioral Health Outcomes Before and After Save A Warrior

Coaching is not a substitute for treatment or therapy for mental health disorders, but coaching can be valuable for those Veterans who suffer from symptoms of anxiety and depression. More importantly, life coaching improves quality of life and personal confidence to achieve challenging goals (see Figure 12).

	Pre		Post				
	M	*SD*	*M*	*SD*	*t* (1, 19)	*p*	*d*
GAS	60.00	*35.24*	204.05	*65.79*	-10.02	*<.01*	2.85
Goal Difficulty	3.07	*.46*	2.97	*.38*	.88	*.39*	0.19
DEP	4.60	*4.77*	1.20	*2.28*	3.65	*<.01*	0.82
ANX	2.90	*4.18*	1.10	*1.77*	2.16	*.04*	0.48
STRESS	12.60	*9.38*	7.80	*5.98*	3.11	*<.01*	0.69
QOLI	24.25	*18.71*	44.45	*18.23*	7.24	*<.01*	1.62
SRIS-SR	56.05	*5.65*	49.05	*10.19*	3.40	*<.01*	0.76
SRIS-IN	35.65	*6.71*	38.60	*5.55*	2.64	*.02*	0.59

Note: GAS = Goal Attainment Scale; QOLI = Quality of Life Inventory; DEP = DASS-21 depression scale; ANX = DASS-21 anxiety scale; STRESS = DASS-21 stress scale; SRIS-SR = Self-Reflection scale SRIS-IN = Insight scale
p values are given as two-tailed

Figure 12. The Impact of Life Coaching[44]

As it relates to the Empowerment Phase of TRIBE, American Corporate Partners (ACP) provides an effective model for Veteran mentorship within the profession where the veteran works and also in the community where the veteran resides. 11,000 Veterans have successfully completed an ACP mentorship since 2008.[45] In 2016, more than 2,100 veterans indicated that their mentors had a positive impact on their lives and over 1,200 Veterans found meaningful employment during the term of their mentorship. Satisfaction surveys concluded that 98 percent of Veterans would recommend ACP to another Veteran.

One of our near term priorities is to collaborate with Innovation Specialists and Vet Centers from the VA to beta test this program. Quantitative metrics would include the Suicide Behaviors Questionnaire-Revised (SBQ-R), The Columbia Suicide Severity Rating Scale, The Post-Traumatic Stress Assessment (PCL-M), and the Patient Health Questionnaire (PHQ-9). In addition to these quantitative metrics, we would also complete interviews with the Veterans at the conclusion of each phase of the program (beginning with the Renewal Phase) to capture qualitative feedback to assess and improve the program (consistent with the methodology for human-centered design).

Question 2-2: *The paper says the Professional Coaching portion alone would take 10 weeks or 3 months (on pages 10 & 14). How was that length of coaching determined? Is that amount of time (apparently 40 hours/week for up to 3 months) necessary?*

Answer: The three month coaching program includes one (1), weekly coaching session for a total of 10 weeks. In the current model, the total amount of coaching a Veteran would receive would be 10 hours (1 hour per week). This three-month model for coaching is based on industry standards of best practices.

Detailed Explanation:

The initial coaching model includes a combination of synchronous and asynchronous requirements. The objective of professional coaching is to help transitioning service members identify personal interests, passions, and goals outside the structure and culture of the military. It is the deliberate process of looking inward before focusing outward in the search for the right career after the military.

Question 2-3: *The SAW suicide questionnaire data in Figure 7 appears to be based on a population of 60 veterans, which is a very small sample size. How were these veterans selected? Were they all combat veterans? If so, should the SAW and TRIBE processes just be used for combat veterans?*

Answer: A Behavioral Health Officer and Licensed Clinical Social Worker from the California National Guard collected this data from five cohorts between 2014-15. The data includes all participants from cohorts 016-020. Combat service was not a criterion for this study. Enrollment in the SAW program was based on the applicant's self-reported symptoms of major depression, PTSD, and suicidality.

Detailed Explanation:

By the end of 2017, SAW has conducted 49 cohorts and surpassed 500 alumni of the program. The Veteran's symptoms (not combat experience) determined whether or not the integrative intensive retreat through SAW was an appropriate program of healing for the Veteran. The sample size for the data is low but commensurate with the overall size of the population. Within the model of the human-centered design process, TRIBE is progressing from ideation to implementation. Quantitative analysis on TRIBE generally and SAW specifically are the next steps to guide the evolution of this innovation. We are currently attempting to partner with the VA and other agencies to measure the behavioral outcomes of TRIBE.

As to whether or not the program should be limited to combat Veterans, it is important to note that SAW accomplishes the initiation experience along the Hero's Journey, the template and theoretical basis for the TRIBE program. Therefore, SAW can benefit the whole health wellness of all Veterans in a proactive and preventative way. SAW provides the 'Return Boot Camp' to shepherd military men and women back into society. A 'Return Boot Camp' is the crucial step absent from the conventional transition process. We have a deliberate process that transforms the high school graduate into the warrior, but we lack the commensurate process to transform that warrior back into a civilian. This is one reason why so many Veterans feel like they don't "fit" in society after the leave the military.

Question 2-4: *On page 8, the paper states that "Shame is what disconnects and isolates so many veterans in society today" but there doesn't seem to be a reference to the evidence for this. This discussion about shame being causal is the basis for many of the conclusions in the paper. What is it based on? If there is evidence for this is it just the case for combat veterans?*

Answer: In 2013, "shame" was included in the revised PTSD diagnostic criteria in the fifth edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5). In this update, PTSD was reclassified from an "anxiety disorder" into a new class of "trauma and stressor-related disorders." Symptoms of PTSD were divided into four "clusters" with one that included "Negative cognitions and mood – myriad feelings including a distorted sense of blame of self or others, persistent negative emotions (e.g. fear, guilt, shame), feelings of detachment or alienation, and constricted affect (e.g., inability to experience positive emotions)."[46]

Detailed Explanation:

The reason why SAW succeeds where so many mental health treatment protocols fail is because SAW addresses psychological symptoms from a spiritual perspective. Instead of the conventional 'top-down' approach that labels symptoms based on approved diagnoses for mental illness, SAW is a 'bottom-up' process of healing the emotional and spiritual dissonance induced by trauma or repeated exposure to combat environments.

Shame is the undeniable symptom of moral injury. Moral injury, while not an approved diagnosis for treatment, has been a widely recognized as a contributor to deteriorating psychological wellness of Veterans since the Vietnam War. Practitioners are beginning to accept moral injury as a condition separate from the diagnosis of PTDS. Multiple psychiatrists from the

Department of Veterans Affairs including Dr. Jonathan Shay and Dr. David Kopacz have even published books advocating for integrative, whole health treatments that address spiritual wounds and moral injury.[47,48]

Section 3. Cost Questions

Question 3-1: *The White Paper suggests that TRIBE is "a more cost effective" approach. There would be significant costs with the severance program and doubling the number of clients enrolled in the VA would also have significant costs. Results are much more important than costs of course, but is a cost comparison of the TRIBE proposal to the current costs available? This is a proposal for a lengthy reintegration process that would be costly for DOD and/or VA. Would this be applied to all transitioning service members or just combat veterans?*

Answer: Using the demographic and financial data from 2015, the estimated cost of TRIBE would be approximately $2.046 billion. This figure includes the severance package under the Transition Benefit Program (TBP) and recognizes the cost offsets from Terminal Leave, Separation Pay, Retirement, Unemployment Benefits and Disability Compensation. However, if TRIBE reduced the disability rating for mental health disorders by only 5 percent, the entire TRIBE program would become *cost neutral* in the 2015 budget (see Figure 13). Given that the behavioral health outcomes after SAW realized a reduction in symptoms anywhere from 50 to almost 90 percent, TRIBE becomes a more cost effective option that would have reduced spending in 2015.

Detailed Explanation:

TRIBE was conceived with two objectives in mind. First, TRIBE provides an integrative program of civilian reintegration that replaces the current military transition process. TRIBE repurposes servant leaders from the military into empowering life roles in society. Second, TRIBE is a cost effective solution. TRIBE reduces the long term cost burden of disability compensation payments and health benefits. Not only has the status quo proven to be ineffective in the ongoing struggle against suicide, but it is rapidly becoming financially unsustainable.

The economic value of TRIBE occurs in the sequencing of programs for integrative wellness with the timing for benefits determination and compensation from the VA. Many of the health conditions we label as a 'disability' are treatable conditions. The rating for mental health would occur upon completion of this program. By addressing these conditions proactively, we create an opportunity to reduce the service-connected rating that the Veteran receives for mental health disorders. Even a modest reduction of only 10 percent would still entitle the Veteran to health benefits and services but could save billions in compensation payments when considered over the lifetime of the Veteran.

Using the data from *2015 Annual Benefits Report*, the average annual compensation a Veteran received for mental health issues was $13,729, and that value equates to an equivalent disability rating of 59.5 percent.[49] In 2015, there were 39,371 new GWOT compensation recipients for PTSD.[50] Therefore, the cost of compensation for GWOT recipients for just the

DEMOGRAPHICS FOR TRANSITIONING PERSONNEL	
Total Personnel Separations for 2015	184,181
Percent of the Active Duty Force	14.15%

TRIBE PROGRAM COSTS (BASED ON CURRENT COST ESTIMATES)			
Phase	Program	Individual Cost	Total Cost ($1000)
N/A	Case Management Services	$ 400	$ 73,672
Renewal	Save A Warrior	$ 4,000	$ 736,724
Becoming	Professional Coaching	$ 1,800	$ 331,526
	Career Services	$ 1,200	$ 221,017
Empowerment	American Corporate Partners	$ 1,000	$ 184,181
Cost for TRIBE Program		$ 8,400	$ 1,547,120
Incremental Cost for 6 Months of Pay and Benefits for Transitioning Personnel			$ 3,975,183
Tribe Program Costs (Subtotal Before Cost Offsets)			$ 5,522,303

COST OFFSETS FOR TRIBE PROGRAM		
Cost Offset (Program Allocation 2015 Budget)		Total Cost ($1000)
Separation Pay (Total Comptroller Budget Allocation for all services in 2015)		$ 1,957,438
Unemployment Compensation (6 Months of 2015 Budget Allocation)		$ 243,074
Total Program Cost Offsets (Based on 2015 Comptroller Submission)		$ 2,200,512
Net Increase to Pay and Benefits from 2015 Budget Allocation		$ 1,774,671
Retirement Cost Offset (6 Month TBP Deferrment)		$ 668,554
Disability Compensation Cost Offset		Total Cost ($1000)
GWOT Disability Compensation Benefits Per Recipient (Veteran Benefits Administration published value)	$ 14,651	
Percent of New Veterans Claiming Disability Compensation	45%	
GWOT Disability Compensation Cost Offset ($separating Veterans x Percent Claims x Average Benefits)		$ 607,148
Total Cost Offset (Program+Retirement+Disability)		**$ 3,476,214**
Net Program Cost for TRIBE Implementation		**$ 2,046,089**

FISCAL BENEFITS OF TREATING CONDITIONS RELATED TO MENTAL HEALTH WELLNESS			
Annual Disability Compensation for Mental Health Disorders	Percent Reduction in Mental Health Disability Compensation	Savings (Expenditure)	Annual Disability Compensation Per Recipient
59.52%	0.0%	$ (550,075.25)	$ 13,729
59.18%	1.0%	$ (363,426.49)	$ 13,592
58.72%	2.0%	$ (176,777.74)	$ 13,454
58.26%	3.0%	$ 9,871.01	$ 13,317
57.80%	4.0%	$ (1,112,844.92)	$ 13,180
57.35%	5.0%	$ (926,196.17)	$ 13,042
56.89%	6.0%	$ (739,547.42)	$ 12,905
56.43%	7.0%	$ (552,898.66)	$ 12,768
55.97%	8.0%	$ (366,249.91)	$ 12,631
55.52%	9.0%	$ (179,601.16)	$ 12,493
55.06%	10.0%	$ 7,017.60	$ 12,356
54.60%	11.0%	$ 193,696.35	$ 12,219
54.14%	12.0%	$ 380,345.10	$ 12,081
53.69%	13.0%	$ 566,993.86	$ 11,944
53.23%	14.0%	$ 753,642.61	$ 11,807
52.77%	15.0%	$ 940,291.37	$ 11,669
52.31%	16.0%	$ 1,126,940.12	$ 11,532
51.86%	17.0%	$ 1,313,588.87	$ 11,395
51.40%	18.0%	$ 1,500,237.63	$ 11,258
50.94%	19.0%	$ 1,686,886.38	$ 11,120
50.48%	20.0%	$ 1,873,535.13	$ 10,983

FISCAL POLICY CONSIDERATIONS

1. In 2015, the Department of Veterans Affairs paid almost $54OB in disability compensation for mental health issues. Assuming an annuity payment for 50 years, the PV of this benefit is $18.7B

2. *Incremental* cost of TBP is 4 months for 6 months of pay because transitioning service members accrue 60 days of paid time off in the form of terminal leave and permissive TDY prior to separation from the military.

3. Benefits such as retirement and disability compensation would not begin until te conclusion of the TBP.

4. This program would capture 100% of transitioning Veterans as opposed to the current model that only actively involves 40-60% of Veterans.

5. By assessing the mental health disability after TRIBE, any reduction in mental health disability rating of at least 5% realizes cost savings for a program that would service 100% of the transitioning Veteran population.

Figure 13. Analysis Using 2015 Demographic and Cost Data

condition of PTSD in 2015 was approximately $540.5 million. If we considered this obligation an annuity over the lifetime of these Veterans, the present value of PTSD disability compensation for new GWOT recipients from 2015 is approximately $18.7 billion.[51] By reducing the equivalent disability rating for just PTSD alone by 5 percent saves the approximate $2.046 billion needed to fund TRIBE and the TBP programs in their entirety. Any further reduction in disability rating realizes a cost savings from mandatory obligations in the form of disability compensation payments.

Under the TRIBE construct, Veterans with service-connected disabilities who qualify for disability compensation would receive payments after the Becoming Phase, six months after they separate from military service. During that six month period of time, Veterans continue to receive their pay and benefits through the Transition Benefit Program (TBP) (TRIBE ensures continuity of pay and benefits through the transition process). Disability ratings and benefits determination occurs after the Veteran has completed the integrative intensive retreat through SAW, a series of mental health evaluations, and behavioral health therapy (as necessary). This preventative approach optimizes whole health and wellness before the determination of the disability rating.

This cost analysis was based on a comprehensive review of published information from 2015. Demographics data for the total active duty population and separations were derived from the 2015 Demographics Report.[52] Budget information from Exhibit M-1 FY2015 President's Budget were used to estimate the cost of a six-month severance under the TBP.[53] An additional $1.547 billion was added into this estimate to shepherd the entire population of separating service members through the TRIBE program. Based on these calculations, the gross, pre-adjusted cost of TRIBE and TBP for the entire separating active duty population in 2015 is estimated at $5.522 billion.

By leveraging a series of cost offsets, the actual expenditure to the federal government from 2015 would be reduced to $2.046 billion. Cost offsets represent incremental reductions to the defense budget based on the implementation of TRIBE and the TBP. There are five categories of cost offsets: Terminal Leave, Separation Pay, Retirement Pay, Service member Unemployment Compensation, and Disability Compensation.

Terminal Leave Offset

The Terminal Leave Offset recognizes that most active duty service members accrue a minimum of 60 days of leave prior to transition from the military. Service members can actually accrue more than 60 days depending on their separation date and exceptions based on special accrual considerations (such as deployments). Although not considered in this analysis, involuntary separations and retirements could have an additional 30 days paid time off in the form of transition Permissive Temporary Duty (PTDY). The military already accounts for at least two months of paid time off for Service members entering the transition process.

A Service member on terminal leave may not be officially separated from the military, but they are considered non-available for duty. Consequently, a Service member on terminal leave impacts the readiness and strength reporting of the unit. In this program, the TBP replaces the

terminal leave program. Service members would not be able to take terminal leave. Once the Service member signs out of the organization, they are dropped from the unit strength report. This allows the losing unit to receive deployable replacements more quickly to enhance operational readiness.

Based on the most conservative estimate of only 2 months for terminal leave (60 days), the TBP only incurs an incremental cost of 4 months of pay and benefits.

Separation Pay Offset

According to the 2015 Base Budget, the DoD provided nearly $2 billion in Separation Pay across all the services.[54] The TBP eliminates the need for Separation Pay.

Retirement Pay Offset

Retirement pay for qualifying members would begin six months after the Approved Date of Retirement, concurrent with the conclusion of the TBP. Because the TBP occurs after separation from service, Veterans would not accrue additional time in service for retirement benefits. Therefore, the TBP would offset six months of Retirement Pay – approximately $669 million – from the 2015 Defense Budget.[55]

Service Member Unemployment Compensation (UCX) Offset

TBP beneficiaries would be ineligible to collect UCX for the sixth month duration of the program. Veterans could qualify for unemployment compensation after the benefits from the TBP expire. Therefore, the TBP would offset six months of the annual budget allocation for UCX – approximately $243 million – from the 2015 Defense Budget.

Disability Rating Determination Timeline

TBP recipients enjoy an additional six months of pay and benefits beyond the approved date of separation, and therefore, Disability Compensation would begin after the conclusion of the TBP. This policy defers the start date for disability compensation. The estimated savings from this offset is $607 million.[56] This offset realizes an incremental cost savings from six months worth of benefit payments for newly transitioned Veterans while partaking in severance benefits through the TBP.

Ancillary Cost Savings

The cost analysis was based on incremental offsets and actual expenditures from 2015. However, TRIBE has the potential to disrupt the entire ecosystem of programs and services supporting our Veterans. TRIBE creates additional opportunities for second and third order cost savings that could include:

- Healthcare Costs for Prescription Medications. Some SAW alumni have been able to reduce their daily intake of medications by almost 75 percent.

- Application Processing Efficiency. TRIBE streamlines the benefits determination process and allows a nine-month processing for 100 percent of personnel separating from the military. Over the long-term, this could mitigate many of the adjudication and processing challenges that occur for Veterans who submit applications for benefits well after their separation date.

- Prevention and Intervention Resources. As an integrative approach to achieve whole health, TRIBE optimizes wellness and repurposes transitioning Service members to continue an empowering life in society. Through proactive engagement, we have the potential to reduce the incidence of suicidality and the corresponding demand for prevention and intervention resources (such as the Veteran's Crisis Line).

The strategy of healing and repurposing Veterans through a deliberate program of personal growth provides a more effective, financially sustainable alternative to the status quo.

Section 4. Policy Questions

Question 4-1: *The paper (page 14) says this would improve military readiness by reducing turnover. Isn't it safe to conclude that giving military members 6 months of pay and benefits at separation would greatly increase the rate of separations from the service (causing increased turnover)?*

Answer: Improving a Service member's potential for success after military service would not encourage or entice men and women to leave active duty prematurely. Senator John McCain made a similar argument in opposition to the Post-9/11 GI Bill in late 2007.[57] Despite these objections, the enactment of that education benefit has had the opposite effect on retention. The Department of Defense celebrates the impact of the Post-9/11 GI Bill and considers the availability of this program instrumental to the accession and retention strategy.[58]

Detailed Explanation:

To understand the impact TRIBE could have on recruitment, consider this analogy using academic institutions. Aspiring college students apply to schools for a variety of reasons, but the potential quality of life after graduation is perhaps the most important factor. The quantity and quality of career opportunities is directly proportional to the quantity and quality of applicants. The reputation about the alumni matters. Even though most colleges or universities assume no official responsibility for career placement, all institutions invest generously into career services and alumni networks to celebrate and advance their brand equity.

The DoD used similar messaging during the eighties. "Be All You Can Be" and "Aim High" were taglines that focused on the lifelong benefit of military service. Military service had the potential to help a young man or woman "get an edge on life" and "find your future." We don't showcase the lifelong benefits of uniformed service anymore. In fact, the preponderance of news reports and stories about Veterans tend to focus on negative outcomes. How does

today's messaging encourage the next generation of men and women to volunteer for military service?

We've already begun to witness how these negative perceptions impact the accessions process. The percentage of men and women serving in the military is the lowest it has ever been in the history of nation. Given the size of our active duty force in comparison to the size of our population, the volunteer requirement for military service is extremely low. It should be an easy target to hit. Unfortunately, we have had to modify the criteria for military service even further to meet already low accessions requirements.[55]

We need to pay closer attention to the quality of life our veterans have after military service. As the civil-military cultural gap continues to widen, we must consider how the quality of life of our Veterans impacts the sustainability and viability of recruiting and retaining an all-volunteer force. Consider the marketing strategy and messaging used during the decade when the size of our volunteer force was at its peak. By showcasing the quality of life after military service, we attracted the most capable recruits and filled the ranks for an active duty force several times larger than today's active duty military. The quantity and quality of opportunities for personal and professional growth after the military may directly correlate to the quantity and quality of volunteers for military service.

TRIBE is a program of personal growth that facilitates self-actualization in life after the military. As our military continues to shrink, we need the most capable volunteers to safeguard our nation. If we celebrate the professional success and leadership of our Veterans, we can inspire the next generation of warriors to protect and defend our nation.

Question 4-2: *Many Veterans and their families rely on their Disability Compensation to live. What impact will a program like TRIBE have on the lives of these Veterans?*

Answer: TRIBE should have no impact on the disability rating for injuries outside treatable mental health conditions, and TRIBE is not a substitute for treatment or therapy for Veterans with severe psychiatric disorders. TRIBE will not affect the rating for severely disabled Veterans.

Detailed Explanation:

TRIBE has the potential to reduce the Disability Rating for *treatable* mental health conditions. Compensation from severe mental health issues or other injuries will not reduce the compensation or benefits to those Veterans or their families. Practically speaking, TRIBE will have the greatest impact on those Veterans with mental health disability ratings lower than 70 percent. Considering that population segment of Veterans alone, TRIBE has the potential to benefit 86 percent of new compensation recipients from 2015.

Final Note

TRIBE is an innovation inspired by personal struggle. The developers and contributors to this program represent the very people who would otherwise have become a statistic. They

suffered through a process of trial and error to develop a program so others wouldn't have to struggle when they tried to reintegrate back into society. What is lacking for the continued development of this program is more active collaboration within the DoD and the VA. Only by creating a collaborative can this human-centered design continue to evolve into a sustainable and effective program to end the suicide epidemic and transform our Veterans into healthy, empowered leaders who continue serving our nation.

Notes

[34] Office of Suicide Prevention, *Suicide Among Veterans and Other Americans 2001-2014* (Washington DC: Department of Veteran Affairs, 2016), 23. This figure was copied from Figure 12. Average Number of Suicides per Day Among Veterans With and Without Use of VHA Services, 2001-2014.

[35] *Update on Military Suicide Prevention: Testimony before the Subcommittee on Military Personnel of the House Armed Services Committee*, 113th Cong. (2013) (statement of Jacqueline Garrick, Acting Director of the Defense Suicide Prevention Office), 2.

[36] Keita Franklin, *Department of Defense Quarterly Suicide Report Calendar Year 2017 2nd Quarter Defense Suicide Prevention Office (DSPO)* (Washington DC: Department of Defense, 2017), 8, accessed December 29, 2017, from http://www.dspo.mil/Portals/113/Documents/QSR%20CY2017%202nd%20Qtr.pdf?ver=2017-10-16-093949-160.

[37] Carl Andrew Castro and Sara Kintzle, "Suicides in the Military: The Post-Modern Combat Veteran and the Hemingway Effect," Current Psychiatry Report 16, no. 460 (June 17, 2014): 2, accessed January 10, 2018, doi:10.1007/s11920-014-0460-1.

[38] Office of Suicide Prevention, 17. This figure was taken from the top portion of Table 3. Overall Suicide Rates by Calendar Year, Age, and Sex.

[39] Tim Brown and Jocelyn Wyatt, "Design Thinking for Social Innovation," *Development Outreach* 12, no. 1 (2010): 30-31, doi:10.1596/1020-797x_12_1_29.

[40] Quil Lawrence, "To Treat PTSD, Veterans Have A Vast Array Of Ineffective Solutions," *NPR*, June 20, 2014, accessed January 13, 2018, https://www.npr.org/2014/06/20/324008379/to-treat-ptsd-veterans-have-a-vast-array-of-ineffective-solutions.

[41] Wendy Innes, "Over 80% of Veterans with PTSD Believe Current VA Treatment is Ineffective," *IVN.us*, December 04, 2014, accessed January 13, 2018, https://ivn.us/2014/12/04/80-veterans-ptsd-believe-current-va-treatment-ineffective/.

[42] Alexandra Sifferlin, "How Effective Are PTSD Treatments for Veterans?" *Time*, August 4, 2015, accessed January 13, 2018, http://time.com/3982440/ptsd-veterans/.

[43] "Institute of Coaching," *Benefits of Coaching | Institute of Coaching*, accessed January 11, 2018, https://instituteofcoaching.org/coaching-overview/coaching-benefits. This website includes links to research and studies on the value of coaching.

[44] Anthony M. Grant, "The Impact Of Life Coaching On Goal Attainment, Metacognition And Mental Health," *Social Behavior and Personality: An International Journal* 31, no. 3 (2003): 259, doi:10.2224/sbp.2003.31.3.253. The figure was copied from Table 1. Mean Pre-and Post-Coaching Program Scores.

[45] "Metrics," *American Corporate Partners*, accessed January 11, 2018, https://www.acp-usa.org/impact/metrics.

[46] Miriam Reisman, "PTSD Treatment for Veterans: What's Working, What's New, and What's Next," *Pharmacy and Therapeutics* 41, no. 10 (October 2016): 625, accessed January 11, 2018, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5047000/.

[47] Dr. Jonathan Shay, M.D., PhD is widely regarded as the medical professional to first use the term "moral injury." He is a staff psychiatrist in the Department of Veterans Affairs Outpatient Clinic in Boston, and he is responsible for publishing two books on how the construct of moral injury impacts Veterans from Vietnam: *Odysseus in America: Combat Trauma and the Trials of Homecoming* and *Achilles in Vietnam: Combat Trauma and the Undoing of Character.*

[48] Dr. David Kopacz, MD works as a psychiatrist in Primary Care Mental Health Integration at the Seattle Division of Puget Sound VA and is an Acting Assistant Professor at University of Washington. He published *Walking the Medicine Wheel: Healing Trauma and PTSD* as an advocate for whole health approach to wellness for Veterans returning from war.

[49] Veterans Benefits Administration, *Annual Benefits Report 2015* (Washington DC: Department of Veterans Affairs, 2016). This number was calculated using the new GWOT compensation recipients and estimated annual payments (page 21) and Table 2 (Mental) - Number of SC Disabilities and Prevalence by Body System and Rating Evaluation Percent (page 33) to calculate a weighted average for compensation payments for mental health disorders. The annual disability compensation for a 60% rating in 2015 was $13,660 (page 14).

[50] Veterans Benefits Administration, 42.

[51] The NPV of the annuity calculation assumed an annual growth rate of 1.55%. That value was calculated by comparing the compensation payments from 2014 to the compensation payments in 2015. Fifty (50) total annuity payments were calculated using the average age of a separating service member (29 years old - taken from the 2015 Demographics Report found at http://download.militaryonesource.mil/12038/MOS/Reports/2015-Demographics-Report.pdf) and the average lifespan in America (79 years). This calculation assumed a risk free cost of capital (3.06%) based on prevailing returns of 30-year treasury notes.

[52] Deputy Assistant to the Secretary of Defense for Military Community and Family Policy, *2015 Demographics Report: Profile of the Military Community* (Washington DC: Department of Defense, 2016) accessed December 29, 2017, http://download.militaryonesource.mil/12038/MOS/Reports/2015-Demographics-Report.pdf. Total separations and ratio to the active duty force was taken from Table 2.02: Number and Ratio of Active Duty Enlisted Members to Officers by Service Branch and Table 2.79: Number of Active Duty Enlisted Member and Officer Separations by Service Branch and Type Separation.

[53] Office of the Under Secretary of Defense (Comptroller), *Military Personnel Programs (M-1): Department of Defense Budget Fiscal Year 2015*, (Washington DC: Department of Defense, 2014) accessed December 29, 2017, http://comptroller.defense.gov/Portals/45/Documents/defbudget/fy2015/fy2015_m1.pdf. The rate of pay and allowances for officers and enlisted was determined by taking the percentage of the force that separated from the active component (from the Demographics Report – minus service transfers and deaths) and multiplying that percentage by the sum total of Pay and Allowances (minus Separation Pay and Retired Pay Accrual). This provided an annual cost estimate for pay and allowances for separating service members. From that annual estimate, a gross cost of $3.975B was determined for this cost analysis.

[54] Office of the Under Secretary of Defense (Comptroller). Separation Pay is activity 50 for officers and 100 for enlisted personnel across all the of the services.

[55] Office of the Actuary, *Statistical Report on the Military Retirement System: Fiscal Year 2015* (Washington DC: Department of Defense, 2016) accessed December 29, 2017, http://actuary.defense.gov/Portals/15/Documents/MRS_StatRpt_2015%20Final%20v2.pdf?ver=2016-07-26-162207-987. Total number of retirees by rank and years of service was derived from the DOD Total for Non-Disability Retirees Excluding Reserve Retired (page 101). Given the rank and years of service, annual retirement pay was calculated using the 2015 Pay Chart and the percentage of base pay given the years of service for retired personnel.

[56] The calculation of this incremental cost was determined using the estimated annual disability compensation payments for new GWOT recipients from the 2015 Annual Benefits Report, page 21. The total number of separations was taken from the 2015 Demographics Report (Table 2.79). The figure of 45% for Veterans claiming disability benefits was taken from multiple sources: (1) https://nvf.org/staggering-number-of-disabled-veterans/, (2) https://www.bostonglobe.com/news/nation/2012/05/27/almost-half-new-veterans-seek-disability-benefits/sYQAAY00ddXBRoqfsKMheJ/story.html, and (3) https://www.usatoday.com/story/news/nation/2013/01/15/veteran-disability-costs-climb/1837925/.

[57] Politico, "Obama Criticizes Absent McCain on Senate Floor, McCain Hits Back Hard," *POLITICO.com*, May 22, 2008, accessed January 12, 2018, https://www.politico.com/blogs/jonathanmartin/0508/Obama_criticizes_absent_McCain_on_Senate_floor_McCain_hits_back_hard.html.

[58] Michael J. Carden, "Post-9/11 GI Bill Benefits Key to Recruiting and Retention," United States Department of Defense, July 21, 2010, accessed January 12, 2018, http://archive.defense.gov/news/newsarticle.aspx?id=60112.

[59] Tom Vanden Brook, "Army is Accepting More Low-quality Recruits, Giving Waivers for Marijuana to Hit Targets," *USA Today*, October 11, 2017, accessed January 12, 2018,

https://www.usatoday.com/story/news/politics/2017/10/10/army-accepting-more-low-quality-recruits-giving-waivers-marijuana-hit-targets/750844001/.

SCOTT H. PETERS
52ND DISTRICT, CALIFORNIA

1122 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-0508

4350 EXECUTIVE DRIVE, SUITE 105
SAN DIEGO, CA 92121
(858) 455-5550

Congress of the United States
House of Representatives
Washington, DC 20515–0552

June 12, 2018

The Honorable Anthony Kurta
Deputy Under Secretary for Personnel and Readiness
Department of Defense
4000 Defense Pentagon
Washington, DC 20301

Dear Mr. Kurta:

We write to ask the Department of Defense (DoD) to improve its efforts to provide a "network of support" for servicemembers, who would greatly benefit from regularly distributed information to families and friends. This information sharing would enable loved ones to better understand the rigors, challenges, and needs associated with military service. Ultimately, this network would enhance successful transition to civilian life by providing support from enlistment or commission to separation.

The FY2017 NDAA House Report included language directing the Secretary of Defense "to assess the options for new recruits of the armed forces to identify a small number of people that encompass their network of support and to identify the best ways to integrate these contacts into existing outreach efforts, including the estimated cost associated with this effort." The report also asks the Secretary to brief the House Armed Services Committee, but this brief has not taken place. We are ready to collaborate with the Department to create this system.

A "network of support" is a small group of people the servicemember selects to receive updates on what serving in the armed forces entails. These updates could include summaries of trainings or educational experiences, steps before deployment, experiences during deployment in noncombat or combat zones, issues associated with post-deployment reintegration, physical or behavioral health needs, financial literacy and benefits associated with military service, or resource available to servicemembers and families. The distributed information will not contain updates on specific servicemembers, rather the information will be tailored for stage and branch of service. The program is voluntary; the servicemember is not required to provide any contact information, may remove contacts at any time, and contacts may opt out at any time.

This concept will help servicemembers, and we seek your partnership moving forward to develop this initiative.

We request the Department answer the following questions:

1. What information dissemination system, which offers regular updates to interested enrollees such as families and friends of servicemembers, do military branches already operate?
    a. If so, what information do you provide?
    b. If not, is it possible to explore integration into existing procedures?
2. What information dissemination systems do each military service use to provide information to servicemembers and can these systems be modified to include operation of a "network of support"?
3. At the time of enrollment in any branch, do servicemembers have an opportunity to include friends and family in an existing information dissemination system?
4. What privacy concerns, if any, does the DoD have regarding the proposal for servicemembers or family and friends who enroll?
5. Can the DoD implement this program using existing authorities?
    a. If so, using which authorities?
    b. If not, what programs are currently available to easily integrate this new system to reduce administrative burden?

We strive to create a network of support system that is best for servicemembers and integrated into current systems if possible. We thank the Department for working with us on this important matter and look forward to your response.

Sincerely,

Scott H. Peters
Member of Congress

Kyrsten Sinema
Member of Congress

Tim Walz
Member of Congress

Beto O'Rourke
Member of Congress

Stephanie Murphy
Member of Congress

Susan Davis
Member of Congress

CC: Mr. Robert Wilkie, Under Secretary for Personnel and Readiness,
Mr. Michael Odle, Director of the Department of Defense/Veterans Affairs Collaboration Office

SUPPORT NETWORK PROPOSAL

Basic Premise

To allow for a Service Member's civilian network to remain engaged with their loved one during their time in the service, and to learn about and gain an understanding of what Active Duty and post military experiences and potential problems involve.

To educated the Service Member and their Support Network about resources that are available to them if problems arise subsequent to military service. This will enable those around the Service Member/Veteran to understand how to approach their loved one, how to recognize issues that might arise, and how to and where to reach out for assistance if necessary.

The Program

This is a voluntary program, although it is felt that with the proper encouragement all new recruits will take advantage of it.

In boot camp/basic training, new Service Members would be asked to supply a number of names (?4,5,10) of those people they feel closest to (spouses, parents, friends, teachers, etc.). Those on the list may remove themselves at any time. The Service Member may remove anyone as well, but that person would be notified of the change in status. These people represent the "Support Group". DoD (or a third party, e.g. USO) will then push out on a regular basis (quarterly, semi-annually) information deemed important in the following areas. For example:

1. This is what Basic Training involves
2. How to contact DoD in case of emergency.
3. This is what MOS training involves.
4. This is what it means when National Guard/Reserve is activated.
5. These are the steps taken prior to deployment.
6. These are the experiences that one might have while deployed, and the differences between the combat and non-combat experiences.
7. These are the issues that have been identified in returning Service Members. These are the signs and symptoms connected with those issues.
8. These are the resources that are available for Service Members family and friends in DoD, VA, and civilian community.

From: Tucker, Brooks
Sent: Wed, 6 Feb 2019 00:06:39 +0000
To: Powers, Pamela;Stone, Richard A., MD;Lawrence, Paul R., VBAVACO;Windom, John H.;Gfrerer, James;Mason, Cheryl (b)(6)
Cc: Syrek, Christopher D. (Chris);Ullyot, John;Hutton, James;Cashour, Curtis (b)(6) Balland, David;Haverstock, Cathy;Anderson, Christopher (b)(6) (OCLA);Angelson, Alexander J. EOP/WHO;Kaldahl, Ryan M. EOP/WHO;Flynn, Matthew J. EOP/WHO;Jensen, Jon M (b)(6) , VBAVACO;Devlin, Margarita, VBAVACO;Uchalik, Nicholas
Subject: RE: New Member Orientation on VA

Thank you to all who helped make today's forum with the Freshmen House Members and Veterans an overall success.
A few observations/takeaways:
Members met SECVA and his leadership team, heard several cogent presentations and were able to ask questions. Most stayed the full 90 minutes, a handful left after an hour and a quarter. Several commented that they were appreciative of the unique opportunity.
The information on VA Mission Act Access Standards development was a key element in refuting the oft heard allegation that these are "arbitrary" and won't work. (More on that later)
SECVA directly challenged at the onset the "privatization" canard and demonstrated why veterans continue to trust VA for care even with the option to use private doctors.
Some personal connections were established with Members bringing specific concerns and VA OCLA is already following up on those. OCLA will also engage each Members' staffs in the days ahead.
In sum, if Members left with no recall of the details, they went away knowing VA is on offense, is transparent and conducting a number of complex and major reform initiatives, and is led by a serious, knowledgeable, and capable team.
Now the harder task begins of keeping them apprised about VA in their districts and providing them context on the various operational and policy challenges ahead.
Brooks Tucker

Sent with BlackBerry Work
(www.blackberry.com)

From: Tucker, Brooks <(b)(6) @va.gov>
Date: Monday, Feb 04, 2019, 5:56 PM
To: Powers, Pamela (b)(6) @va.gov>, Stone, Richard A., MD (b)(6) @va.gov>, Lawrence, Paul R., VBAVACO (b)(6) @va.gov>, Windom, John H. (b)(6) @va.gov>, Gfrerer, James (b)(6) @va.gov>, Mason, Cheryl <(b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Cc: Syrek, Christopher D. (Chris) (b)(6) @va.gov>, Ullyot, John (b)(6) @va.gov>, Hutton, James (b)(6) @va.gov>, Cashour, Curtis (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>, Balland, David <(b)(6) @va.gov>, Haverstock, Cathy (b)(6) @va.gov>, (b)(6) @va.gov>, (b)(6) (OCLA) (b)(6) @va.gov>, Angelson, Alexander J. EOP/WHO (b)(6) , Kaldahl, Ryan M. EOP/WHO (b)(6) Flynn, Matthew J. EOP/WHO (b)(6) Jensen, Jon M. <(b)(6) @va.gov>,

(b)(6), VBAVACO <(b)(6)@va.gov>, Devlin, Margarita, VBAVACO <(b)(6)@va.gov>, Uchalik, Nicholas <(b)(6)@va.gov>
Subject: RE: New Member Orientation on VA

For all Principals and select Staff going to the 2 PM EEOB Briefing tomorrow:
We will assemble at OCLA (Room 500) at 1 PM and walk over to the WH. Anyone who wants to meet us there, the only entry point is the SW Gate.
Members of Congress will arrive NLT 1:45.; as of this evening we have 15 of 18 Freshman and the Chairman and Ranking Member of HVAC attending; a small group of WH OLA Staff will also attend.
Brooks Tucker

Sent with BlackBerry Work
(www.blackberry.com)

From: Tucker, Brooks <(b)(6)@va.gov>
Date: Tuesday, Jan 22, 2019, 11:53 AM
To: Powers, Pamela <(b)(6)@va.gov>, Stone, Richard A., MD <(b)(6)@va.gov>, Lawrence, Paul R., VBAVACO <(b)(6)@va.gov>, <(b)(6)@va.gov>, <(b)(6)@va.gov>, Windom, John H. <(b)(6)@va.gov>, Gfrerer, James <(b)(6)@va.gov>, Mason, Cheryl <(b)(6)@va.gov>, Glynn, Melissa S. <(b)(6)@va.gov>
Cc: Syrek, Christopher D. (Chris) <(b)(6)@va.gov>, Ullyot, John <(b)(6)@va.gov>, Hutton, James <(b)(6)@va.gov>, Cashour, Curtis <(b)(6)@va.gov>, <(b)(6)>, <(b)(6)@va.gov>, Balland, David <(b)(6)@va.gov>, Haverstock, Cathy <(b)(6)@va.gov>, <(b)(6)@va.gov>, <(b)(6)>, (OCLA) <(b)(6)@va.gov>, Angelson, Alexander J. EOP/WHO <(b)(6)>, Kaldahl, Ryan M. EOP/WHO <(b)(6)>, Flynn, Matthew J. EOP/WHO <(b)(6)>, Jensen, Jon M. <(b)(6)@va.gov>, <(b)(6)>, VBAVACO <(b)(6)@va.gov>, Devlin, Margarita, VBAVACO <(b)(6)@va.gov>, Uchalik, Nicholas <(b)(6)@va.gov>
Subject: RE: New Member Orientation on VA

UPDATE for All: For the 2/5 presentations to new House Members who are Veterans, the following topics and briefers will follow a VA overview from SECVA -

Dr. Stone: MISSION Act – Focus on Expanding Community Care Access, Improving VA Access to Care.

Chairman Mason: Appeals Modernization Act – Focus on Implementation and Explanation of Reforms.

Dr. Lawrence: Forever GI Bill – Focus on Status of Payment Problems in 2018, Current Interim Situation, and Plan for Full Implementation in 2019.
Jim Gferer and John Windom: EHRM – Focus on Long Range Plan and Recent Milestones.

OCLA will coordinate with your offices, OEI and OPIA to arrange a briefing format and find a date to do a dry run with all the briefers prior to 2/5.

Brooks D. Tucker
Assistant Secretary
Office of Congressional and Legislative Affairs
O: (b)(6)
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
(b)(6) @va.gov

From: Tucker, Brooks
Sent: Tuesday, January 08, 2019 11:26 AM
To: Powers, Pamela (b)(6) @va.gov>; Stone, Richard A., MD (b)(6) @va.gov>; Lawrence, Paul R., VBAVACO (b)(6) @va.gov>; Reeves, Randy (b)(6) @va.gov>; Brazell, Karen (b)(6) @va.gov>; Sandoval, Camilo J. (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; Windom, John H (b)(6) @va.gov>; Gfrerer, James (b)(6) @va.gov>; Bonzanto, Tamara (b)(6) @va.gov>
Cc: Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Windom, John H. (b)(6) @va.gov>; Ullyot, John (b)(6) @va.gov>; Hutton, James < (b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>; (b)(6) @va.gov>; Balland, David (b)(6) @va.gov>; Haverstock, Cathy (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (OCLA) (b)(6) @va.gov>; 'Angelson, Alexander J. EOP/WHO' (b)(6) 'Kaldahl, Ryan M. EOP/WHO' (b)(6) Flynn, Matthew J. EOP/WHO (b)(6)
Subject: RE: New Member Orientation on VA

UPDATE: This event has been confirmed and scheduled for 2-3:30 PM on January 30 in the EEOB, Room 350.

WH OLA will send invitations tomorrow to the Chiefs of Staff for the 18 Freshmen/Veterans who have joined the House.

OCLA will work with COS on who to designate as briefers from senior leadership.

Will send an update in the next few days.

Brooks D. Tucker
Assistant Secretary
Office of Congressional and Legislative Affairs
O: (b)(6)
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420

(b)(6) @va.gov

From: Tucker, Brooks
Sent: Wednesday, January 02, 2019 11:34 AM
To: Powers, Pamela (b)(6) @va.gov>; Stone, Richard A., MD (b)(6) @va.gov>; Lawrence, Paul R., VBAVACO (b)(6) @va.gov>; Reeves, Randy (b)(6) @va.gov>; Brazell, Karen (b)(6) @va.gov>; Sandoval, Camilo J. (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov> (b)(6) @va.gov>; Windom, John H. (b)(6) @va.gov>
Cc: Syrek, Christopher D. (Chris (b)(6) @va.gov>; Windom, John H. (b)(6) @va.gov>; Ullyot, John (b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; Cashour, Curtis (b)(6) va.gov> (b)(6) @va.gov>; Balland, David (b)(6) @va.gov>; Haverstock, Cathy (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>; Roa, Richard (OCLA) (b)(6) @va.gov>; 'Angelson, Alexander J. EOP/WHO (b)(6) ; 'Kaldahl, Ryan M. EOP/WHO' (b)(6) 'Flynn, Matthew J. EOP/WHO' (b)(6)
Subject: New Member Orientation on VA

All: This is being sent as a preliminary notice, no action is needed at this time. New Members of Congress often come to Washington with a range of perceptions and misperceptions on VA and Veterans. In an effort to engage this new Congress with a proactive set of briefings for a relatively small group in a relatively short span of time, OCLA has been working with WH OLA to develop an orientation session for new Members of Congress who will be assigned to the HVAC and to a lesser degree the SVAC in the 116th Congress. This special orientation session would have SECVA and his core leadership team cover key strategic imperatives that are being undertaken at VA in 2019 and tie those in, where applicable, to local concerns of the Members (e.g. Mission Act, Appeals Modernization, GI Bill, EHRM, Suicide Prevention). The likely venue and forecasted timing will be at the EEOB, possibly in late January, with approximately 60-90 minutes allotted for briefs and interactive discussion. OCLA will be working, in the following sequence, with SECVA Schedulers, Member staffs, and WH OLA to identify the best date and time for this opportunity.

Brooks D. Tucker
Assistant Secretary
Office of Congressional and Legislative Affairs
O: (b)(6)
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
(b)(6) @va.gov

From: (b)(6)
Sent: Sun, 24 Feb 2019 21:16:37 +0000
To: Powers, Pamela;Syrek, Christopher D. (Chris)
Subject: FW: 7 new comments on AQ46(P) Vets Community Care Program
Attachments: VA-2019-VHA-0008-0049.PDF, VA-2019-VHA-0008-0050.PDF, VA-2019-VHA-0008-0051.PDF, VA-2019-VHA-0008-0052.PDF, VA-2019-VHA-0008-0053.PDF, VA-2019-VHA-0008-0054.PDF, VA-2019-VHA-0008-0055.PDF

FYSA- 53 comments already on AQ46!

v/r (b)(6)

(b)(6)
Director, Office of Regulation Policy and Management
Office of the Secretary
Department of Veterans Affairs
(b)(6)

From: (b)(6) @va.gov>
Date: Sunday, Feb 24, 2019, 3:47 PM
To: (b)(6) @us.gt.com>, Sperr, Andrea <Andrea.Sperr@va.gov> (b)(6) (b)(6) @va.gov> (b)(6) (VACO) (b)(6) @va. ov> (b)(6) (b)(6) @va.gov>, (b)(6) @va.gov>
Cc: (b)(6) @va.gov> (b)(6) @va.gov>, (b)(6) @va.gov>, (b)(6) @va.gov>, (b)(6) @us.gt.com>, (b)(6) @va.gov>, (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>
Subject: 7 new comments on AQ46(P) Vets Community Care Program

Good Afternoon—

Attached please find 7 new comments received on AQ46(P). 53 posted.

Thank you.

(b)(6)
Regulation Policy and Management (00REG)
Office of the Secretary
Department of Veterans Affairs
(b)(6) @va.gov
(voice)

PUBLIC SUBMISSION

As of: 2/24/19 3:37 PM
Received: February 24, 2019
Status: Posted
Posted: February 24, 2019
Tracking No (b)(6)
Comments Due: March 25, 2019
Submission Type: Web

Docket: VA-2019-VHA-0008
AQ46-Proposed Rule-Veterans Community Care Program

Comment On: VA-2019-VHA-0008-0001
AQ46-Proposed Rule-Veterans Community Care Program

Document: VA-2019-VHA-0008-0049
Comment on AQ46-Proposed Rule-(b)(6)

Submitter Information

Name: (b)(6)
Address:
(b)(6)
Email: (b)(6) @comcast.net
Phone: (b)(6)

General Comment

20 days for primary care or mental health care especially, is much too long a period of time. Although I would prefer less than a week for each, I could in most cases, accept seven days. Twenty is unacceptable.

The drive times for primary care, mental health, and non-institutional extended care services are a problem for anyone who lives in an area of the country where winter weather can impact travel. Another consideration should be the age of the veteran or driver. An older veteran who is unable to drive because of some disability such as blindness and whose spouse, partner, driver is also older can have great difficulty under the best of circumstances. These standards could have a larger impact on some rural areas.

I hope these situations can be considered as exceptions if the proposed regulations go into effect.

PUBLIC SUBMISSION

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Submission Type: API

Docket: VA-2019-VHA-0008
AQ46-Proposed Rule-Veterans Community Care Program

Comment On: VA-2019-VHA-0008-0001
AQ46-Proposed Rule-Veterans Community Care Program

Document: VA-2019-VHA-0008-0050
Comment on AQ46-Proposed Rule (b)(6)

Submitter Information

Name: (b)(6)
Address:
(b)(6)
Email: (b)(6) @hotmail.com
Phone: (b)(6)
Submitter's Representative: (b)(6)
Organization: (b)(6)

General Comment

Due to our health we travel to a warmer climate in winter. We are unable to care for ourselves in a winter setting. I have to carry Medicare and a supplement, at a considerable cost, just in case I have a health issue. I am told I cannot depend on VA care while here in Florida because my "home" care team is in Iowa. If I have a condition that requires me to see a doctor, VA tells me I can only go to an outpatient VA clinic once. After that, I must go to the ER, at a VA hospital. The closest one is 2 1/2 hours away. I feel this is quite a financial burden on a vet, when VA care is supposed to be my primary care.
In addition, as an example, I had a situation that required I get stitches due to an injury. I went to our outpatient clinic for care. They referred me to the community hospital, since they do not provide that type of care. The VA hospital is 120 miles from home. They also assured me that VA would cover the cost. After treatment, and follow-up removal of stitches, VA denied coverage because I did not have the balance of care (stitches removal) done at a VA facility, since the emergency was no longer in place. So I had to pay an additional huge sum that Medicare did not cover. I think its totally unfair of VA to consider an outpatient clinic as a provider within the restricted mileage if they do not provide that full coverage. So I continue to carry Medicare and supplement simply because I cannot trust VA providing me with adequate care when needed.
If VA wants to be the veterans care provider, these types of issues need to be addressed.

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Docket: VA-2019-VHA-0008
AQ46-Proposed Rule-Veterans Community Care Program

Comment On: VA-2019-VHA-0008-0001
AQ46-Proposed Rule-Veterans Community Care Program

Document: VA-2019-VHA-0008-0051
Comment on AQ46-Proposed Rule (b)(6)

Submitter Information

Name: (b)(6)
Address:
(b)(6)
Email (b)(6) @yahoo.com
Phone

General Comment

Non VA Dental care provider establishment criteria should be established in this document. The work load of the internal VA Dental care program does not provide standard levels of care to all patients in all geograhical areas. Receiving clearance for outside care is not in keeping with VA standards in many locations and causes undue pain and suffering and additional dental problems. Specific treatment types of procedure should be mentioned,ie Surgical procedures,root canals,problem decay patients,implants and replacement apparatuss.
Thank you for your consideration.

PUBLIC SUBMISSION

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Docket: VA-2019-VHA-0008
AQ46-Proposed Rule-Veterans Community Care Program

Comment On: VA-2019-VHA-0008-0001
AQ46-Proposed Rule-Veterans Community Care Program

Document: VA-2019-VHA-0008-0052
Comment on AQ46-Proposed Rule (b)(6)

Submitter Information

Name: (b)(6)
Address:
(b)(6)
Email: (b)(6) @wwt.net
Phone: (b)(6)

General Comment

Twice in the past six years I had health emergencies which required being airlifted to a nearby hospital for immediate lifesaving treatment - once for heart attack and once for severe asthma attack. The VA is my primary healthcare provider, (and has been since 2011) but the Minneapolis VA hospital is about two hours away so was not feasible for timely treatment of these two emergencies. A Mayo Hospital was only 15 minutes away. I have (b)(6) In both cases the VA refused to pay because I have Medicare. I was also informed that the VA does not pay the co-pays. My co-pay on the last event alone was about $5000.00, which was devastating financially. I am still making payments for this 2017 event. I would have no co-pays if I could have gotten to the Minneapolis VA hospital.

A fellow veteran, (b)(6) was having heart problems in Spring 2018 and, being concerned about finances, decided to have someone drive him to the VA. He barely got there and he coded (3 times). He passed away from the damage several months later. Who knows if quicker, local treatment would have been beneficial.

I believe the VA should have paid for my emergencies - or at least be willing to pay the co-pays in these situations. Perhaps this should be addressed in the new rules.

The Minneapolis VA Hospital is excellent in my opinion. I am there about once a month and have had several surgeries. They have also sent me to local providers for a variety of services which has been great. I also was in the Veterans Choice program which seemed like a good idea initially but was very poorly and expensively managed. Once in the program, I was approved for a colonoscopy. It took about 5 months and at least 12 to 15 calls to Veterans Choice before I was able to get a local appointment. Eventually Mayo Health Systems and most other local health providers refused to accept Veterans Choice because of the immense difficulty and expense in

submitting services and getting reimbursed. My local opthamologist told me that his bookkeeper one day spent nearly 6 hours on the phone with the Veterans Choice people to address a single issue for one of his veteran patients. From that point on he no longer accepted Veterans Choice veterans.

When the Minneapolis VA hospital handled purchase of local services, it was much more efficient. Within 5 days of talking to them, they would send a purchase letter that I would then take to a provider of my choice and make an appointment. Mayo and all others readily accept these purchase letters. Very simple and easy for the provider and the veteran.

I believe that the Veterans Choice program or any other program for purchase of local health services should go back to being managed by the local VA hospital. It should be cheaper and better managed for the VA and much better for the veteran and better accepted by local providers.

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Docket: VA-2019-VHA-0008
AQ46-Proposed Rule-Veterans Community Care Program

Comment On: VA-2019-VHA-0008-0001
AQ46-Proposed Rule-Veterans Community Care Program

Document: VA-2019-VHA-0008-0053
Comment on AQ46-Proposed Rule-(b)(6)

Submitter Information

Name: (b)(6)

General Comment

I am in the system, if there was any way I could afford private coverage I
would do so. I have been to my local clinic five times, each time I have had a different provider. Two of those were fired by me because of the way I was treated. One insisted that I had sleep apnea and he brow beat me and tried to bully me into accepting treatment.
The last one was fired because he almost cost me my job. Thankfully, I went to a private doctor and was able to continue working. The V.A. corpsman did not even tell me what he was doing.
The other three I have no idea, and one I was scheduled to see I never saw.
I reported these incidents to the V.A., no action was taken it seems they could care less.
Anything done to move the V.A. to privatization in my opinion would be a good thing.

PUBLIC SUBMISSION

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Docket: VA-2019-VHA-0008
AQ46-Proposed Rule-Veterans Community Care Program

Comment On: VA-2019-VHA-0008-0001
AQ46-Proposed Rule-Veterans Community Care Program

Document: VA-2019-VHA-0008-0054
Comment on AQ46-Proposed Rule (b)(6)

Submitter Information

Name: (b)(6)

General Comment

I travel 55 miles one way to have my medical care provided by the St. Cloud, MN VA. There is a reason I do so with a large private medical facility 1 mile from my home. That reason is simple. At the St. Cloud VA I am treated like a person rather than a number. My Doctor, his staff and all of the other providers at the St. Cloud VA are wonderful medical providers and people. They are friendly, personable and answer all of my questions and concerns. They have also outsourced any service they either could not provide or could not provide in a timely fashion. I would not want to see any new regulations affect the St. Cloud VA in their effort to continue providing high quality care.

AS a final not I do not understand the 30 mile limit on primary care and the 60 mile limit on speciality care. This seems to be backwards to me. I must be missing something.

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AQ46-Proposed Rule-Veterans Community Care Program

Comment On: VA-2019-VHA-0008-0001
AQ46-Proposed Rule-Veterans Community Care Program

Document: VA-2019-VHA-0008-0055
Comment on AQ46-Proposed Rule-(b)(6)

Submitter Information

Name: (b)(6)

General Comment

I definitely believe that the Veteran Affairs should amend their regulations for veterans to receive care outside the VA health system and the care be covered by VA. Many veterans wait many months to years for healthcare services to be provided because there is not enough healthcare providers within the VA system. Therefore, leaving the veterans with no healthcare and no quality care. This situation can lead to many dangerous outcomes. With this program more veterans would be able to have access to healthcare and treatment. If there are plenty of providers out there then why shouldnt the veterans have access to that care?

From: (b)(6)
Sent: Mon, 25 Feb 2019 21:47:17 +0000
To: Byrne, Jim
Cc: Tucker, Brooks (b)(6) ;Bader, Christine E.
Subject: Hearing Transcript - SAC MILCON VA Hearing on EHRM
Attachments: SAC MILCON Hearing 2.5.2019.docx

DepSec,

The CQ unofficial transcript from your Feb 2nd hearing is attached.

V/R, Chris

CQ CONGRESSIONAL TRANSCRIPTS
Congressional Hearings
Feb. 5, 2019 - Final

Senate Appropriations Subcommittee on Military Construction and Veterans Affairs Holds Hearing on VA Electronic Health Record Modernization
LIST OF PANEL MEMBERS AND WITNESSES

BOOZMAN:

The Committee will come to order. You guys can have a seat. Good morning and thank you for coming, today, to discuss the Department of Veterans Affairs Electronic Health Record Modernization effort.

I'd like to begin by recognizing today's panel. The Honorable James Byrne, VA's General Counsel performing the duties of the Deputy Secretary. Thank you for being here. He is accompanied by leadership in VA's Office of Electronic Health Record Modernization, including Mr. John Windom, Executive Director, Dr. Laura Kroupa, Acting Chief Medical officer and Mr. John Short, Technology Integration Officer. So, thank you all for being here and we do appreciate your service to the--for our veterans.

For years, the Department of Defense and VA struggled to share health information and service members transitioned to civilian life. Even within VA, there are more than a hundred and thirty different versions of VistA, the legacy electronic medical record. Last May, VA kicked off a ten-year, $16 billion effort to modernize VA's health IT system. This includes a $10 billion contract with Cerner by adopting the same EHR platform as DoD.

VA argued that the patient data would be seamlessly shared between DoD, VA and community providers, improving efficiency and transparency. Many of us on this Committee have long advocated for a single joint medical record that will follow a service member throughout their career in the military and into their time as a veteran.

We are hopeful that this collaboration between VA, DoD and Cerner can deliver on this vision. Since last May, VA has undertaken efforts to address lessons learned from past EHR modernization initiatives. VA conducted detailed workflow analysis, technology assessments, change management workshops and outreach to key stakeholders.

However, challenges remain, including interoperability with both legacy and community health systems, simultaneous implementation with other initiatives and spending at a lower than expected rate. Perhaps the most important challenge facing VA is the need for its workforce to embrace what will be a wholesale change in the way they do business on a daily basis. We look forward to discussing these and other issues, this morning.

And also, this is our first meeting, I believe without Chad Schulken, who is, did a tremendous job on the minority staff. You know, the nice thing about these committees is that the staff and

members work together, so, so very well. We hear a lot about the rancor but he did a tremendous job and I know he'll do a great job where ever he's at, but he will be missed, so.

And I now turn to our Ranking Member, Senator Schatz from Hawaii for his opening statement.

SCHATZ:

Thank you, Mr. Chairman, and thank you for holding today's hearing on the VA's efforts to modernize its electronic health record system. This is, particularly, important as we prepare to consider the department's fiscal year, 2020, budget and 2021 advance request.

New electronic health record has the potential to be transformational. This is an opportunity to improve patient care with seamless health data sharing between DoD and VA, as well as community providers, and that's why, in last year's appropriations bill, we provided more than a billion dollars so that the department can get this system going.

That includes more than 400 million, specifically to improve IT infrastructure. Now, we all know this process hasn't been easy for VA. I know there were some initial challenges with rolling out the contract and the system. There were contracting delays and issues with aligning the project management and deployment with Department of Defense. But the VA has taken some important steps to address these problems.

Last September, the VA and DoD issued a joint commitment which makes clear that they will work together to coordinate project and data management and develop an organizational structure that will deliver a single, seamlessly integrated and interoperable EHR. That's the goal.

But a commitment is only as strong as the willingness of each party to follow through and so, I look forward to hearing from our witnesses about exactly how both departments are planning to deliver on their promise to service members and veterans.

As VA obligates and spends the funding that Congress provided for EHR, the department needs to remain transparent about the status, the funding and continue to provide regular updates. And that is especially important at the early stages. This information will help us, as appropriators, better meet the VA's needs and serve our veterans. And it gives us the confidence that you are making thoughtful decisions that will prevent cost overruns and schedule delays and other avoidable pitfalls.

Finally, Mr. Chairman, I want to express my frustration and disappointment with how the VA has engaged Congress on its proposed access standards for the new Veterans Community Care Program, created under the Mission Act. Members of the majority and minority, authorizers and appropriators have made repeated requests for information to hear from VA about what information the department relied on to inform its decision making in the potential budgetary implications of expanding eligibility for veterans to seek care in the community.

The VA can and should ensure access for all veterans by relying on community provider. That's especially important for veterans who live in rural and remote areas. But it cannot come at the expense of VA's internal healthcare system. We do not have any analysis or projections about how the proposed access standards will affect utilization rates and, as a result, how it will affect the cost of VA's community care program and, as a result, how it will interact with core VA services.

Now, I know that's not why we're here today but we have a responsibility to the American people and to the Veterans Administration to ensure that VA's leadership is making decisions that are consistent with Congress' intent. I will have more to say on this as the VA files its proposed rule in the Federal Register and look forward to hearing from Secretary Wilkie, directly, when he comes before the Subcommittee to present the department's advanced budget request.

Thank you, Mr. Chairman.

BOOZMAN:

Mr. Byrne.

BYRNE:

Good morning. Chairman Boozman, Ranking Member Schatz, distinguished members of the Subcommittee, thank you for the opportunity to testify about the Department of Veteran's Affairs initiative to transform veteran's care through modernizing VA's electronic health records system, EHR.

And thank you for your unwavering support of veterans, their families, caregivers and survivors.

Mr. Chairman, please let me start with some recent good news from VA. First, you may have seen the Dartmouth report from the annals of internal medicine that found, quote, "VA healthcare is as good or better than any care our American people receive in any part of the country." Unquote.

Second, the Partnership for Public Service, a nonprofit think tank that values the work of our federal agencies reported that, for the first time, VA is now one of the best places to work in the federal government, moving from 17th place to 6th place.

Last, a new study from the Journal of the American Medical Association, JAMA, recently found that, quote, "Access to care within VA facilities appears to have improved between 2014 and 2017, and appears to have surpassed access in the private sector for three of the four specialties evaluated."

I believe these reports reflect the quality of how all of our employees and the hard work they do on behalf of veterans and tax payers every day. Today, I'm excited to be here to discuss the

opportunities presented by our modernization of VA's electronic health records system. Does it mean that the implementation of our new HER system will be simple, easy or without hurdles? It is, in fact, a complex, difficult, time consuming job.

We appreciate the congressional funding of this critical modernization effort and welcome the Committee's oversight as we negotiate this critical task. But as we move forward, I'd like to remind all of my VA colleagues of some important facts.

First, EHR modernization was not forced on us. This transformation is something that we at VA decided had to be done because it makes sense and is best for veterans. Second, we must always keep our eyes on what those in the military refer to as the commander's intent for VA and the end state of our EHRM efforts. VA exists to make life better for veterans. That's what transforming our EHR system and adopting the same system at DoD is all about, meeting the challenging and evolving needs of veterans, improving their lives and their care and making the system easier and more efficient for them.

We need to constantly remind ourselves that, when we complete this difficult, complex transformation, there will be tangible, measurable benefits for veterans, including but not limited to patient data residing in a single site with records updated instantly at the time of care, seamless transitions as service members become veterans and equally seamless access to quality care when veterans move between DoD, VA and community care providers, much greater ease in sharing health information that will result in care delivered in a more timely and safe manner, scheduling of appointments, reimbursement of community providers and, critically, research of healthcare issues of special importance to veterans will all be easier and more efficient.

And finally, care provided by one member of a veteran's care team will be transparent to all members of the team and to the veteran, especially, important in treating patients at risk of suicide or opioid abuse.

Our goal is to deliver an EHR system that is easy to understand, simple to administer and meets veteran's needs. And now is the time to modernize. It's the right thing to do for veterans. This is our Commander's intent and how we see the end state of our EHRM efforts.

As we strive for that end state, we at VA are committed to transparency and close coordination with DoD in all aspects of modernizing our EHR system and from learning all we can from their previous work with Cerner. We are ensuring our new EHR system is in alignment with commercial best practices and we have every confidence that it does.

We are determined to engage clinicians in the field who interact with veterans and their families, each day, to ensure we have their immediate real time feedback on what works best to best serve veterans.

Mr. Chairman, as I've traveled the VA medical centers across the country, I've encountered a sense of excitement about EHRM. On many occasions, I've had hospital directors, administrators, and clinicians ask me how their facility could be moved up on the schedule for fielding the new EHR system. Those who work most closely with veterans in providing care

know that our current system is simply insufficient and recognize the vast potential the new EHR system represents, improvements in timeliness and quality of care, efficiencies in presentation of data and prescription and administration of pharmaceuticals and reducing risk for patients, treatment of chronic conditions, reduction in suicides and in many other areas of care and treatment. They want it now because they know it will help veterans.

Mr. Chairman, in closing, thank you and all the members of the Subcommittee, once again, for your support of veterans and VA. You have provided the funds for us to make this leap forward in care that will help veterans, their families, and caregivers.

We recognize the importance of what we are about, the need for transparent and careful use of appropriated funds and the need to move forward quickly but carefully as we make strides, not only for nation's veterans but in areas that surely pay dividends for better care of Americans in the future.

We are all committed to strengthening the VA system. EHRM will help us do that and strengthen the ties that bind veterans to their VA.

Thank you, sir, and we look forward to your questions.

BOOZMAN:

Thank you. I'll go ahead and get started. Mr. Byrne, interoperability with legacy systems remains a challenge across the board for new VA, IT systems. We are currently watching VA struggle to implement changes to the GI bill that resulted in IT challenges. The scope and scale of the challenges VA will face in the EHR modernization endeavor cannot be understated.

It's something that we simply cannot fail in. VA will be rolling out the modernized EHR system at the same time it's implementing the sweeping changes required under the Mission Act and other changes in law. Sixteen billion dollars over ten years, somebody was telling me, you can appreciate this as an old Naval Academy graduate, I think, did you tell me you had a son on submarines?

BYRNE:

Yes, I do.

BOOZMAN:

Yeah, very much. So, we appreciate that service but I think a new aircraft carrier is $13 or $14 billion, so this is a huge undertaking, a huge expense. So, I guess my question is, what steps is VA taking to ensure that we will have interoperability between the new EHR system and VistA?

How is VA going to ensure that data from community care providers is quickly fed back into the new EHR?

BYRNE:

So, the first part of your question, sir, I think you asked about your concern with the implementation of calm area within VBA. And so, I'd like to differentiate the two of those, basically, and then I'd like if we have your permission, to pass the question off to Mr. Windom because I think you had several questions within that, I hope he was taking notes on them.

But the first is--

BOOZMAN:

--He was busy.

BYRNE:

The first is--the first is with the implementation of the electronic solution for the Colmery and the payment of education benefits. That was a homegrown solution which I'll differentiate between what we're doing now, which is an off the shelf purchasing of Cerner, a system that's sort of been proven across the industry. And so, I want to differentiate the two of those, why I think we should have a higher confidence in Cerner.

It's proven in the market space and so I differentiate the two of those and I'd ask Mr. Windom to address, I think there were six questions within that.

WINDOM:

Thank you, Mr. Chairman. The interoperability element is our primary objective, not only interoperability within the VA, with MDO between DoD and the VA and, also, with our community providers. So, at the forefront, I think, as we look at the challenges and implementation like this, we face, it's about putting the right people with the right team together. We've been leveraging DoD and lessons learned. I can assure you our relationship has only grown over the past 22 months that I've been on board.

And so, being able to understand their challenges. This is hard for a reason. And so, we are communicating weekly with, not only our weekly one-hour sessions but our--our monthly sessions, so that exchange of ideas and communication is ongoing.

I will tell you that we've got a number of strategies that we're imploring and then, I'm going to turn it over to Dr. Kroupa to talk about that clinical information exchange, that data exchange

because, again, this is about user adoption. This is about the willingness of the end users to use the technical solution that we're bringing to bear.

And so, that training mechanism, those change management strategies, are all imperative and I think we're doing that as part of our, both our national workshops and our local workshops where we are engaging both headquarters and field to ensure an understanding of the directions. So, I'm going to pass it off because I think that data movement, that data migration, that data access is important.

So, Dr. Kroupa, if you don't mind.

KROUPA:

Sure. So, we're doing a couple of things. One thing that we're doing, right off the bat, is moving a lot of our data into the Cerner system for all patients across the country before our first go live. So, we have 20 domains of patient data that will be front loaded into the Cerner product so that those, that data will be available to DoD sites and, also, be available at our IOC sites so that clinicians will not have to work without the data that has been accumulated in VistA over time.

One of the things we're going to accomplish with this system is interoperability between VAs because right now, as you said, we have 130 different systems, so now folks will be able to see all the records from across the country when we go live on Cerner, as well as the DoD sites.

The interoperability with the community is, obviously, a national issue. It's not just a technical issue. Using the Cerner hub will allow us to exchange information with community partners and we hope to be able to grow and move that forward as we gain traction with Cerner. So, some of that comes down to business rules and relationships and really making the case that this is important for our veteran care.

BOOZMAN:

Senator Schatz.

SCHATZ:

Thank you, Mr. Chairman. I'm concerned about VA's relationship with Congress when it comes to oversight and so, I'm just going to ask you, Mr. Byrne, a simple question that I think you can answer on behalf of the rest of the team. Do you commit to responding promptly to written questions from members of this Subcommittee, including the Chair and Ranking Member beyond the quarterly reports on EHR and other matters?

BYRNE:

Certainly.

SCHATZ:

Thank you. I'm looking at the appropriated money for last fiscal year, roughly $1.1 billion. Then you have a planned $25 million carry over which ends up being $205 million carry over. So then, the spend plan for 2019 is $1.287 billion. You've got 37.5 million obligated, roughly 9 million spent. I guess the first question is, are you on pace to spend this money in time? That's the first question.

And then the second question becomes, if not, how do we know so that we can calibrate our appropriation so that we're not appropriating money into a pile?

BYRNE:

So, I'll take a quick stab at that and then kick it over to Mr. Windom who is intimate with those exact numbers.

SCHATZ:

He smiled a lot.

BYRNE:

Because he's chomping at the bit, ready to answer this question. But I would like to insert, sir, that IOC, we anticipate going live here in the second beginning of the second quarter and we're going to have a whole lot better picture of our spend rate and our ability to move forward, at that time. So, that's not really a specific answer to your question but we're in a little bit of a wait and see method there.

You gave us three-year monies. That was appropriate as we spent up and we're appreciative of that. I'd ask Mr. Windom to, maybe, address the very specifics of your question.

WINDOM:

Sir, I understand your concerns. I've had an opportunity to speak with your staffs and I appreciate the latitude you've given this program with three-year money. I think, though, the way I would answer your question is, you've challenged me to be fiscally responsible and fiduciarily responsible. And that we won't frivolously spend money without a bona fide need.

There is a bona fide need for the resources that have been allocated. I can't take the budget and just divide by four and have an equal expenditure in each quarter. I--we want to make sure our timing is correct. For example, many times, we buy equipment prematurely and you have to warehouse it, you have to put it in warehouses which now makes software go obsolete and things like that.

So, you'll see just in time buys that we're employing for infrastructure but we want to buy the equipment such as when it arrives to us, we are able to put it where it's needed, immediately. And so, things like the infrastructure buys are going to be delayed to the last moment possible. So I say, we're installing and taking advantage of all technological advancements, prior to that buy or that purchase.

SCHATZ:

I just want to be clear. I am not criticizing you for spending slow. I'm asking that we get better fidelity into what the spend plan is so that we know, because part of it is just as simple as, hey, we don't want you to waste money just to satisfy our need to feel like you're on your plan. But on the other hand, if you're delayed, you're delayed, in which case we ought not to appropriate money that can wait until a subsequent fiscal year.

So, all we need is a better communication as it relates to where you are, exactly, and not waiting for either an oversight hearing or these 90-day quarterly reports which my staff tells me, you know, doesn't quite tell the picture, especially, when you're launching, 90 days is a really long time to wait to figure out where we're at.

Final question, a lot of people have expressed concerns about the role that private individuals have played in the VA procurement decisions. And there are lots of very good people in leadership and at the line level who want to do this right. And I have no particular reason to suspect that anybody is doing otherwise.

But here's the question. Besides workshops, counsel meetings, site visits, and other routine and related community events, have you or anyone you know, formally or informally, corresponded with any private individual not officially involved with the EHR modernization through a contract for services or provider agreement? Mr. Byrne.

BYRNE:

I'm not aware of anybody doing such things, sir.

SCHATZ:

Okay, I'm going to reduce this question to writing because I don't want to put any of you on the spot and I want you to get it exactly right. This concern that there are three private individuals

who meet at a private club, who have improper influence over the operation of the Veterans Administration, is a first order scandal, if it's true. And--and we want to get to the bottom of that particular question. I know there's going to be, I believe a GAO study but I, also, trust you to answer the question as straightforwardly, as possible.

So, we will on a non-accusatory way, reduce this to writing so that you can clear up who, if anyone, is being influenced by these three private individuals who, at least reportedly, have outside influence at a government agency.

Thank you, Mr. Chairman.

BOOZMAN:

Senator Capito.

CAPITO:

Thank you, Mr. Chairman. Thank all of you, appreciate-appreciate what we're trying to accomplish here and I would say, way overdue in time and--and we want to see this be successful.

So, Cerner is the main contractor. Obviously, they are letting subcontracts to small businesses which is required through the complying with the subcontracting plan. One of those happens to be in my state. So, I would like to know if anybody can give me some data as to whether they're fulfilling the 5 percent subcontract to small businesses, if Cerner is moving forward on that and what kind of feedback you're getting from them, in terms of moving some of that business to our smaller businesses.

WINDOM:

Yes ma'am. So, we've got a 17 percent overall small business set aside plan associated with the work that Cerner has been assigned which equates to about $10 billion. The breakout of that is small disadvantaged businesses, 5 percent, women owned businesses, 5 percent, up zone, 3 percent, and so on. So, as you know, the oversight mechanism is what's important and I can tell you my program management oversight office is very much attentive to Cerner fulfilling those established goals.

Over ten years, that equates to anywhere from 500 to 600 million dollars and that's assuming at the present level. And so, we have the ability to not issue task orders, if Cerner is not fulfilling those goals. So, the task orders that we have issued, to date, Cerner has been meeting those small business objectives--

CAPITO:

--In all categories?

WINDOM:

In, toward the 17 percent. Keep in mind, ma'am, is that there's overlap between the 17 percent in that you can be a small disadvantaged business and, also, be a woman owned business, etc. So, ma'am, across the categories that we have established, they are in compliance and we will continue to ensure that is the case.

In addition, as an aside, we are having in the spring, a vendor day, if you will, where Cerner is going to be hosting vendors that are interested in showing their expertise, their talent, their abilities to support our overall mission objectives, as a proactive measure to ensure that we remain in compliance and continue to leverage good ideas that small businesses, in fact, have.

CAPITO:

Yeah, I would appreciate having the date and maybe you could just generate that to all of our offices. Certainly, as somebody whose proximity to the D.C. region, my state's fairly close, this could be helpful. But it could be helpful in Hawaii, as well.

Let me ask you something. Cerner is developing, I am sure, on the other side of their non-governmental business, proprietary products and other things for their private businesses. Is there any concern that, with a contract this large, that the firewall between developing proprietary products and the government products, in other words, I don't want to see them developing their proprietary products on our government, our tax dollars.

What would you have to say, what kind of firewalls do you have in place for that?

WINDOM:

Ma'am, I think you'll find our strategy supports the--the removal of the intellectual property barrier. It--I can't speak for Cerner but it's, they seek to maintain a single base line between their commercial and their federal business. I can tell you, within the terms and conditions of the contract, we put clauses in there that address the fact that we will continue to help them innovate and, hopefully, we will be introducing ideas as part of, if you will, our smart people that reside within the VA, helping them understand, not only our market, but contributing the ideas that may support their commercial market.

Within the framework of the terms and conditions of the contract, we have, actually, language that allows for the sharing of potential profits that may be gained by those ideas being shared.

Yes ma'am, so I think the cross-pollenization between the commercial and, also, the federal space are important to preserving that commercial desire to be more like the commercial EHR platforms.

So, we haven't' faced those inhibitors, to date, but we will be mindful of them, especially, since you've expressed that concern. But I think we've got language in the contract, and again, enforcement is important to where we're going to be able to cross pollinate, share ideas, and then the government reap whatever benefits they so need. Okay.

CAPITO:

Good. Let me ask this. I don't have much time left. This is a big question. In terms of putting electronic medical records into the private space, and where we're doing this now with the VA, there's been an issue with providers, maybe I'll say since I'm in that category, older providers who don't really want to, you know, move into the electronic medical records, it's expensive, they don't really know the technology, they don't' want to mess with the technology.

You said something just a bit ago about cross VA and how it led me to believe, like, this is going to be a requirement for everybody across, are you going to be training through the spectrum? It's not just going to be physicians, obviously, it would be physician's assistants, physical therapists, etc., etc. Am I understanding that correctly?

WINDOM:

Yes ma'am. There are many other types of users besides clinicians.

CAPITO:

Right.

WINDOM:

And so, that whole user base is important for our overall success. And so, ma'am, if you don't mind, I'm going to defer that to Dr. Kroupa because she's at the forefront of these clinical or these change management counsels that are supporting those.

KROUPA:

So, we have one advantage. We've been using an electronic health record for many years, so, we're not going from paper to electronic health record. So, everybody is used to being on a

From: RLW
Sent: Thu, 3 Jan 2019 00:09:29 +0000
To: Rychalski, Jon J.;Byrne, Jim
Cc: Powers, Pamela;Murray, Edward;McIlroy, Andrew R.;Pannullo, Jerome (b)(6) (b)(6) Parker, Amy L.
Subject: RE: OMB Final Settlement

Let's discuss on Friday

Sent with Good (www.good.com)

From: Rychalski, Jon J.
Sent: Wednesday, January 2, 2019 3:24:12 PM
To: RLW; Byrne, Jim
Cc: Powers, Pamela; Murray, Edward; McIlroy, Andrew R.; Pannullo, Jerome; (b)(6) Parker, Amy L.
Subject: OMB Final Settlement

Mr. Wilkie, Mr. Byrne

Good evening!

In response to our December 12 appeal for an (b)(5) above the FY 2020 settlement (letter attached), the Budget Review Board (VP, Chief of Staff and OMB Director) and OMB provided an (b)(5) (b)(5) (b)(5) With this final change, the total discretionary budget request for FY 2020 is now (b)(5) see attached spreadsheet for details).

The FY 2020 budget will support your top priorities: Mission Act, EHRM, customer service (increase to VEO), business transformation (i.e. FMBT) and improved accountability (such as increase to OAWP). There are however, (b)(5) (b)(5)

OMB told us informally that they would consider an internal offset if we wanted to fund the (b)(5) This would be difficult. Finding an (b)(5) (b)(5) If we do want to make an appeal (b)(5) we n ed to do so this week. If asked by anybody (b)(5) we can say we fought hard for (b)(5) but in the

end OMB did not support it.

Thanks to Andrew McIlroy for putting this summary together.

Jon

From: RLW
Sent: Tue, 8 Jan 2019 13:15:45 +0000
To: RLW
Subject: Congressional Engagement for Veterans/Freshman Veterans (Brooks Tucker)
Attachments: Rep. Riggleman, Denver (VA-R).docx, Rep. Luria, Elaine (VA-D).docx, Rep. Baird, Jim (IN-R-4).docx, Rep. Reschenthaler, Guy (PA-14).docx, Rep. Rose, Max (NY-R).docx, Rep. Watkins, Steve (KS-R-2).docx, Rep. Crow, Jason (CO-D-6).docx, Rep. Cisneros, Gilbert (CA-D-39).docx, Rep. Waltz, Michael (FL-R-06).docx, Rep. Timmons, William (SC-R).docx, Rep. Green, Mark (TN-R).docx, Rep. Taylor, Van (TX-R).docx, Copy of New Member Veterans List.xlsx, Rep. Dan Crenshaw (TX-R).docx, Rep. Jared Golden (D-ME-2) 2018.docx, Rep. Pence, Greg (IN-R-6).docx, Rep. Steube, Greg (FL-R-17).docx

UPDATE for All: For the 2/5 presentations to new House Members who are Veterans, the following topics and briefers will follow a VA overview from SECVA -

Dr. Stone: MISSION Act – Focus on Expanding Community Care Access, Improving VA Access to Care.

Chairman Mason: Appeals Modernization Act – Focus on Implementation and Explanation of Reforms.

Dr. Lawrence: Forever GI Bill – Focus on Status of Payment Problems in 2018, Current Interim Situation, and Plan for Full Implementation in 2019.

Jim Gferer and John Windom: EHRM – Focus on Long Range Plan and Recent Milestones.

OCLA will coordinate with your offices, OEI and OPIA to arrange a briefing format and find a date to do a dry run with all the briefers prior to 2/5.

Brooks D. Tucker
Assistant Secretary
Office of Congressional and Legislative Affairs
O (b)(6)
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
(b)(6) @va.gov

UPDATE: This event has been confirmed and scheduled for 2-3:30 PM on January 30 in the EEOB, Room 350.

WH OLA will send invitations tomorrow to the Chiefs of Staff for the 18 Freshmen/Veterans who have joined the House.

OCLA will work with COS on who to designate as briefers from senior leadership.

Will send an update in the next few days.

Brooks D. Tucker
Assistant Secretary
Office of Congressional and Legislative Affairs
O: (b)(6)
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
(b)(6)@va.gov

From: Tucker, Brooks
Sent: Wednesday, January 02, 2019 11:34 AM
To: Powers, Pamela (b)(6)@va.gov>; (b)(6)
(b)(6)
Cc: (b)(6)
(b)(6)
'Angelson, Alexander J. EOP/WHO' (b)(6) 'Kaldahl, Ryan M. EOP/WHO'
(b)(6) 'Flynn, Matthew J. EOP/WHO' (b)(6)
Subject: New Member Orientation on VA

All: This is being sent as a preliminary notice, no action is needed at this time. New Members of Congress often come to Washington with a range of perceptions and misperceptions on VA and Veterans. In an effort to engage this new Congress with a proactive set of briefings for a relatively small group in a relatively short span of time, OCLA has been working with WH OLA to develop an orientation session for new Members of Congress who will be assigned to the HVAC and to a lesser degree the SVAC in the 116th Congress. This special orientation session would have SECVA and his core leadership team cover key strategic imperatives that are being undertaken at VA in 2019 and tie those in, where applicable, to local concerns of the Members (e.g. Mission Act, Appeals Modernization, GI Bill, EHRM, Suicide Prevention). The likely venue and forecasted timing will be at the EEOB, possibly in late January, with approximately 60-90 minutes allotted for briefs and interactive discussion. OCLA will be working, in the following sequence, with SECVA Schedulers, Member staffs, and WH OLA to identify the best date and time for this opportunity.

Brooks D. Tucker
Assistant Secretary
Office of Congressional and Legislative Affairs

O (b)(6)
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
(b)(6) @va.gov

From: Wilkie, Robert L., Jr.
Sent: Thu, 10 Jan 2019 15:03:28 +0000
To: RLW
Subject: FW: What's happened to VHA? - There's an answer

From: (b)(6)
Sent: Thursday, January 10, 2019 3:03:27 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: RE: What's happened to VHA? - There's an answer

Mr. Secretary,

It seems that my original message did not reach you.

I'm saddened - albeit not really surprised - to learn that the Choice program continues to disappoint:
https://www.propublica.org/article/va-private-care-program-gave-companies-billions-and-vets-longer-waits

There are still MANY dedicated DVA employees available to turn things around, but leadership (not mere "management") can only come from VACO.

Again, most respectfully tendered,
(b)(6)

-----Original Message-----
From: (b)(6)
Sent: Friday, August 17, 2018 1:38 PM
To: Wilkie, Robert L., Jr. (b)(6)@va.gov>
Subject: What's happened to VHA? - There's an answer

Dear Mr. Secretary,

As a 20-year VHA clinician involved in direct patient care, I would like to take the advice of the Department of Homeland Security's "If you see something, say something" campaign.

I cannot speak for VBA or NCA, but we--in VHA--have lost our direction.

When I began my VA career in 1998, it was under the excitement of the leadership and far-sighted goals of Kenneth W. Kizer, MD, MPH. The path of VA Healthcare from backwater to leader under his tenure reversed many long-standing misconceptions about "VA Hospitals" and was moved VHA into a leadership position in American healthcare. https://www.va.gov/opa/publications/archives/vanguard/99junjulvg.pdf.

VHA spearheaded health care reforms that could have provided a solution to our ongoing American health care crisis:

- Integrated health care networks linking primary and specialty care and ancillary services, unified by a single electronic medical health record visible throughout VHA.
- Restricted drug formulary to avoid pressure from Pharma to prescribe the "latest, greatest" medications + pharmacy bundling & bulk buying to keep costs down.
- Use of front line employees to determine appointment scheduling appropriateness - this reduced unnecessary appointments and allowed for provision of timely medical care for patients who needed it (i.e. "the right care

at the right place at the right time").

As my colleagues entered the private sector, they raised eyebrows when I proudly extolled the virtues of the "VA healthcare system." I was convinced that VHA offered the solution to America's healthcare quagmire, namely: "paying more for less". As is well known, the US has a much-higher percentage of GDP expenditures & higher per capita rates for healthcare spending than all other countries, https://qz.com/1022831/why-doesnt-the-united-states-have-universal-health-care/, yet worse chronic disease indices than those found in other developed nations. http://content.healthaffairs.org/content/26/6/w678.full.

Clearly, other organizations were watching and recognizing that the VA did it better when it came to healthcare. The positive outcomes published in a 2005 RAND report (https://www.rand.org/content/dam/rand/pubs/research_briefs/2005/RAND_RB9100.pdf) were mirrored by glowing reports in the public domain (e.g. Bloomberg Press: https://www.bloomberg.com/news/articles/2006-07-16/the-best-medical-care-in-the-u-dot-s-dot).

Nothing changed my opinion after Phillip Longman's insightful "Best Care Anywhere: Why VA Health Care is Better Than Yours" (Polipoint Press) was published in 2007, because I could see firsthand that we WERE delivering a higher level of care than our peers in the private sector.

HOWEVER, clearly much has changed over the past few years. It became necessary to "restore" trust in VA healthcare (Kizer & Jha, 2014 - http://www.nejm.org/doi/pdf/10.1056/NEJMp1406852.) The implication, of course, is that something had been "lost."

It was.

We had the solution to American healthcare & we let it go. How was that possible? Through various permutations, the short answer is: the Veterans' Choice Program. Following execution of the Veterans Access, Choice, and Accountability Act of 2014 ("Veterans Choice Act") in August of that year, new demands pushed VHA in a different direction, albeit not a positive one. This was reflected in an in-depth assessment by 2016 (https://www.rand.org/pubs/research_reports/RR1165z4.html.

The unintended consequences of this program have reversed most of the gains made those 10-20 years ago:

- We no longer have an integrated health care network - use of non-VA providers has diluted care & medical records are difficult to obtain
- Drug formularies are bypassed
- Wait times increase as front line employees no longer seek to determine appropriateness of appointments, driving more patients into the Choice program
- We now have more employees to coordinate choice, but still serve the same number of patients.

Fast forward to today. Four years after enactment of the Veterans Choice Act, VHA has become just another version of American healthcare: a convoluted, fee-for-service adjunct cash cow+ for private practice.

This will be our undoing.

Productivity metrics following the private-sector model will drive the final nail into our coffin.

Why would we exchange an excellent, benchmark-proved, integrated healthcare system for another version of the private sector? This is consistent with how Albert Einstein famously defined insanity: "doing the same thing over and over again and expecting different results."

Was it truly the "unwillingness or inability of leaders to take responsibility for the effectiveness of their programs and operations," and the "sense of futility" at multiple levels in bringing about improvements? https://www.usnews.com/news/news/articles/2018-03-07/watchdog-report-failed-va-leadership-put-patients-at-risk.

Enter the VHA PARADIGM SHIFT: I was hired to take care of patients who happened to be veterans. Currently,

I'm expected to accede to every wish of veterans who happen to be patients.

Now, the pressure on all VHA employees is to give "the veteran" what s/he wants, and not what our patients need. There is obviously a big difference in these terms, "want" and "need." Perhaps we should stop making "veteran" a profession in its own right.

So, if we're truly wanting to give veterans what they want, and if the majority of veterans want non-VHA care, then we need to respect their collective wishes, close our doors, and privatize. We owe it to them and the taxpayers. In terms of healthcare, this will be a big mistake, but falls in line with the intent of a true "choice" program.

It's difficult to take pride in what we're now doing for our patients who have depended on us for so long; but if this is the direction the winds are blowing, then the death knell for VHA has been sounded.

Most respectfully submitted,

(b)(6) OD, MPH
(b)(6)
John J Pershing VAMC
Poplar Bluff, MO

From: Powers, Pamela
Sent: Thu, 10 Jan 2019 19:47:29 +0000
To: McGinley, William J. EOP/WHO
Cc: Trojanowski, Drew C. EOP/WHO;Syrek, Christopher D. (Chris)
Subject: FW: [EXTERNAL] Mission act story ASAP

Bill,

FYSA. We believe our Mission Act Access standards were leaked (from either VHA or OMB) to the NY Times and they plan to do a story on the "privatization" front. It is a false narrative but that has not stopped them before. The regulation is currently with OMB for approval prior to the public comment period that will occur in February.

pam

From: Cashour, Curtis
Sent: Thursday, January 10, 2019 12:47 PM
To: Syrek, Christopher D. (Chris) <(b)(6) @va.gov>; Ullyot, John <(b)(6) @va.gov>; Hutton, James <(b)(6) @va.gov>;(b)(6) @va.gov>
Subject: FW: [EXTERNAL] Mission act story ASAP

FYI below...

Sent with BlackBerry Work
(www.blackberry.com)

From: Steinhauer, Jennifer <jestei@nytimes.com>
Date: Thursday, Jan 10, 2019, 12:13 PM
To: Cashour, Curtis (b)(6) @va.gov>
Subject: Re: [EXTERNAL] Mission act story ASAP

Today is the goal. I know its busy news as ever. Basically that in what would be biggest shift to vet's health care in a generation, VA is seeking a model based on form of Tricare that would greatly open up private sector care for vets. Nutshell.

On Thu, Jan 10, 2019 at 12:00 PM Cashour, Curtis <(b)(6) @va.gov> wrote:
Hi, Jennifer. What is your specific angle and deadline?

Thanks,

Curt Cashour
Press Secretary
Department of Veterans Affairs
(b)(6)
va.gov

@curtcashour

From: Jennifer Steinhauer [mailto:jestei@nytimes.com]
Sent: Thursday, January 10, 2019 11:58 AM
To: Cashour, Curtis (b)(6) @va.gov>
Subject: [EXTERNAL] Mission act story ASAP

Hi there Dave p and I have both heard very consistent things about the new access standards for MA from very different corners and will be writing soon can you provide any help thanks so much

Sent from my iPhone

From: Wilkie, Robert L., Jr.
Sent: Mon, 14 Jan 2019 17:37:51 +0000
To: RLW
Subject: FW: [EXTERNAL] Perspective

From: (b)(6)
Sent: Monday, January 14, 2019 5:36:49 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: Re: [EXTERNAL] Perspective

Sir
Thank you for your response,
My apologies for the typos, but I am sure you get the gist of the note.

I appreciate your willingness to consider my points and that of others...as a nation we have an obligation to Veterans and must resist the temptations to tweak a system if it potentially could slide back to a VA of old.
God Bless
(b)(6)

PUSH
Pray Until Something Happens

Sent from my iPhone
"So please excuse the typos!"

> On Jan 14, 2019, at 10:25, Wilkie, Robert L., Jr. (b)(6)@va.gov> wrote:
>
> Chad
>
> Thank you for your note of support and service to our Country!
>
> Robert
>
> -----Original Message-----
> From: (b)(6) [mailto:(b)(6)@aol.com]
> Sent: Monday, January 14, 2019 7:51 AM
> To: Wilkie, Robert L., Jr. (b)(6)@va.gov>; (b)(6)@va.gov>; (b)(6) (Cerner) (b)(6)@va.gov>
> Subject: [EXTERNAL] Perspective
>
> Secretary Wilkie
> I read an article yesterday in Fort Worth about privatization of VA medical services. The most poignant statement came towards the end, (Veterans) "They want to go to places where speak the language and understand the culture." This is absolutely correct and cannot be understated.
>
> I have access to great health care through my wife's employment, but I only go to the VA because that is where I feel at home. They get me, they understand what I have been through and they have the compassion coupled with the relatability to help me. The private sector does not understand, "thank you for your service is a cliche I hear often, but most don't have a clue what that service was all about, but the VA does and my experience on this journey

has been tremendous with the VA.
>
> I am 100% permanently disabled and I know what my future may look like down the road as I age, I could not imagine getting my care from a private hospital that has idea what I have been through. I have used the choose program and it is extremely invaluable, but I also know that the VA monitors those referrals and I know that they provide me a "choice," which could be lost with privatization.
>
> Veterans need to be with other Veterans and throwing us into the mainstream, in my view will have a very negative impact, expense not withstanding.
>
> Always available to provide additional perspective.
> Respectfully
>
> (b)(6) USA RET)
>
> PUSH
> Pray Until Something Happens
>
> Sent from my iPhone
> "So please excuse the typos!"

From: Powers, Pamela
Sent: Wed, 16 Jan 2019 23:33:13 +0000
To: RLW
Subject: FW: Current Drafts of Written and oral statement
Attachments: Wilkie FY 2020 Budget Testimony MASTER.docx, Wilkie FY 2020 Oral Statement MASTER.docx

Sir,

This is for your review next week during your convalescence.

Pam

From: (b)(6)
Sent: Wednesday, January 16, 2019 3:54 PM
To: Powers, Pamela (b)(6) @va.gov>
Cc: Rychalski, Jon J. (b)(6) @va.gov>; McIlroy, Andrew R. (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>
Subject: Current Drafts of Written and oral statement

Ma'am,

As you requested, please find attached current drafts of the written and oral FY 2020 budget testimony.

These drafts have not been fully vetted; the input provided by admins and staff offices was cleared through their chains, but the entire product has not been circulated for review.

While VHA is finalizing their numbers, some of the statements about program increases may need to be adjusted in the oral testimony.

Thanks and please let us know if you have any questions.

V/r,

(b)(6)
Congressional Appropriations Advisor
Office of Budget/Office of Management
Department of Veterans Affairs
810 Vermont Ave NW
Washington, DC 20420
(b)(6) direct

From: Wilkie, Robert L., Jr.
Sent: Thu, 17 Jan 2019 19:56:47 +0000
To: RLW
Subject: FW: [EXTERNAL] Webinar

From: (b)(6)
Sent: Thursday, January 17, 2019 8:01:06 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.; (b)(6) (Cerner); Davis, Lynda
Subject: [EXTERNAL] Webinar

Mr. Secretary
Wonderfully orchestrated and informative webinar today. Thanks for taking the time to address the audience and for arranging such a well versed panel of experts.

I chuckled because last month on LinkedIn I wrote a short article entitled, "This is not your Grandfather's VA."

You get it and that in itself is very encouraging.
God Bless

(b)(6) (USA RET)

Sent from Mail for Windows 10

From: (b)(6)
Sent: Monday, January 14, 2019 6:51 AM
To: (b)(6) @va.gov; (b)(6)
Subject: Perspective

Secretary Wilkie
I read an article yesterday in Fort Worth about privatization of VA medical services. The most poignant statement came towards the end, (Veterans) "They want to go to places where speak the language and understand the culture." This is absolutely correct and cannot be understated.

I have access to great health care through my wife's employment, but I only go to the VA because that is where I feel at home. They get me, they understand what I have been through and they have the compassion coupled with the relatability to help me. The private sector does not understand, "thank you for your service is a cliche I hear often, but most don't have a clue what that service was all about, but the VA does and my experience on this journey has been tremendous with the VA.

I am 100% permanently disabled and I know what my future may look like down the road as I age, I could not imagine getting my care from a private hospital that has idea what I have been through. I have used the choose program and it is extremely invaluable, but I also know that the VA monitors those referrals and I know that they provide me a "choice," which could be lost with privatization.

Veterans need to be with other Veterans and throwing us into the mainstream, in my view will have a very negative impact,
expense not withstanding.

Always available to provide additional perspective.
Respectfully

(b)(6) (USA RET)

PUSH
Pray Until Something Happens

Sent from my iPhone
"So please excuse the typos!"

From: Wilkie, Robert L., Jr.
Sent: Fri, 18 Jan 2019 17:57:30 +0000
To: RLW
Subject: FW: VA wait times for new appointments equal to or better than those in private sector: JAMA study compared four VA specialty care services with private care

---

From: (b)(6)
Sent: Friday, January 18, 2019 5:57:29 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: VA wait times for new appointments equal to or better than those in private sector: JAMA study compared four VA specialty care services with private care

https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5184

Please feel free to continue your privatization efforts, and also to take credit for everything that started well before you and your bosses arrived on the scene.

From: Powers, Pamela
Sent: Sat, 19 Jan 2019 16:32:58 +0000
To: Rychalski, Jon J.
Cc: Syrek, Christopher D. (Chris);Murray, Edward (b)(6) McIlroy, Andrew R.;Tucker, Brooks;Ullyot, John
Subject: RE: Hearing Prep

Let's keep the scheduled times to prep him for the state of VA. He wants to be well prepared for that.

Sent with BlackBerry Work
(www.blackberry.com)

From: Rychalski, Jon J. <(b)(6) @va.gov>
Date: Friday, Jan 18, 2019, 1:30 PM
To: Powers, Pamela (b)(6) @va.gov>
Cc: Syrek, Christopher D. (Chris) (b)(6) @va.gov>, Murray, Edward (b)(6) @va.gov>, (b)(6) @va.gov>, McIlroy, Andrew R. (b)(6) @va.gov>, Tucker, Brooks (b)(6) @va.gov>, Ullyot, John (b)(6) @va.gov>
Subject: Hearing Prep

Pam

We have some time scheduled the last week of Jan and first week of Feb to do budget rollout hearing prep with Mr. Wilkie. Given the budget will be delayed, we were contemplating cancelling some of the prep (but keeping the one on Jan 29 to get his feedback on the oral/written testimony).

Alternatively, we could keep the times and devote them to the really weighty issues. We do have the HAC hearing on general issues (the stuff he talked to Ms. Wasserman-Schultz about) now scheduled for Feb 26.

Issues we were thinking about….

MISSION
Privatization
Caregivers
SSVF/Suicide Prevention
GI Bill

Thoughts?

Jon

From: Powers, Pamela
Sent: Tue, 22 Jan 2019 22:35:28 +0000
To: (b)(6)
Subject: FW: Hearing Schedule

Please schedule this week, if possible.

Sent with BlackBerry Work
(www.blackberry.com)

From: Glynn, Melissa S. (b)(6) @va.gov>
Date: Tuesday, Jan 22, 2019, 5:34 PM
To: Powers, Pamela (b)(6) @va.gov>, Rychalski, Jon J. (b)(6) @va.gov>
Cc: Byrne, Jim <(b)(6) @va.gov>, Tucker, Brooks (b)(6) @va.gov>, (b)(6) (b)(6) @va.gov>
Subject: RE: Hearing Schedule

Pam
We should have updated messaging tomorrow by COB. Practically, organizing a meeting from your calendar will get us together faster.

Sent with Good (www.good.com)

From: Powers, Pamela
Sent: Tuesday, January 22, 2019 2:01:34 PM
To: Rychalski, Jon J.
Cc: Byrne, Jim; Tucker, Brooks (b)(6) Glynn, Melissa S.
Subject: RE: Hearing Schedule

I believe Melissa is working on setting up a Strategic Messaging Meeting with senior leaders. Melissa....do you want me to schedule or do you have it? My thoughts are that we should include John U, Jon R, Brooks, Jim B., Rich, Steve L, you and I. The messaging that Ginger is working would be a good starting point.

From: Rychalski, Jon J.
Sent: Tuesday, January 22, 2019 4:58 PM
To: Powers, Pamela (b)(6) @va.gov>
Cc: Byrne, Jim (b)(6) @va.gov>; Tucker, Brooks <(b)(6) @va.gov>, (b)(6) (b)(6) @va.gov>
Subject: RE: Hearing Schedule

Absolutely! (b)(6) can you send an updated version?

Also, did you mention last week that you were going to convene a meeting of interested parties to discuss MISSION/Privatization this week? If so, is there anything planned? I think we all agree this will be maybe the most complicated issue for hearings and today I met with the VHA CFO to discuss their proposal for an In House/Purchased Care split in the Advanced Appropriation for FY 2021. I think that you, Jim and maybe the Secretary should weigh in on or at least be familiar with what is being proposes.

Jon

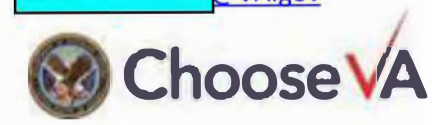
From: Powers, Pamela
Sent: Tuesday, January 22, 2019 4:53 PM
To: Rychalski, Jon J. [(b)(6)]@va.gov>
Cc: Byrne, Jim [(b)(6)]@va.gov>; Tucker, Brooks [(b)(6)]@va.gov>
Subject: Hearing Schedule

Jon,

Can you please send Jim and I an updated Hearing Schedule? It would be helpful to note which ones are "oversight" related and which ones are budget.

Thanks!
Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office [(b)(6)]
Cell [(b)(6)]
[(b)(6)]@VA.gov



From: Byrne, Jim
Sent: Tue, 22 Jan 2019 23:06:34 +0000
To: Christine E. Bader (b)(6) @va.gov)
Subject: House and Senate Appropriations MilConVA Subcommittee Hearings (002)
Attachments: House and Senate Appropriations MilConVA Subcommittee Hearings (002).docx

House and Senate Appropriations MilConVA Subcommittee Hearings
Proposed Hearing Schedule and Witness Recommendations

SAC MilConVA

OEHRM Hearing

February 5th, 10:30am

- Lead witness: **Jim Byrne**, General Counsel performing the duties of Deputy Secretary
- Accompanying Witness: **John Windom**, Executive Director, OEHRM
- Accompanying Witness: John Short, Chief Technology Officer, OEHRM
- Accompanying Witness: Dr. Lauren Kroupa, Chief Medical Officer, OEHRM

HAC MilConVA - all start at 10am unless otherwise noted

Long term health challenges and longterm care – if possible to schedule

[Veterans are living long, VA nursing home program impacts, aging in place]

Date: February 13th (afternoon) [tentative]

Recommended witnesses:

Lead Witness: **Dr. Teresa Boyd**, ADUSH for Clinical Operations

Accompanying Witness: **Dr. Scotte R. Hartronft**, Acting Executive Director – VA Office of Geriatrics & Extended Care (10NC4)

VA General Oversight

[MISSION Act implementation, privatization, supply chain issues, VA contracting – things Chairwoman Wasserman Schultz has discussed with the Secretary]

Date: February 26th

Requested Witness:

- Secretary Wilkie

Electronic Health Record Modernization and Information Technology Oversight

[Oversight on EHRM and general IT]

Date: February 27th

Requested Witnesses:

- Lead witness: **Jim Byrne**, General Counsel performing the duties of Deputy Secretary
- Accompanying Witness: **Jim Gfrerer**, Assistant Secretary for Information Technology
- Accompanying Witness: **John Windom**, Executive Director, OEHRM

Female Veterans Access to VA

[Accessing care, barriers to women veterans, scope of services, childcare, gender sensitivity]

Date: February 28th

Recommended Witnesses:

- Lead Witness: **Dr. Patricia Hayes**, Chief Consultant, Women's Health Services
- Accompanying Witness: **Dr.** (b)(6) National MH Director, Family Svc/Women's MH/MST

Mental Health and Homelessness

[Mental health issues facing veterans, as well as the effects of mental health on homeless veteran population – anxiety, depression, PTSD, suicide prevention]

Date: March 7th

Recommended Witnesses:

- Co-Lead Witness: **Dr. David Carroll**, Executive Director, Mental Health Operations
- Co-Lead Witness: **Roger Casey**, Director, Education-Dissemination, National Center on Homelessness

From: Powers, Pamela
Sent: Wed, 23 Jan 2019 16:27:49 +0000
To: RLW
Subject: RE: Wait times

Good morning, Sir. I am well and the VA is well. There were all good news stories in this morning's clips…which I believe might be a first. I am glad that you enjoyed the book and hopefully you are not in too much pain.

(b)(5)

If there is anything else you would like me to work now that you have some time to strategize, please let me know. I will keep you informed of any issues this week and update you as necessary on hot topics.

Hang in there and enjoy some hopefully pain free downtime. You deserve it!

Pam

From: RLW
Sent: Wednesday, January 23, 2019 10:10 AM
To: Powers, Pamela (b)(6) @va.gov>
Subject: Wait times

How are you—first day I have reached for the pain medicine. (b)(6)

Finished your wonderful Christmas present this week. Thank you. Read (b)(6) a few passages in the book about my hero Harry Truman—uplifting.

(b)(5)

Thank you again for everything.

Robert
Sent with BlackBerry Work
(www.blackberry.com)

From: Powers, Pamela
Sent: Sun, 27 Jan 2019 17:12:26 +0000
To: Glynn, Melissa S.
Subject: FW: MISSION Act Access Standards Communications Plan …
Attachments: 190127 MISSION Access Stds Comms Plan Draft-FINAL.docx

Melissa, this is not exactly what I was looking for but I can work with it. I wanted to get your input before I do anything though. Can you take a look?
Pam

Sent with BlackBerry Work
(www.blackberry.com)

From: Hutton, James <(b)(6) @va.gov>
Date: Sunday, Jan 27, 2019, 11:55 AM
To: Powers, Pamela (b)(6) @va.gov>, Ullyot, John <(b)(6) va.gov>, Syrek, Christopher D. (Chris) <(b)(6) @va.gov>
Cc: Tucker, Brooks (b)(6) @va.gov>, Glynn, Melissa S. <(b)(6) @va.gov>, Cashour, Curtis (b)(6) @va.gov>, (b)(6) @va.gov>
Subject: MISSION Act Access Standards Communications Plan

Pam,

I've attached the MISSION Act Access Standards Communications Plan per your request.

James

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office (b)(6)
Email: (b)(6) **@va.gov**
Twitter: @jehutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Powers, Pamela
Sent: Mon, 28 Jan 2019 01:28:25 +0000
To: RLW;Byrne, Jim
Cc: Mashburn, John K.;Bader, Christine E.
Subject: FW: Mission Act Roll-Out
Attachments: Regulation Communications Timeline 1-27-19.docx, MISSION Act Access Standards Table 012519.docx

Sirs,

FYSA, I sent the below email and attached documents to Bill McGinley, Drew and Jenny to give them a heads-up on our MISSION Act Communication Strategy. I had a long talk with Drew tonight and DPC is on board with this strategy and roll-out timeline. Our intent is to get our message out before the privatization attacks start coming.

See you in the morning!

Pam

From: Powers, Pamela
Sent: Sunday, January 27, 2019 8:21 PM
To: 'McGinley, William J. EOP/WHO' [(b)(6)] 'Trojanowski, Drew C. EOP/WHO' [(b)(6)] Korn, Jennifer S. EOP/WHO [(b)(6)]
Cc: Glynn, Melissa S. [(b)(6)]@va.gov>; Syrek, Christopher D. (Chris) [(b)(6)]@va.gov>; Flynn, Matthew J. EOP/WHO [(b)(6)] 'Mocarski, Ashley D. EOP/WHO' [(b)(6)]
Subject: Mission Act Roll-Out

Bill/Drew/Jenny,

I wanted to give you a heads up on our plan for release of the MISSION Act Community Care and Urgent Care Regulations. We are still tracking for publishing the Community Care Regulation in the Federal Register on February 8th and the Urgent Care will publish this Wednesday. Therefore, we are planning to release and communicate to key stake holders this week (media, Hill, VSOs and VA employees).

Attached you will find our communication strategy (working document) and a one-pager that we are using to communicate 1v1 with stakeholders. We are still working Secretary Wilkie's message and will share when finalized. That will be a strategic message released early this week that talks about the benefits of MISSION Act on choice and the transformation of VA healthcare. It will also highlight increased demand and investments made to strengthen our system, and sets the stage of how far we have come with the coming anniversary of Phoenix crisis. That will be followed by more detailed information in an official release on Wednesday.

We also intend to have daily syncs over the next few weeks to ensure a successful communication roll-out. Drew is planning to attend tomorrow at 8:30am….Jenny, if you are interested and available, please join us in person or call in.

This is a great news story and we are working to ensure it gets presented that way. If you have any questions, please let me know.

Pam

Pamela Powers
Veterans Affairs Chief of Staff
Office: (b)(6)
Cell: (b)(6)
(b)(6)@VA.gov

MISSION Act: Community Care Proposed Access Standards

(assuming no changes in VA capacity or productivity)

U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Community Care

Current Access in VA Facilities:

In December 2018, VHA completed more than 4,334,000 appointments. Average wait times for new patients were:

- 21.6 days for primary care
- 11.2 days for mental health care
  - **NOTE:** This is an average for all mental health services. Some specialties, such as psychiatry, have significantly longer wait times
- 23.2 days for specialty care

If the proposed access standards are implemented, the number of sites that will qualify for care outside the VA today are:

- Primary care – 69 of 141 sites currently have wait times longer than 20 days
- Mental health – 2 of 142 sites have wait times longer than 20 days
- Specialty care/cardiology – 22 of 139 sites have wait times longer than 28 days
- Specialty care/gastroenterology (GI End and gastroenterology combined) – 81 of 128 sites have wait times longer than 28 days
  - **NOTE:** This data is not reliable in that workload is being captured outside of these clinics. We are actively working to improve data collection

Current Utilization of Veterans Choice Program for 40 Mile Eligible Population:

Total Veterans eligible for Choice based on distance (40 miles from the closest VA medical facility with a full time primary care physician): **664,954**

- Veterans had at least one Choice appointment: **240,641 (36%)**
- Veterans who only used Choice: **4,052 (less than 1%)**

Urgent Care Benefit under MISSION Act

Under the MISSION Act, eligible Veterans can receive urgent care without prior authorization at community providers who participate in the VA community care network. This will allow those Veterans with non-emergeny immediate care needs to get care closer to home.

	Access Standard: Travel Time or Distance		Access Standard: Wait-Time		Percent of Enrollees Eligible Under Standard (drive time only)
	Primary Care/ Mental Health	Specialty Care	Primary Care/ Mental Health	Specialty Care	
Avg VA Wait Time			21.6/11.2	23.2	
Avg Nati Wait Time*			24.1 – 32 days for new patients		
VA Choice	40 miles from full time PCP	40 miles from full time PCP	30 days	30 days	8%
Proposed MISSION Access Model	30 minutes	60 minutes	June 2019: 20 days June 2020: 14 days	28 days	20% for PC 31% for SC

Footnotes

*Wait time excludes appointments within 48 hours

**2017 Survey of Physician Appointment Wait Times, Merritt-Hawkins study

FOR VA INTERNAL USE ONLY

From: Powers, Pamela
Sent: Mon, 28 Jan 2019 13:19:33 +0000
To: (b)(6)
Subject: FW: Current Drafts of Written and oral statement
Attachments: Wilkie FY 2020 Budget Testimony MASTER.docx, Wilkie FY 2020 Oral Statement MASTER.docx

Sent with BlackBerry Work
(www.blackberry.com)

From: Powers, Pamela <(b)(6)@va.gov>
Date: Wednesday, Jan 16, 2019, 6:33 PM
To: RLW(b)(6)@va.gov>
Subject: FW: Current Drafts of Written and oral statement

Sir,

This is for your review next week during your convalescence.

Pam

From: (b)(6)
Sent: Wednesday, January 16, 2019 3:54 PM
To: Powers, Pamela (b)(6)@va.gov>
Cc: Rychalski, Jon J. (b)(6)@va.gov>; McIlroy, Andrew R. (b)(6)@va.gov>; (b)(6)
(b)(6)@va.gov>
Subject: Current Drafts of Written and oral statement

Ma'am,

As you requested, please find attached current drafts of the written and oral FY 2020 budget testimony.

These drafts have not been fully vetted; the input provided by admins and staff offices was cleared through their chains, but the entire product has not been circulated for review.

While VHA is finalizing their numbers, some of the statements about program increases may need to be adjusted in the oral testimony.

Thanks and please let us know if you have any questions.

V/r,
(b)(6)

(b)(6)
Congressional Appropriations Advisor
Office of Budget/Office of Management
Department of Veterans Affairs
810 Vermont Ave NW
Washington, DC 20420
(b)(6) direct

From: Powers, Pamela
Sent: Tue, 29 Jan 2019 21:46:54 +0000
To: Bill McGinley
Subject: FW: RELEASE: Tester Leads 28 Senators in Demanding Answers on VA Community Care Implementation

Bill, this is the sort of attacks we are dealing with on these access standards and why we feel a sense of urgency to get the good message out.
Pam

Sent with BlackBerry Work
(www.blackberry.com)

From: Tucker, Brooks (b)(6) @va.gov>
Date: Tuesday, Jan 29, 2019, 4:29 PM
To: RLW <(b)(6) @va.gov>
Cc: Powers, Pamela <(b)(6) @va.gov>
Subject: FW: RELEASE: Tester Leads 28 Senators in Demanding Answers on VA Community Care Implementation

These assertions are baseless and mischaracterize the history of the negotiations, which Senate Minority declined to join.

Sent with BlackBerry Work
(www.blackberry.com)

From: Tucker, Brooks (b)(6) @va.gov>
Date: Tuesday, Jan 29, 2019, 4:03 PM
To: Ullyot, John (b)(6) @va.gov>, Cashour, Curtis <(b)(6) @va.gov>, Hutton, James (b)(6) @va.gov>
Subject: FW: RELEASE: Tester Leads 28 Senators in Demanding Answers on VA Community Care Implementation

Subject: RELEASE: Tester Leads 28 Senators in Demanding Answers on VA Community Care Implementation

FOR IMMEDIATE RELEASE

January 29, 2019

(b)(6)

Tester Leads 28 Senators in Demanding Answers on VA Community Care Implementation

Senators Take VA to Task For Lack of Communication, Transparency

(U.S. Senate) – Ranking Member Jon Tester is leading a demand for more transparency and information from the VA about its implementation of the bipartisan *VA MISSION Act*.

Tester led a group of 28 Senators in expressing their frustration with the VA's lack of communication about critical decisions on community care access standards that will help determine when a veteran is eligible for community care. In a letter to VA Secretary Robert Wilkie, the Senators wrote:

"At recent briefings, VA leadership officials have indicated the Department now intends to designate all clinical services as making a veteran nearly-automatically eligible for community care. This will significantly increase the overall cost and amount of care VA will send to the community. Given that the administration opposes increasing overall federal spending, these increased costs for community care will likely come at the expense of VA's direct system of care. And that is something we cannot support."

The *VA MISSION Act* was written by Republicans and Democrats to overhaul and streamline the VA's community care programs. Congress and the VA agreed the Secretary would designate three-to-five types of care, like laboratory tests, X-rays, or urgent care, as eligible for community care if that care was clinically necessary.

In December, Tester grilled Wilkie about this same issue and his concern that designating all clinical services as nearly-automatic for community care would be putting the VA down a path towards privatization. Tester also previously held the VA accountable for providing a smooth transition to the new Veterans Community Care Program for Montana veterans ahead of its expected launch date of June 2019.

Tester is joined by Senators Brian Schatz (D-Hawaii), Richard Blumenthal (D-Conn.), Mazie Hirono (D-Hawaii), Patty Murray (D-Wash.), Sherrod Brown (D-Ohio), Joe Manchin (D-W.Va.), Tina Smith (D-Minn.), Tammy Baldwin (D-Wis.), Kamala Harris (D-Calif.), Jack Reed (R.I.), Elizabeth Warren (D-Mass.), Richard Durbin (D-Ill.), Robert Casey (D-Pa.), Debbie Stabenow (D-Mich.), Kirsten Gillibrand (D-N.Y.), Bernie Sanders (I-Ver.), Amy Klobuchar (D-Minn.), Tammy Duckworth (D-Ill.), Robert Menendez (D-N.J.), Cory Booker (D-N.J.), Dianne Feinstein (D-Calif.), Christopher Murphy (D-Conn.), Maria Cantwell (D-Wash.), Tim Kaine (D-Va.), Mark Warner (D-Va.), Tom Udall (D-N.M.), Edward Markey (D-Mass.), and Catherine Cortez Masto (D-N.M.).

Their letter can be read online HERE.

###

From: Powers, Pamela
Sent: Tue, 29 Jan 2019 21:59:42 +0000
To: Glynn, Melissa S.
Subject: FW: RELEASE: Tester Leads 28 Senators in Demanding Answers on VA Community Care Implementation

FYI. I sent this to Bill as another reason why we fwwo a sense of urgency.

Sent with BlackBerry Work
(www.blackberry.com)

From: Tucker, Brooks <(b)(6) @va.gov>
Date: Tuesday, Jan 29, 2019, 4:29 PM
To: RLW <(b)(6) @va.gov>
Cc: Powers, Pamela (b)(6) @va.gov>
Subject: FW: RELEASE: Tester Leads 28 Senators in Demanding Answers on VA Community Care Implementation

These assertions are baseless and mischaracterize the history of the negotiations, which Senate Minority declined to join.

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From: Tucker, Brooks (b)(6) @va.gov>
Date: Tuesday, Jan 29, 2019, 4:03 PM
To: Ullyot, John (b)(6) @va.gov>, Cashour, Curtis (b)(6) @va.gov>, Hutton, James (b)(6) @va.gov>
Subject: FW: RELEASE: Tester Leads 28 Senators in Demanding Answers on VA Community Care Implementation

Subject: RELEASE: Tester Leads 28 Senators in Demanding Answers on VA Community Care Implementation

FOR IMMEDIATE RELEASE
January 29, 2019

(b)(6)

Tester Leads 28 Senators in Demanding Answers on VA Community Care Implementation

Senators Take VA to Task For Lack of Communication, Transparency

(U.S. Senate) – Ranking Member Jon Tester is leading a demand for more transparency and information from the VA about its implementation of the bipartisan *VA MISSION Act*.

Tester led a group of 28 Senators in expressing their frustration with the VA's lack of communication about critical decisions on community care access standards that will help determine when a veteran is eligible for community care. In a letter to VA Secretary Robert Wilkie, the Senators wrote:

"At recent briefings, VA leadership officials have indicated the Department now intends to designate all clinical services as making a veteran nearly-automatically eligible for community care. This will significantly increase the overall cost and amount of care VA will send to the community. Given that the administration opposes increasing overall federal spending, these increased costs for community care will likely come at the expense of VA's direct system of care. And that is something we cannot support."

The *VA MISSION Act* was written by Republicans and Democrats to overhaul and streamline the VA's community care programs. Congress and the VA agreed the Secretary would designate three-to-five types of care, like laboratory tests, X-rays, or urgent care, as eligible for community care if that care was clinically necessary.

In December, Tester grilled Wilkie about this same issue and his concern that designating all clinical services as nearly-automatic for community care would be putting the VA down a path towards privatization. Tester also previously held the VA accountable for providing a smooth transition to the new Veterans Community Care Program for Montana veterans ahead of its expected launch date of June 2019.

Tester is joined by Senators Brian Schatz (D-Hawaii), Richard Blumenthal (D-Conn.), Mazie Hirono (D-Hawaii), Patty Murray (D-Wash.), Sherrod Brown (D-Ohio), Joe Manchin (D-W.Va.), Tina Smith (D-Minn.), Tammy Baldwin (D-Wis.), Kamala Harris (D-Calif.), Jack Reed (R.I.), Elizabeth Warren (D-Mass.), Richard Durbin (D-Ill.), Robert Casey (D-Pa.), Debbie Stabenow (D-Mich.), Kirsten Gillibrand (D-N.Y.), Bernie Sanders (I-Ver.), Amy Klobuchar (D-Minn.), Tammy Duckworth (D-Ill.), Robert Menendez (D-N.J.), Cory Booker (D-N.J.), Dianne Feinstein (D-Calif.), Christopher Murphy (D-Conn.), Maria Cantwell (D-Wash.), Tim Kaine (D-Va.), Mark Warner (D-Va.), Tom Udall (D-N.M.), Edward Markey (D-Mass.), and Catherine Cortez Masto (D-N.M.).

Their letter can be read online HERE.

###

From: Powers, Pamela
Sent: Wed, 30 Jan 2019 16:57:25 +0000
To: RLW;Byrne, Jim
Cc: (b)(6)
Subject: RE: [EXTERNAL] please send any corrections to the following asap thanks!

Yay!

Sent with BlackBerry Work
(www.blackberry.com)

From: RLW <(b)(6)@va.gov>
Date: Wednesday, Jan 30, 2019, 11:53 AM
To: Powers, Pamela <(b)(6)@va.gov>, Byrne, Jim <(b)(6)@va.gov>
Cc: (b)(6)@va.gov>
Subject: RE: [EXTERNAL] please send any corrections to the following asap thanks!

Can't believe it. Outstanding work

Sent with BlackBerry Work
(www.blackberry.com)

From: Powers, Pamela (b)(6)@va.gov>
Date: Wednesday, Jan 30, 2019, 11:52 AM
To: RLW (b)(6)@va.gov>, Byrne, Jim <(b)(6)@va.gov>
Cc: (b)(6)@va.gov>
Subject: FW: [EXTERNAL] please send any corrections to the following asap thanks!

Sirs, below is the NYT. It's great.

Sent with BlackBerry Work
(www.blackberry.com)

From: Cashour, Curtis <(b)(6)@va.gov>
Date: Wednesday, Jan 30, 2019, 11:50 AM
To: Powers, Pamela(b)(6)@va.gov>, Syrek, Christopher D. (Chris) <(b)(6)@va.gov>, Glynn, Melissa S. (b)(6)va.gov>, Lieberman, Steven(b)(6)@va.gov>, Matthews, Kameron (b)(6)@va.gov>(b)(6)@va.gov>, Selnick, Darin (b)(6)@va.gov>
Cc: Ullyot, John <(b)(6)@va.gov>, Hutton, James <(b)(6)@va.gov>, (b)(6)
(b)(6)@va.gov>
Subject: RE: [EXTERNAL] please send any corrections to the following asap thanks!

+ Chris.

Thanks to everyone for their help and input. Below is the piece.

Veterans Will Have More Access to Private Health Care Under New V.A. Rules
By Jennifer Steinhauer
The New York Times
Jan. 30, 2019
https://www.nytimes.com/2019/01/30/us/politics/veterans-health-care.html

WASHINGTON — Veterans who live as little as a 30-minute drive from a Veterans Affairs health care facility will instead be able to choose private care, the most significant change in rules released Wednesday as part of the Trump administration's effort to fix years-old problems with the health system.

> Veterans who can prove they must drive for at least 30 minutes to a Department of Veterans Affairs facility will be allowed to seek primary care and mental health services outside the department's system. Current law lets veterans use a private health care provider if they must travel 40 miles or more to a V.A. clinic. Measuring commuting time rather than distance will greatly open the private sector to veterans in rural and high-traffic urban areas.
>
> Supporters say the new policy, which is likely to go into effect in June, will help veterans get faster and better care. But critics fear it will prompt the erosion of the largest integrated health care system in the country as billions of dollars are redirected to private care.

The goal of the new policy, officials say, is to provide veterans with easier, streamlined access to health care.

"This is the most transformative piece of legislation since the G.I. Bill," Robert L. Wilkie, the secretary of veterans affairs, said in a telephone interview this week. "It gets us on the road to becoming a 21st-century health care institution."

> The move has been anticipated for months, after congressional lawmakers passed legislation last spring that empowered the administration to make substantial changes to veterans health care.

Current law lets veterans facing a wait of 30 days or more for an appointment at their closest V.A. facility seek private care, but under the new policy, that would be reduced to 20 days, and with the goal of 14, by 2020. Veterans will also be allowed access to walk-in clinics; however, those will require co-pays for treatment after a third visit. If seeking a specialist after the new policy takes effect, veterans must prove a drive of at least 60 minutes.

Taken together, the percentage of veterans eligible for what officials refer to as "community care" currently — roughly 8 percent of the 7 million treated annually — would rise to between 20 and 30 percent, according to Department of Veterans Affairs officials.

Lawmakers and veterans advocacy groups — which have been wary of large-scale moves into the private sector — will be briefed about the program on Wednesday.

In recent years, Veterans Affairs hospitals have struggled to keep up with patient loads as service members returning from Iraq and Afghanistan — many with complex injuries and post-traumatic stress — hit the system at the same time that aging and increasingly ill older veterans made more use of it.

A scandal in 2014 over hidden waiting lists at V.A. facilities sent lawmakers in search of solutions, with many Republicans favoring more use of the private sector and Democrats preferring to add doctors and medical centers to the government-run system.

Congressional Republicans and the Trump administration have been greatly influenced by Concerned Veterans for America, an advocacy group with ties to the billionaire industrialist brothers Charles G. and David H. Koch, which has long championed expanding the use of private health care for veterans. Traditional veterans service organizations, which have largely opposed these changes, have had less say their chair at the table reduced to more of a stool under Mr. Wilkie.

The legislation passed last spring and signed by President Trump in June, the Mission Act, increased funding for the Department of Veterans Affairs and earmarked more money for private care. It is up to Congress to beef up both pots of money each year.

"I can't imagine the V.A. being shortchanged in any way," Mr. Wilkie said. "I can't imagine anyone doing that."

Critics fear that private health care, which tends to have higher costs than government-provided care, will force the department to cut corners elsewhere.

A congressionally mandated report in 2016, by a panel called the Commission on Care, analyzed the cost of sending more veterans into the community for treatment and warned that unfettered access could cost well over $100 billion each year. That same commission foundquality of care at the V.A. to be very high, one area of agreement between V.A. officials and those who use and advocate the system.

The new standards were developed after V.A. officials studied both the military's insurance plan, Tricare Prime, which sets a lower bar for access to private care than the department has historically had, and the Medicare Advantage program, which allows Medicare beneficiaries to buy private health insurance plans instead of using government-run fee-for-service Medicare.

The Department of Veterans Affairs will remain at the center of care coordination, and the private providers — who would be paid by the department at rates roughly comparable to the Medicare program — would not be permitted to cherry-pick the healthiest patients, V.A. officials said. About 26 percent of veterans pay a co-payment, and they would have similar co-payments at private doctors.

Department officials — including Mr. Wilkie — have repeatedly insisted that the department should and probably will remain the provider of choice for most veterans, who prefer the culture of a V.A. hospital to that of the private sector. But a shrinking veteran population over all in the United States and more reliance on private providers could lead to the closings of some government hospitals, some veterans groups and members of Congress warn.

Mr. Wilkie insisted that was not the goal of the new policy, and said that fears of full privatization were unfounded.

"I think it's simple: People don't want change," he said of such concerns. "That is a normal human reaction."

###

Curt Cashour
Press Secretary
Department of Veterans Affairs
(b)(6)
@va.gov
@curtcashour

From: Powers, Pamela
Sent: Tuesday, January 29, 2019 9:00 PM
To: Glynn, Melissa S. <(b)(6)@va.gov>; Lieberman, Steven (b)(6)@va.gov>; Cashour, Curtis (b)(6)@va.gov>; Matthews, Kameron (b)(6)@va.gov>; (b)(6)@va.gov>; Selnick, Darin (b)(6)@va.gov>
Cc: Ullyot, John (b)(6)@va.gov>; Hutton, James <(b)(6)@va.gov>; (b)(6)
(b)(6)@va.gov>
Subject: RE: [EXTERNAL] please send any corrections to the following asap thanks!

Thanks Curt. If this is the substance of the article, this is a win for VA.

Sent with BlackBerry Work
(www.blackberry.com)

From: Glynn, Melissa S. (b)(6)@va.gov>
Date: Tuesday, Jan 29, 2019, 8:57 PM
To: Lieberman, Steven (b)(6)@va.gov>, Cashour, Curtis (b)(6)@va.gov>, Matthews, Kameron <(b)(6)@va.gov>, @va.gov>, Selnick, Darin (b)(6)@va.gov>
Cc: Ullyot, John (b)(6)@va.gov>, Hutton, James (b)(6)@va.gov>, (b)(6)
(b)(6)@va.gov>, Powers, Pamela (b)(6)@va.gov>
Subject: RE: [EXTERNAL] please send any corrections to the following asap thanks!

Curt
Better!
Thank you

Sent with BlackBerry Work
(www.blackberry.com)

From: Lieberman, Steven (b)(6)@va.gov>
Date: Tuesday, Jan 29, 2019, 8:56 PM

To: Cashour, Curtis (b)(6) @va.gov>, Matthews, Kameron (b)(6) @va.gov>, Glynn, Melissa S. (b)(6) @va.gov> va.gov>, Selnick, Darin (b)(6) @va.gov>
Cc: Ullyot, John (b)(6) @va.gov>, Hutton, James (b)(6) n@va.gov> (b)(6) (b)(6) @va.gov>, Powers, Pamela (b)(6) @va.gov>
Subject: RE: [EXTERNAL] please send any corrections to the following asap thanks!

Looks good this way. Thanks

From: Cashour, Curtis
Sent: Tuesday, January 29, 2019 8:52 PM
To: Matthews, Kameron (b)(6) @va.gov>; Glynn, Melissa S. (b)(6) @va.gov>; Lieberman, Steven (b)(6) va.gov> (b)(6) @va.gov>; Selnick, Darin (b)(6) @va.gov>
Cc: Ullyot, John (b)(6) va.gov>; Hutton, James (b)(6) @va.gov>; (b)(6) va.gov>; Powers, Pamela (b)(6) @va.gov>
Subject: RE: [EXTERNAL] please send any corrections to the following asap thanks!

OK. Changes below. Is everyone OK with this?

Please note that we may not be able to get the reporter to omit the 14-day reference, as some of the literature we gave the her (attached) included it.

This new policy, which supporters argue will help veterans get faster and better care but that critics fear will spark the erosion of the largest integrated health care system in the country, has been anticipated for months on Capitol Hill, where lawmakers last year passed legislation empowering the VA secretary to make substantial changes. Lawmakers and veteran's advocates groups -- which have been wary of large-scale moves into the private sector -- will be briefed on the program Wednesday.

Under current law, veterans were permitted to go out of the VA system if they had to travel 40 miles or more to get to a V.A. facility; that will now be a 30-minute drive for primary care or mental health services; and a sixty minute drive for specialists. Shifting the measurement from distance to commuting time will greatly open the private sector to veterans in both high-traffic urban areas and rural swaths.

The current law also offers the private care option for veterans whose closest V.A. facility had a 30-day or more wait for appointments; under the new plan, which is likely to go into effect in June, that wait would be reduced to 20 days. Taken together, the percentage of veterans eligible for community care currently -- about 8 percent of the 9 million treated annually -- would rise to between 20 percent and 30 percent, according to U.S. Department of Veteran Affairs officials.

Veterans would also be allowed access to walk-in clinics, which would require co-pays for treatment after a third visit. Taken all together, the goal officials say is to streamline care for veterans, and make it easier to get.

Curt Cashour
Press Secretary
Department of Veterans Affairs
(b)(6)
@va.gov
@curtcashour

From: Matthews, Kameron
Sent: Tuesday, January 29, 2019 8:44 PM
To: Cashour, Curtis (b)(6) @va.gov>; Glynn, Melissa S (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov> (b)(6) @va.gov>; Selnick, Darin (b)(6) @va.gov>
Cc: Ullyot, John (b)(6) @va.gov>; Hutton, James (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>
Subject: RE: [EXTERNAL] please send any corrections to the following asap thanks!

(b)(5)

From: Cashour, Curtis (b)(6) @va.gov>
Date: Tuesday, Jan 29, 2019, 8:39 PM
To: Matthews, Kameron (b)(6) @va.gov>, Glynn, Melissa S. (b)(6) @va.gov>, Lieberman, Steven (b)(6) @va.gov> (b)(6) @va.gov>, Selnick, Darin (b)(6) @va.gov>
Cc: Ullyot, John (b)(6) @va.gov>, Hutton, James (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>, Powers, Pamela (b)(6) @va.gov>
Subject: RE: [EXTERNAL] please send any corrections to the following asap thanks!

Thanks. How about the following? Changes are highlighted:

(b)(5)

(b)(5)

Curt Cashour
Press Secretary
Department of Veterans Affairs
(b)(6)
@va.gov
@curtcashour

From: Matthews, Kameron
Sent: Tuesday, January 29, 2019 8:38 PM
To: Glynn, Melissa S (b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>; Lieberman, Steven (b)(6) @va.gov>; (b)(6) @va.gov>; Selnick, Darin (b)(6) @va.gov>
Cc: Ullyot, John (b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>
Subject: RE: [EXTERNAL] please send any corrections to the following asap thanks!

Nothing in addition to Melissa's comments.

From: Glynn, Melissa S (b)(6) @va.gov>
Date: Tuesday, Jan 29, 2019, 8:31 PM
To: Cashour, Curtis (b)(6) @va.gov>, Lieberman, Steven (b)(6) @va.gov>, Matthews, Kameron (b)(6) @va.gov>, (b)(6) @va.gov>, Selnick, Darin (b)(6) @va.gov>

Cc: Ullyot, John (b)(6) @va.gov>, Hutton, James (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>, Powers, Pamela (b)(6) @va.gov>
Subject: RE: [EXTERNAL] please send any corrections to the following asap thanks!

I'm concerned with citing the 14 day standard without highlighting it explicitly as a goal.

The percentage of Veterans who could use private care will rise. Not who would use

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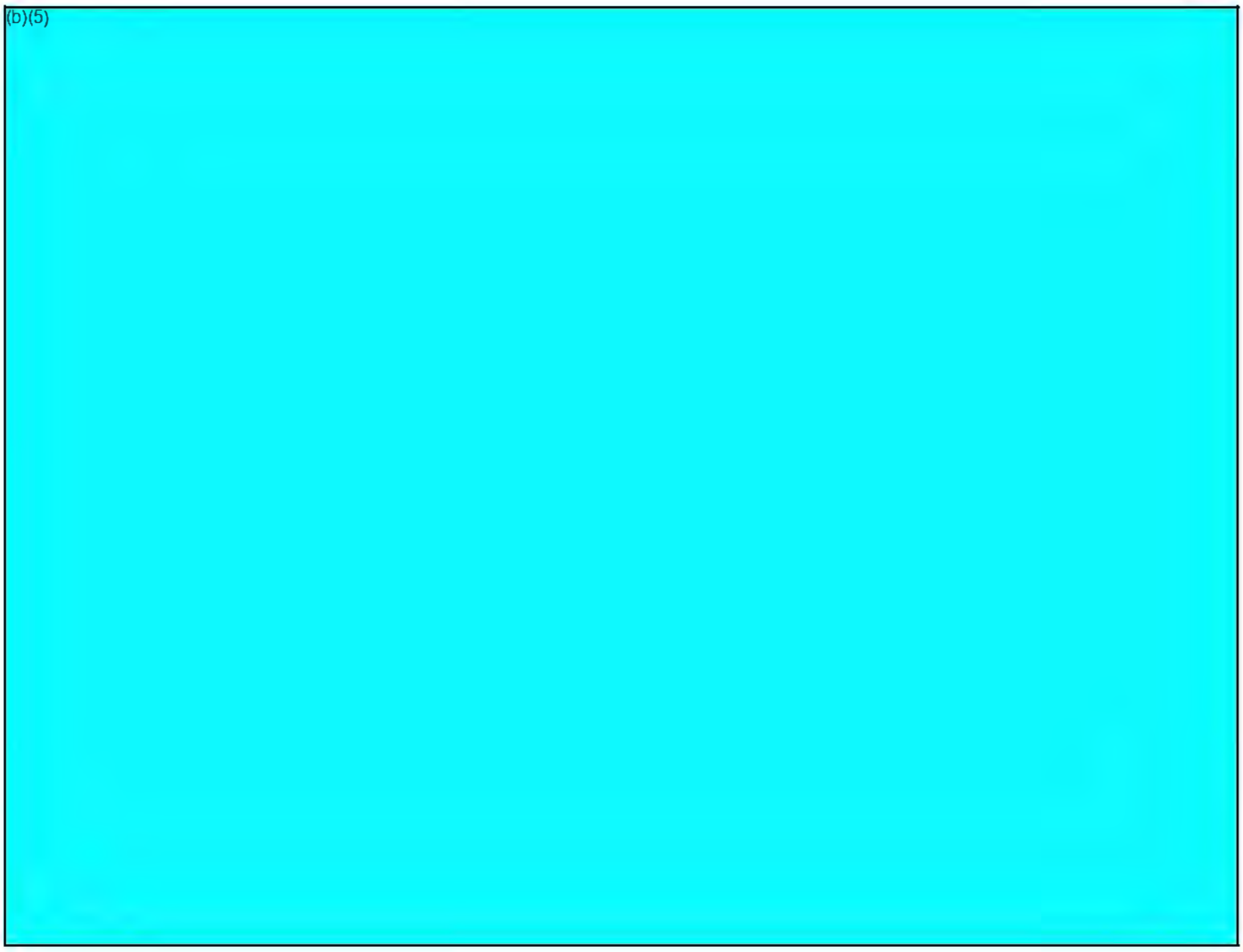
From: Cashour, Curtis (b)(6) va.gov>
Date: Tuesday, Jan 29, 2019, 8:24 PM
To: Lieberman, Steven (b)(6) @va.gov>, Matthews, Kameron (b)(6) @va.gov>, (b)(6) va.gov>, Glynn, Melissa S. (b)(6) @va.gov>, Selnick, Darin (b)(6) @va.gov>
Cc: Ullyot, John (b)(6) @va.gov>, Hutton, James (b)(6) @va.gov> (b)(6) (b)(6) @va.gov>
Subject: FW: [EXTERNAL] please send any corrections to the following asap thanks!

Folks – please see below from the Times and let me know if you have any edits or corrections. Again, we need to get back with the reporter by 8 a.m. Thanks.

From: Steinhauer, Jennifer [mailto:jestei@nytimes.com]
Sent: Tuesday, January 29, 2019 8:13 PM
To: Cashour, Curtis (b)(6) @va.gov>
Subject: [EXTERNAL] please send any corrections to the following asap thanks!

(b)(5)

(b)(5)



.

-30

From: Powers, Pamela
Sent: Wed, 30 Jan 2019 18:56:06 +0000
To: Hutton, James;Syrek, Christopher D. (Chris)
Cc: Ullyot, John;Tucker, Brooks;Cashour, Curtis;(b)(6)
Subject: RE: Wall Street Journal: VA Issues New Rules Expanding Access to Private Care

This is the only one that presents it in a negative light. The rest are pretty good.

Sent with BlackBerry Work
(www.blackberry.com)

From: Hutton, James <(b)(6)@va.gov>
Date: Wednesday, Jan 30, 2019, 1:51 PM
To: Powers, Pamela (b)(6)@va.gov>, Syrek, Christopher D. (Chris) (b)(6)@va.gov>
Cc: Ullyot, John <(b)(6)@va.gov>, Tucker, Brooks (b)(6)@va.gov>, Cashour, Curtis (b)(6)@va.gov> (b)(6)@va.gov>
Subject: Wall Street Journal: VA Issues New Rules Expanding Access to Private Care

VA Issues New Rules Expanding Access to Private Care

Move is seen costing billions and igniting debate over effect on veterans' public services

Ben Kesling
Jan. 30, 2019 11:43 a.m. ET

WASHINGTON—The Department of Veterans Affairs announced new rules greatly expanding the amount of medical care provided to military veterans through the private sector, potentially costing billions of dollars and fueling debate over the privatization of the health services under the Trump administration.

The new rules, announced by VA Secretary Robert Wilkie, would make it far easier for many veterans to turn to private clinics and hospitals.

For instance, the rules slash the time a veteran is required to wait before opting out of the VA hospital system to use the private sector for an

appointment, and would cut the maximum distance a veteran must travel to obtain care.

Those changes are among the first tangible effects of a sweeping law passed last year that aimed to improve the way health care is delivered to veterans.

The new standards, which will take effect in early summer, could cost the department $21.4 billion over a five-year period, according to VA estimates being presented to lawmakers. The VA hasn't said how those projected increases will be funded, whether through increased spending, by shifting funds from existing medical programs, or by adding copays to private-sector appointments.

Under current standards, put in place following a 2014 wait-time scandal in which VA employees were found to be fabricating appointment logs, many veterans can seek private-sector care if they are forced to wait 30 days for a standard appointment at the VA or if they must travel more than 40 miles to get to a VA facility, a distance drawn in a straight line on a map.

The new standards will reduce that wait time to 20 days for many appointments and cut the travel requirement for many appointments to a maximum 30-minute trip, which will take into account winding roads and bad traffic.

Those rules are for primary care and mental-health appointments. For specialty care, the wait-time standard will be 28 days, and travel time is no more than 60 minutes.

Mr. Wilkie, anticipating controversy over the new rules, issued a statement on Monday intended to pre-empt criticism. He said that the new rules "will revolutionize VA health care as we know it" and would be a positive development.

"Although these new standards represent an important win for America's Veterans, they will not be without controversy," he said. "Some will claim falsely and predictably that they represent a first step toward privatizing the department."

Veterans have received some of their care in the private sector for decades. However, the trend accelerated in recent years. Following revelations in 2014 of long appointment wait times, employee malfeasance and poor patient care, Congress added billions more in emergency funds for private care.

The arrival of President Trump has pushed the debate further. In 2016, the VA tallied more than $11 billion in care in the private sector, or nearly 17% of its health-care costs, according to VA numbers—half the amount envisioned under the expected rules this week.

Many veterans advocacy groups along with Democrats on Capitol Hill have opposed changes that move veterans too quickly away from VA facilities, arguing that doing so will leave the department underfunded, leading to even more privatization.

Other groups, such as Concerned Veterans for America, affiliated with a network led by conservative billionaires Charles and David Koch, say veterans should be able to choosewhere to use their benefits and that the VA needs to compete for those patients by providing high-quality care.

"We believe that the access standards should put the veteran first and not the bureaucracy," said Dan Caldwell, the group's executive director.

The law enacted last year was hashed out in difficult talks between the administration, lawmakers and veterans advocacy groups in what many participants said was a collaborative effort.

But then-VA Secretary David Shulkin was fired by Mr. Trump, and in time, the collaboration broke down, according to lawmakers and veteran advocacy groups.

"It's been such a moving target for VA providing information to us," said a congressional staffer. "We dealt with them very fairly when drafting the law and that's not being reciprocated."

For months, the VA briefed lawmakers on ways the private-sector health-care rules might be implemented, according to the staffer.

One of those proposals was to make the VA access standards resemble the Department of Defense's Tricare Prime health-care program, which is available to the military, retirees and others, and which uses base hospitals and private-sector care.

Some in the VA have shied away from comparisons to Tricare, which makes it easier for enrollees to access private sector care than veterans in the VA system.

At a joint House and Senate VA committee hearing in December, Mr. Wilkie said the new standards would likely be "a hybrid" of several programs, including Tricare, Medicare and Medicaid.

By Tuesday afternoon, many major stakeholders and members of Congress hadn't been briefed on the new rules, prompting some to complain that it represents a lack of transparency during the private-care rule-change process.

From: Powers, Pamela
Sent: Fri, 1 Feb 2019 17:51:39 +0000
To: Powers, Pamela;Rychalski, Jon J.;Tucker, Brooks;Jensen, Jon M.;Haverstock, Cathy(b)(6) Stone, Richard A., MD;Matthews, Kameron;Duke, Laura;Ullyot, John;Glynn, Melissa S.;Bader, Christine E.
Cc: VHA USH Meeting Requests;Lieberman, Steven;Lovinger, Laura
Subject: Discussion on responses for Feb 5

Prior to the meeting on Tuesday, February 5 with new congressional members, the article below needs to be discussed & ensure appropriate responses are prepared:

Required attendees:

OCLA

- Brooks Tucker
- Cathy Haverstock
- (b)(6)

VHA

- Dr. Stone
- Dr. Matthews
- VHA Lead for Community Care
- VHA Budget- Laura Duke

OPIA

- John Ullyot

OM

- John Rychalski

OEI

- Dr. Glynn

1.5 - ProPublica: "Doubling Down": With Private Care Push, Trump's VA Bucks Lawmakers and Some Veterans Groups (31 January, Isaac Arnsdorf, 1.3M uvm; New York, NY)

When Congress passed a bill last year to transform the Department of Veterans Affairs, lawmakers said they were getting rid of arbitrary rules for when the government would pay for veterans to see private doctors.

Under the old program, veterans could go to the private sector if they would have to wait 30 days or travel 40 miles for care in the VA. Lawmakers and veterans groups, including conservatives, criticized those rules as arbitrary. The new law, known as the Mission Act, was supposed to let doctors and patients decide whether to use private sector based on individualized health needs.

On Wednesday, the Trump administration proposed new rules, known as access standards, to automatically make veterans eligible for private care. Instead of 30 days, it's 20 days for primary care or 28 days for specialty care. Instead of 40 miles, it's a 30-minute drive for primary care or a 60-minute drive for specialty care.

The announcement appeared to do little to settle the debate over whether the VA's rules are arbitrary.

"Twenty days is just as arbitrary as 30 days," Bob Wallace, the executive director of Veterans of Foreign Wars, one of the largest veterans service organizations, said in a statement.

What is clear about the new rules is that they are dramatically more permissive. The new drive-time standard alone will make 20 percent of veterans eligible for private primary care and 31 percent eligible for private specialty care, up from 8 percent for both kinds of care under the old program, according to a briefing document circulated on Capitol Hill.

"This is doubling down on the administrative rules such as drive times and wait times," said David Shulkin, the former VA secretary who was fired last year by President Donald Trump, in part over disagreements about this bill. "I was in favor of a system that was clinically based, that put veterans' needs first and allowed the right match of services. This is just changing and loosening the administrative rules."

VA spokeswoman Susan Carter declined to comment.

Last month, a ProPublica investigation of the private-care program that the administration is now expanding found overhead costs that were much higher than industry standards and comparable government programs. In response to the article, VA Secretary Robert Wilkie acknowledged that the agency was "taken advantage of" with these overhead costs and vowed to improve.

On the campaign trail, Trump presented himself as a champion for veterans, and as president he frequently boasts about what his administration has done for former service members. But at the same time, he has enthusiastically supported shifting more veterans to private medical care, over the objection of major veterans groups that want to preserve the VA's health system. He has also plunged the VA into chaos by upending his own leadership team at the agency and handing vast influence to three men nicknamed the "Mar-a-Lago Crowd" because they meet at the president's resort in Florida.

The new access standards are the most important step toward reshaping the VA in line with Trump's vision of enlarging the private sector's role.

"None of this should be a surprise to anybody: President Trump has made it clear from pretty much the moment he started running he wanted full choice," said Dan Caldwell, the executive director of Concerned Veterans for America, a political group that advocates for more private care and that is backed by the Koch brothers, the industrialists who have donated hundreds of millions of dollars to conservative causes. "This does get us closer to full choice. That's the model we want to get to."

The VA is planning to continue widening the access standards, dropping the wait time for primary care to 14 days in 2020, according the agency's briefing materials.

Already, according to the document, almost half of the VA's primary care sites (69 out of 141) have wait times longer than 20 days, meaning their patients could get private care. In

gastroenterology, 81 out of 128 sites have waits longer than 28 days. But, the document cautioned, "This data is not reliable."

According to people present for briefings on Wednesday, congressional staff and veterans groups had a long list of questions that largely went unanswered by VA officials. Among them:

How many more veterans will become eligible for private care based on the wait times standards?

How does the software that the VA bought from Microsoft calculate drive times?

How many more patients does the VA expect to choose private care?

How many more private-sector appointments does the VA expect to pay for?

How many more veterans will sign up for VA benefits, or use the VA instead of their other insurance coverage, now that they could see private doctors at no cost to them?

How will the VA ensure, as required by the Mission Act, that veterans referred to the private sector can get appointments there sooner than they could in the VA? (The VA's briefing materials said average national wait times are higher than in the VA.)

"They just didn't provide a whole lot of answers to questions about the impact," said Carl Blake, Paralyzed Veterans of America's executive director. "The fact is it's going to open up eligibility. It's debatable whether there are adequate resources to do so. What won't be acceptable is for them to take money from other programs in the VA to pay for it."

The unanswered questions could dramatically change the program's cost. The official notice for the new rules on the website for the Office of Information and Regulatory Affairs says the "Anticipated Costs and Benefits" are "TBD." In Wednesday's briefings, officials said the new access standards will increase the agency's expenses by $2.7 billion to $3.1 billion next year and by $19 billion to $20 billion over five years, the people present said.

Lawmakers have cast doubt on the VA's cost projections. In a letter to Wilkie on Monday, 28 Democratic senators noted that officials had provided "widely varying and potentially contradictory" figures depending on the day.

"I don't know why they're not using the resources we used to model this," said Nancy Schlichting, the former CEO of the Henry Ford Health System who led a congressionally chartered commission that in 2016 issued a report on the VA's future. The commission estimated that paying for veterans to see private doctors without a referral from the VA could increase costs by $96 billion to $179 billion a year.

"It's very, very unsophisticated, frankly," Schlichting said of the administration's proposal.

When debating the Mission Act, lawmakers relied on a projection by the nonpartisan Congressional Budget Office that assumed the rate of veterans using the private sector would stay about the same. That assumption has now been blown up by the way the administration is implementing the law.

"Today's announcement hastily rolling out new access standards places core VA services and vital research programs at risk by shifting money towards care outside VA," House veterans committee chairman Mark Takano said in a statement on Wednesday, vowing to hold a hearing. "Today's announcement places VA on a pathway to privatization and leads Congress to assume the worst."

Wilkie had moved to pre-empt such criticism. "Some will claim falsely and predictably that they represent a first step toward privatizing the department," he said in a lengthy statement on Monday, two days before the news access standards were announced.

As evidence, Wilkie said appointments in the VA's health system have increased by 3.4 million since 2014 to more than 58 million in 2018. But his statement did not mention how much the VA's private-sector appointments have grown: more than four times as much. According to agency data provided to ProPublica, the VA's private-care appointments increased by 14.9 million since 2014 to 33.2 million in 2017. Private care accounted for 58 percent of the VA's total outpatient appointments in 2017, up from 33 percent in 2014, the data shows.

In developing these access standards, Wilkie relied extensively on Darin Selnick, who previously worked for Concerned Veterans for America, the organization supported by the Koch brothers. Selnick signed onto an infamous 2016 proposal to dismantle the VA's government-run health system. Selnick also worked closely with the trio of unofficial advisers known as the "Mar-a-Lago Crowd."

Selnick sat on the "executive steering committee" in charge of implementing the Mission Act and reported directly to Wilkie as a senior adviser, according to an organization chart obtained by ProPublica. However, when the VA presented a version of the same chart to Congress at a December hearing, Selnick's name was not there.

Lawmakers voted for the Mission Act with the understanding that access standards would automatically trigger private care for only a few kinds of services, such as lab tests, X-rays and urgent care, the 28 Senate Democrats said. But now the administration is making the access standards apply to everything, a plan that ProPublica first revealed in November.

"This proposal risks needlessly siphoning away VA resources to private providers, which could irresponsibly starve excellent existing VA clinics and hospitals," Senate veterans committee member Richard Blumenthal, D-Conn., said in a statement on Wednesday.

Lawmakers and the public may not get more information about the how the program will be funded until the White House releases its budget for 2020. But officials have indicated they won't submit the president's budget to Congress on time, blaming the 35-day partial government shutdown. The shutdown did not affect the VA, but it did furlough staff in the Office of Management and Budget, putting the VA at risk of being late on the Mission Act regulations that are due in June, according to an agency report obtained by ProPublica.

The VA recently chose Optum, a division of UnitedHealthcare, to take over administering the new private-care program in most of the country. However, because the agency was late in awarding the contracts, Optum won't be ready to start when the new program is supposed to take effect in June.

In the interim, program will be run by TriWest Healthcare Alliance, the old vendor that charged unusually high fees. TriWest has also filed a formal protest challenging the VA's decision to hire Optum. The dispute will be adjudicated by the Government Accountability Office.

From: Wilkie, Robert L., Jr.
Sent: Tue, 5 Feb 2019 17:19:25 +0000
To: RLW
Subject: FW: Propaganda

From (b)(6)
Sent: Tuesday, February 5, 2019 5:19:24 PM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: Propaganda

What is predictable is that the office sends out Fox News propaganda that glosses over regional differences in delivery of and barriers to care. The way the rules are currently written will enable the privatizers to invoke this program in areas that don't need it and for patients who don't want it. When you drain money from the fixed budget unnecessarily, what do think will happen? Oh, wait, that already was discussed with the Koch brothers. Thanks for the input. We stand behind the mission and deliver excellent care, whether or not your narratives fit those facts.

A MESSAGE FROM THE OFFICE OF PUBLIC AND INTERGOVERNMENTAL AFFAIRS

Four former VA secretaries strongly back VA's proposed community care access standards, reject predictable, false privatization claims

WASHINGTON --- In an opinion editorial published by FOX News today, four former VA Secretaries who served under Presidents Bush and Obama strongly backed VA's proposed community care access standards that form a central part of the MISSION Act.

VA proposed the access standards last week, basing them on an analysis of best practices in both government and private sector health care systems.

In their op-ed, former secretaries Anthony Principi, Jim Nicholson, James Peake and Robert McDonald said that the proposed standards "will place veterans at the center of their health care decisions."

The former secretaries also pushed back strongly against predictable and false claims that the new standards amount to privatization of the VA, writing that "Some critics insinuate these moves to empower veterans and spur the VA to be more customer-focused may somehow lead to the dismantling of the VA and to outsourcing all medical care for veterans to the private sector. This presumption discounts and disregards what is happening inside the VA today because of efforts begun during our time in office and since then."

The full op-ed is available here.

###

PLEASE PRODUCE LOCALLY FOR ALL THOSE WHO DO NOT ROUTINELY ACCESS EMAIL DUE TO THEIR SPECIALTIES.

From: Powers, Pamela
Sent: Wed, 6 Feb 2019 15:30:48 +0000
To: RLW
Subject: FW: DRAFT VA News release: "The Wall Street Journal endorses VA's proposed community care access standards"
Attachments: VA News Release - The Wall Street Journal endorses VAs proposed community care access standards-revision1.docx

Sir, are you comfortable with the attached press release that endorses the WSJ editorial board? I have mixed feelings and will discuss it with you when you get in.

From: Hutton, James
Sent: Wednesday, February 06, 2019 10:26 AM
To: Powers, Pamela [(b)(6)]@va.gov>; Syrek, Christopher D. (Chris) [(b)(6)]@va.gov>
Cc: Ullyot, John [(b)(6)]@va.gov>; Tucker, Brooks [(b)(6)]@va.gov>; Cashour, Curtis [(b)(6)]@va.gov>; [(b)(6)]@va.gov>
Subject: RE: DRAFT VA News release: "The Wall Street Journal endorses VA's proposed community care access standards"

Pam,

Attached is the revised version as discussed.

James

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: [(b)(6)]
Email: [(b)(6)]@va.gov
Twitter: @jehutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Hutton, James
Sent: Wednesday, February 06, 2019 9:58 AM
To: Powers, Pamela (b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>
Cc: Ullyot, John (b)(6) @va.gov>; Tucker, Brooks (b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov>; (b)(6) @va.gov); (b)(6) @va.gov>
Subject: DRAFT VA News release: "The Wall Street Journal endorses VA's proposed community care access standards"

Pam,

Attached is a release that highlights a *Wall Street Journal* editorial that was posted today.

The editorial is a strong endorsement of our proposed access standards.

Request you review and approve this release for posting this morning.

James

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: (b)(6)
Email: @va.gov
Twitter: @jchutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

VA | U.S. Department of Veterans Affairs

News Release

Office of Public Affairs
Media Relations

Washington DC 20420
(202) 461-7600
www.va.gov

FOR IMMEDIATE RELEASE
Feb. 06, 2019

(b)(5)

Read the **full editorial here**

###

From: RLW
Sent: Mon, 11 Feb 2019 21:45:32 +0000
To: RLW
Subject: Congressional Member Breakfast
Attachments: VA FY20 Budget Roll Out High Level Intro Points_3.11.2019.docx, EBS - Breakfast - 3.13.19_Final.docx, VA FY20 Budget Roll Out High Level Intro Points_3.11.2019.docx, 2020 Rollout Briefing, 3-11-19 9am.pptx, Fast Facts-2020 Presidents Budget.pdf, 2020 press release opia 3-8-19 530pm.pdf, Sen. Isakson, Johnny (GA).docx, Sen. Tester, Jon (MT).docx, Rep. Takano, Mark (CA).docx, Rep. Roe, Phil (TN).docx

Authorizors

(b)(6)

Here's the list of Congressional attendees for the Mar 13th breakfast.

Rep Mark Takano, HVAC Chairman
Rep Phil Roe, HVAC Ranking Member
Sen Johnny Isakson, SVAC Chairman
Sen Jon Tester, SVAC Ranking Member

Mr. (b)(6) HVAC Staff Director (Majority)
Mr. (b)(6) HVAC Staff Director (Minority)
Mr. (b)(6) SVAC Staff Director (Majority)
Mr. (b)(6) SVAC Staff Director (Minority)

(b)(6) —Rep Mark Takano only (b)(6)

Thanks
(b)(6)

Fiscal Year (FY) 2020 Department of Veterans Affairs Budget Roll Out
High Level Talking Points

The VA is strong from a financial perspective. We recently received our 20th consecutive clean audit opinion, the highest possible, by the Inspector General and a qualified audit firm.

- We are getting a better handle on predicting and managing Choice/Community care funds as evidenced by the fact that we have not repeatedly had to ask Congress in a panic for additional funds for purchased care as we were on the verge of running out. A practice that became the bane of everyone's existence just 18-24 months ago.
- We are also able to manage our funding sufficiently to cover the Fiscal Year 2019 MISSION Act implementation costs from existing resources – meaning, again, no panicked requests to congress to bail us out.
- We've awarded Community Care Network contracts for Regions 1,2, & 3 that we believe will ultimately result in faster and more accurate payment to our community health care partners plus we are in the process of installing a new, state of the industry claims adjudication system that will be an improved interim solution and will be used going forward for care provided outside the CCN contracts (like dialysis)

As important as our financial strength are the results we are achieving with the resources provided

- Dartmouth's Annals of Internal Medicine reported that "VA health care is as good, or better, than any care our American people receive in any part of the country."
- Journal of the American Medical Association study found Veterans' access to VA care "appears to have improved between 2014 and 2017 and appears to have surpassed access in the private sector for 3 of the 4 specialties evaluated."
- Board is on pace to decide over 90,000 decisions in 2019, an increase of nearly 5,000 over 2018, which was a record for any one year.

VA's success is most evident in what is happening inside VA facilities. Demand for VA Services is increasing. VA resources and staff are growing – anticipate adding over 13K net new VHA employees.

We are increasing capacity in VA facilities and offering Veterans more choice. In fact, you will see that despite increasing demand for VA health care, the financial split between VA-provided care and community care has remains mostly unchanged between 2018 and 2021 at 80% VA and 20% community care.

While the MISSION and proposed access standards expand eligibility for purchased care programs, that does not translate to a 100% take rate (Choice experience) nor does it mean all new care will be delivered via the network. We expect individual reliance on VA to increase as a result of MISSION and that care will be delivered in both VA facilities and by community providers.

We have moved past being on the cusp the most significant transformation in VA's history to being fully immersed in transformation. By one account **VA has 19 modernization programs** in the works. Arguably, there is no Federal Agency, large or small, that has more large-scale transformation efforts converging at the same time

Let me give you some **examples of the major transformation initiatives** we are going through that help give justification to and perspective on the budget we are requesting

- MISSION Act – expanded access, access to urgent care, expanded caregiver program, enhanced authorities for hiring and much more
- EHRM – implementation of a commercial-grade electronic health record with interoperability across VA, DoD, and commercial health care providers
- FMBT – implementation of a commercial-grade suite of financial and acquisition capabilities. Note our current FMS is over 30 years old.
- Appeals Modernization – just implemented in mid-February
- Implementation of Colmery Act/GI Bill provisions

So, the Administration is looking to continue making a substantial investment in the VA's transformation and **our FY 2020 budget request reflects that investment strategy.**

EXECUTIVE BRIEFING SUMMARY

Breakfast with House and Senate Veterans Affairs Committee Leadership
Wednesday, March 13, 2019
8:00am
OBCR

POINT OF CONTACT: Glenn Johnson, OCLA (b)(6)

PURPOSE OF EVENT/MEETING: *(check one)*

☐ Decisional	☐ Informational	☐ Pre-Event
☐ Remarks	☐ Other	X Courtesy Call

OVERVIEW OF EVENT: Breakfast meeting with House and Senate Veterans Affairs Committee Leadership to discuss VA's 2020 budget request.

SECVA ROLE: Hosting the breakfast with other VA leadership, provide vision and direction for 2020 budget, then introduce Assistant Secretary Rychalski to present the 2020 budget highlights.

ATTENDEES:

- Secretary Robert Wilkie
- Senator Johnny Isakson, Chairman, SVAC
- Congressman Mark Takano, Chairman, HVAC
- Senator Jon Tester, Ranking Member, SVAC
- Congressman Phil Roe, Ranking Member, HVAC
- Jim Byrne, Acting Deputy Secretary, VA
- Pam Powers, Chief of Staff, VA
- Dr. Richard Stone, Executive-in-Charge, VHA
- Dr. Paul Lawrence, Under Secretary for Benefits, VBA
- Jon Rychalski, Assistant Secretary for Management
- Brooks Tucker, Assistant Secretary for Congressional and Legislative Affairs
- James Gfrerer, Assistant Secretary for Information and Technology

- Dan Sitterly, Assistant Secretary for Human Resources and Administration
- Dr. Melissa Glynn, Assistant Secretary for Enterprise Integration
- (b)(6) Staff Director, SVAC Majority
- Staff Director, SVAC Minority
- (b)(6) Staff Director, HVAC Majority
- , Staff Director, HVAC Minority

OBJECTIVE: Build relationship with HVAC/SVAC leadership and provide responses to questions and concerns about the VA 2020 Budget request.

OUTCOMES: Good discussion and clear vision of VA mission and direction for 2020 Budget.

ATTACHMENTS:

1. **2020 Budget Intro Talking Points**
2. **2020 Budget Roll Out Slides**
3. **2020 Fast Facts**
4. **2020 Budget Press Release**
5. **Bios for Senators Isakson, Tester and Congressmen Takano, Roe**

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So, the Administration is looking to continue making a substantial investment in the VA's transformation and **our FY 2020 budget request reflects that investment strategy.**

DEPARTMENT OF VETERANS AFFAIRS FY 2020 PRESIDENT'S BUDGET REQUEST

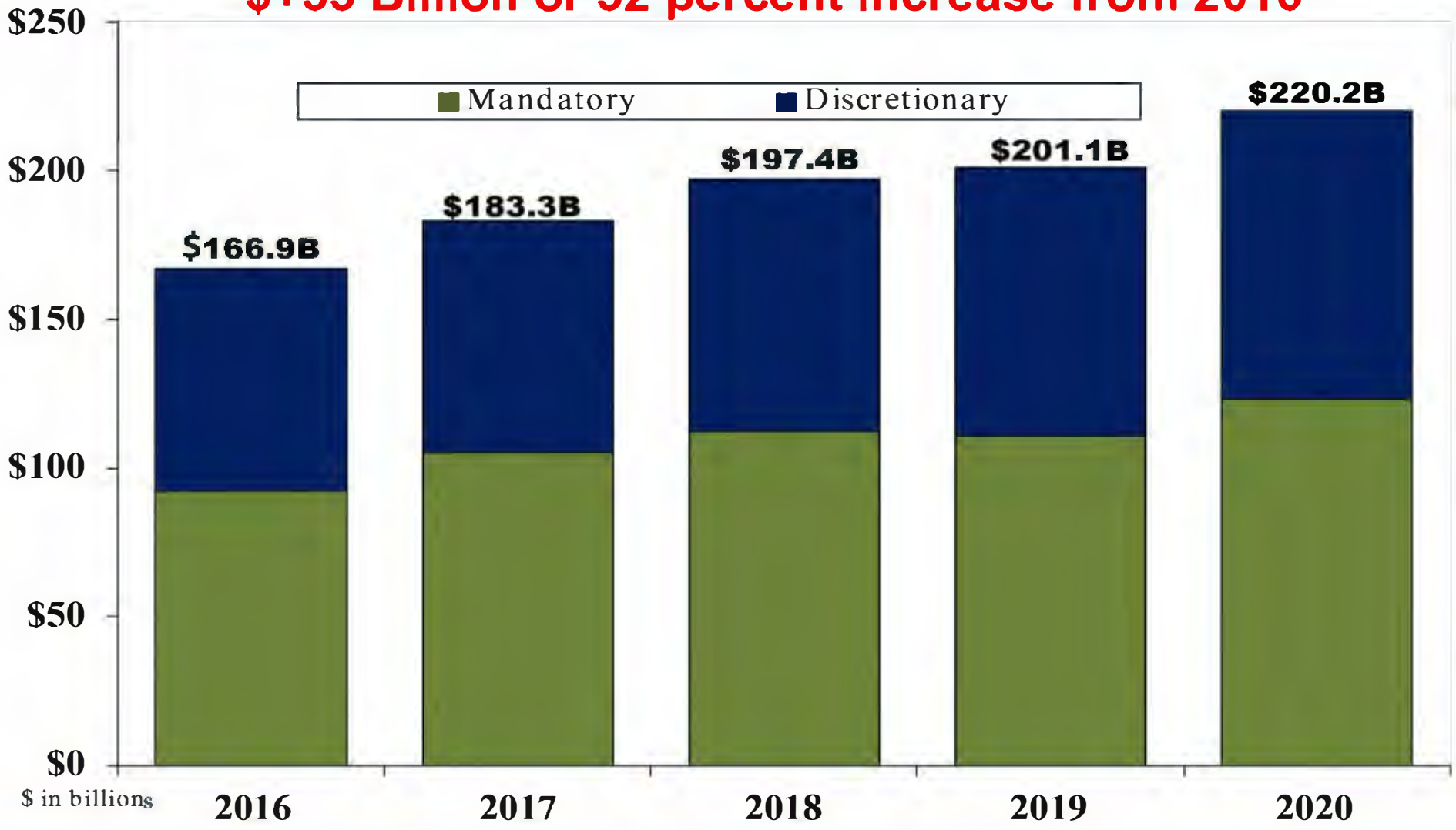
March 11, 2019

FY 2020 VA Budget Request

The FY 2020 Budget demonstrates the Administration's strong ongoing commitment to providing Veterans more quality, efficient, and timely services. A strong budget that reflects the President's commitment to Veterans Strengthens VA health care systemFunds highest priorities: MISSION Act, Electronic Health Record Modernization (EHRM), Business Transformation, Customer ServiceFY 2020 VA Budget Request is $220.2 billion, +$19.1 billion, or 9.5% above 2019:Mandatory: $123.2 billion, +$12.3 billion or 11.1 percent above 2019.Discretionary: $97.0 billion (with medical collections), +$6.8 billion or 7.5 percent above 2019.

VA's Budget Over Past Five Years

$+53 Billion or 32 percent increase from 2016



(includes collections)

2020 Appropriation RequestAppropriations, Collections and DoD Transfers, 2018-2020

($ in millions) Consolidated Accounts	2018 Actual	2019 Enacted	2020 Request	Change 2019 vs 2020 $	Change 2019 vs 2020 %
Medical Care Appropriations*	69,913	73,128	80,171	7,042	9.6%
Medical Collections (MCCF)	3,516	3,627	3,912	285	7.9%
Total, Medical Care with Collections	**73,428**	**76,756**	**84,083**	**7,327**	**9.5%**
Medical Research	722	779	762	-17	-2.2%
Electronic Health Records	782	1,107	1,603	496	44.8%
Information Technology	4,056	4,103	4,343	240	5.8%
Veterans Benefits Administration	2,917	2,956	3,000	44	1.5%
Board of Veterans' Appeals	154	175	182	7	4.1%
National Cemetery Administration	306	316	329	13	4.2%
General Administration	336	356	369	13	3.7%
Construction (Major and Minor)	1,280	2,977	1,634	-1,343	-45.1%
Grants (Extended Care Facilities & Cemeteries)	730	195	135	-60	-30.8%
Inspector General	164	192	207	15	7.8%
Loan Administration & DoD Transfers for Joint Accounts**	310	330	344	14	4.2%
Subtotal Discretionary without MCCF	**81,669**	**86,615**	**93,079**	**6,465**	**7.5%**
Total Discretionary Funding (with MCCF)	**85,185**	**90,242**	**96,991**	**6,750**	**7.5%**
Total Mandatory Funding	**112,283**	**110,896**	**123,213**	**12,317**	**11.1%**
Total VA (Disc & Mand) without MCCF	**193,952**	**197,511**	**216,292**	**18,781**	**9.5%**
Total VA (Disc & Mand) with MCCF	**197,468**	**201,138**	**220,204**	**19,066**	**9.5%**

* 2018 Includes Supplemental Appropriations

**Does not reflect transfers from Medical Care appropriations for Joint Accounts

Secretarial Priorities

Implement MISSION Act (signed by President on June 6, 2018)VA MISSION Act will fundamentally transform VA's health care system, fulfilling the President's commitment to help Veterans live a healthy and fulfilling life. MISSION Act will simplify and consolidate seven separate community care programs. VHA will remain at the center of Veterans Care. $8.9 Billion in FY 2020 includes: $5.5 billion for continued care of Choice population$2.9 billion for expanded access for care, based on average drive time and wait time standards, and expanded transplant care$271 million for Urgent Care$150 million to expand Caregivers

Secretarial Priorities (Cont'd)

Electronic Health Record ModernizationVA awarded ten-year $10 billion contract on May 17, 2018 to Cerner to acquire same electronic health record (EHR) system as DoD. The new EHR will enable sharing of patient data, improve care delivery, and coordination, and provide clinicians with data and tools to support patient safety.Provides $1.6 billion, +$496 million or 45 percent above the FY 2019 enacted.The $496 million increase supports site assessments and site transitions.Customer Service (CS) / Customer Experience (CX)Veteran's Experience Office (VEO) is the lead office. VEO delivers real-time CX data, tangible CX tools, modern technology, and targeted engagementBudget supports VEO with $8.6 million (direct funding), +$8.1 million above 2019The President's Budget transitions to a permanent funding base with direct appropriations, rather than reimbursements for corporate management oversightHardwire the CX capability in the Department to improve care, benefits and service to Veterans, their families, caregivers and survivorsResults showing: Trust in VA outpatient services increased from 84.7 % (2017) to 87.9% (2019)

Secretarial Priorities (Cont'd)

Transforming Business SystemsBusiness transformation will move VA beyond compartmentalization of the past and empower our employees serving Veterans to provide world-class customer service.Financial Management Business Transformation (FMBT) ($184.9 million)FMBT will provide a modern integrated financial and acquisition management system which will increase the transparency, accuracy, timeliness, and reliability of financial information, resulting in improved fiscal accountability to tax payers and increased opportunity to improve care and services to Veterans. $66.0 million in OIT; $11.9 million in OM; $107 million in Franchise fundSupply Chain Management ($36.7 million in OIT) VA is collaborating with DoD on an enterprise-wide adoption of the Defense Medical Logistics Standard Support (DMLSS). DMLSS will ensure that the right products are delivered to the right places at the right time, while providing the best value to the government and taxpayers.

VA Priorities

Prevent Veteran Suicide Provides $9.4 billion for mental health services, +$426 million above 2019.Funds over 15.8 million mental health outpatient visits, an increase of nearly 78,000 visits over the 2019 estimate.Invests $222 million for suicide prevention outreach, +$15.6 million above 2019.Includes $11 million for new IT mental health applications for suicide prevention.Builds on strong current efforts: VA has hired more than 3,900 new mental health providers yielding a net increase in VA mental health staff of over 1,000 providers, since July 2017.Nationally, in 2019 Q1, 90 percent of new patients completed an appointment in a mental health clinic within 30 days of scheduling an appointment, and 96.8 percent of established patients completed a mental health appointment within 30 days of the day they requested.HomelessnessMaintains $1.8 billion to assist homeless Veterans and prevent at-risk Veterans from becoming homeless.$380 million for Supportive Services for Low Income Veterans and Families (SSVF).Significant progress has been made to prevent and end Veteran homelessness.

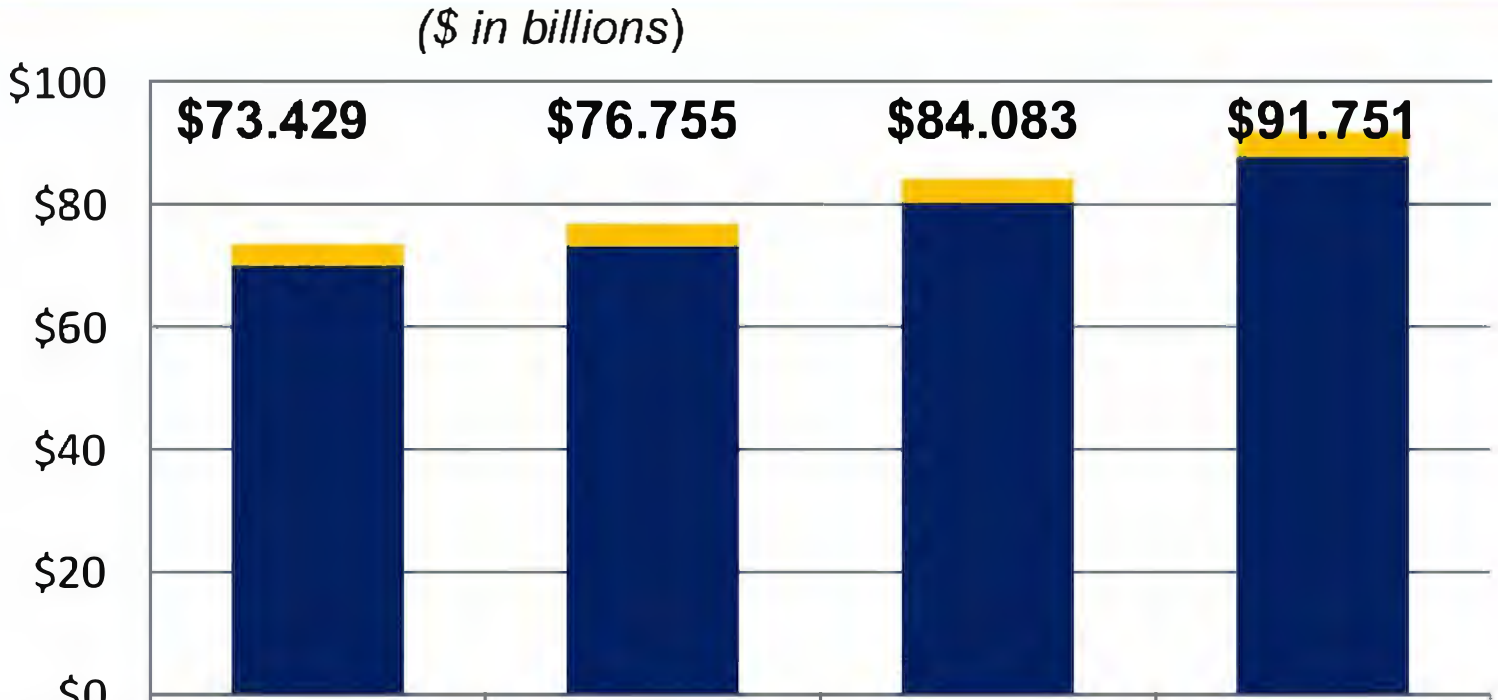
VA Priorities (Cont'd)

Women's HealthNumber of women Veterans using VHA services has tripled since 2001, growing from 159,810 to 500,000 today. Requests $547 million for gender specific women Veterans health care, +$42 million above 2019. Will help meet VA's goals of developing Designated Women's Health Primary Care Providers (WH-PCP) at every site where women access VA care and improving the availability and quality of services to women veteransOpioid Safety and Reduction EffortsIncludes $397 million to reduce over-reliance on opioid analgesics for pain management and to promote safe and effective use of opioid therapy when clinically indicated, +$15 million above 2019.Caregivers Requests $720 million to support over 28,000 Caregivers.

VHA Medical Care Highlights

- Request based on Enrollee Health Care Projection Model (EHCPM):Actuarial estimate of Veteran health care requirements and estimated costs Health care trends are key drivers of annual cost increases, which increase VA's cost of care independent of any growth in enrollment or demographic mix changes. Medical inflation is the most significant cost driver. Refined over 15+ yearsReviewed by GAO, OMB, outside partiesVHA Staff (FTE): supports 342,647 FTE in 2020, an increase of 13,066 from 2019Veteran Patient Workload: treats 7.1 million patients in 2020Community Care:Shifts from split Mandatory/Discretionary funding to all Discretionary funding Facilities:2020 will focus on execution of previous generous Congressional plus ups Return to historical funding levels

Medical Care Budget



	2018	2019	2020	2021
Collections	$3.516	$3.627	$3.912	$4.114
Appropriations	$69.913	$73.128	$80.171	$87.637

Medical Care is 87 percent of VA's discretionary budget and the FY 2020 Budget Request is +$7.3 billion, 9.6 percent above 2019 enacted level.

Medical Care Appropriations Detail

($ in billions)

	2018 Actual	2019 Enacted	2020 Request	2021 Advance Req.	Change 2019 vs 2020 $	Change 2019 vs 2020 %	Change 2020 vs 2021 $	Change 2020 vs 2021 %
Medical Services	46.110	49.911	51.411	56.158	1.500	3.0%	4.747	9.2%
Medical Community Care	9.828	9.385	15.280	* 17.131	5.895	62.8%	1.851	12.1%
Medical Support & Compliance	6.758	7.028	7.338	7.914	0.310	4.4%	0.576	7.9%
Medical Facilities (Includes NRM)	7.217	6.804	6.142	6.433	-0.663	-9.7%	0.291	4.7%
Medical Care Appropriations Total	**69.913**	**73.128**	**80.171**	**87.637**	**7.042**	**9.6%**	**7.466**	**9.3%**
Collections	3.516	3.627	3.912	4.115	0.285	7.9%	0.202	5.2%
Total, Medical Care with Collections	**73.428**	**76.756**	**84.083**	**91.751**	**7.327**	**9.5%**	**7.668**	**9.1%**

*includes shift of $5.5 billion from Mandatory to Direct funding in FY 2020 for grandfather Choice population

- As result of MISSION, VA projects Veterans will increase their reliance on VA for healthcare needs, shifting away from sources (such as Medicare, Tricare, private health care insurance). Overall, VA Medical Care is increasing 9.5 percent in 2020 and 9.1 percent in 2021. By 2021, VA proposes $91.8 billion in support of Veterans healthcare.

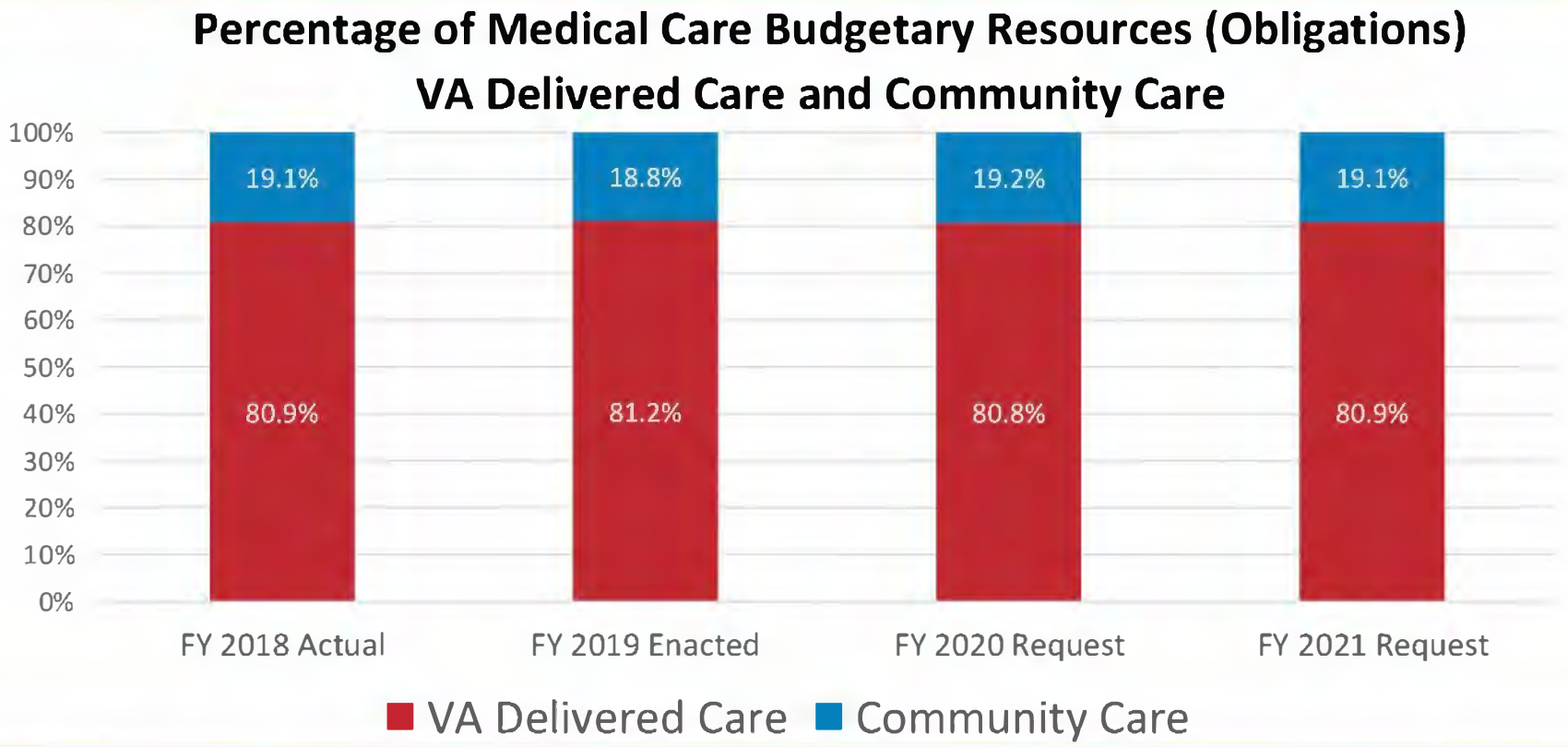
Veterans Community Care Funding (obligations)

$ in Billions

Obligations Basis	2018 Actual	2019 Request	2020 Request	2021 Request
Medical Community Care Appropriation	9.83	9.38	15.28	17.13
Veterans Choice Program (Mandatory Funds)	4.55	3.83	0.58	0.20
Other (collections, transfers carryover)	0.48	0.52	0.72	0.51
Total Obligations	**14.86**	**13.73**	**16.58**	**17.84**
Effect of One-time Change in timing of Obligations		1.80		
Total Obligations	**14.86**	**15.53**	**16.58**	**17.84**

- 2020 Budget continues the Administration's commitment to access to care and reflects the direction of the MISSION Act. The Budget includes a shift from Choice mandatory funding to discretionary funding. For 2020 on an obligation basis, and accounting for the change in timing of payments, the increase over the 2019 level is 6.8 percent.

VA Delivered Care and Community Care



- ***Both VA delivered care and community care expand in 2020 and 2021Community Care as a percent of total VA healthcare budgetary resources is stable at 19 percent for 2018 through 2021Increase in community care appropriations due to shift of Choice Program workload and MISSION Act to discretionary appropriated funding.***

VA Delivered Care and Community Care Growth

Based Upon Total Budgetary Resources (Obligations)

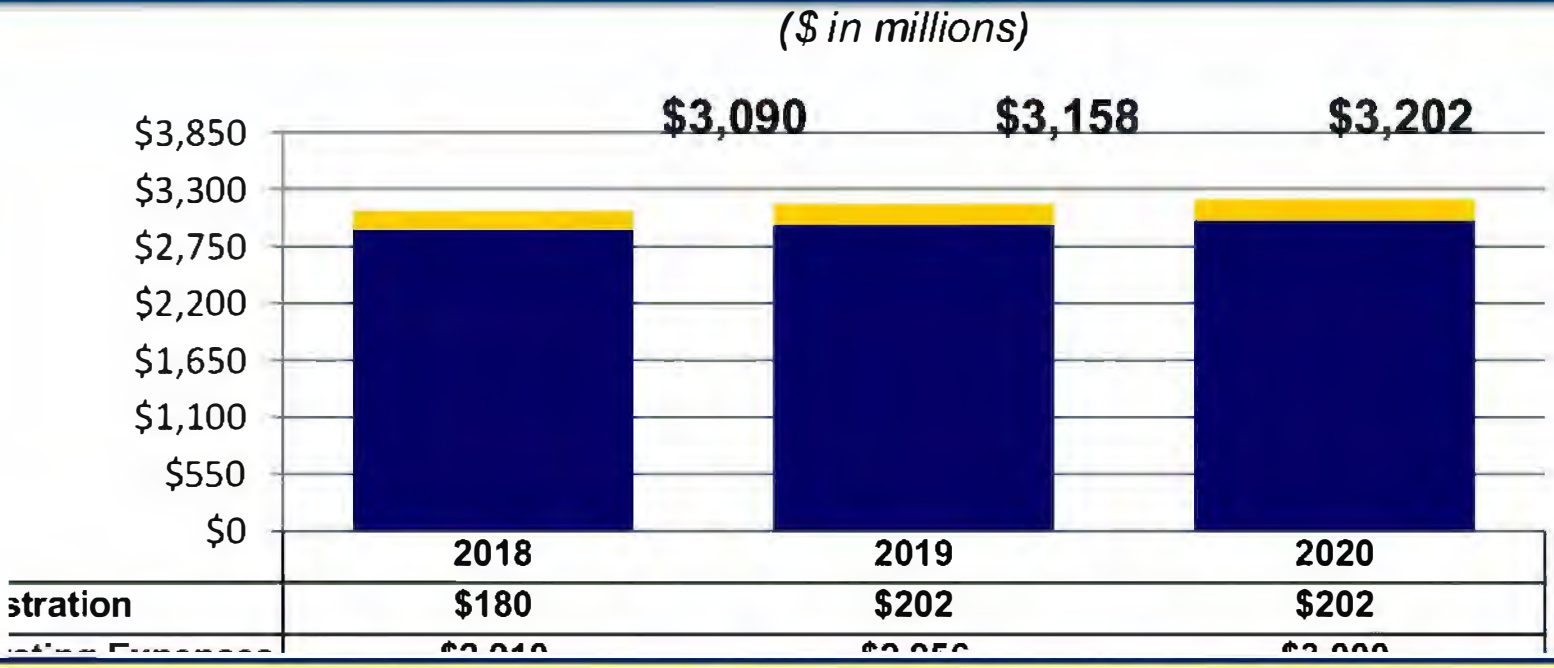
$ in Billions

	2018 Actual	2019 Request	2020 Request	2021 Request
Community Care & Choice	$14.86	$15.53	$16.58	$17.84
VA Delivered Care 1/	62.89	67.21	69.95	74.46
Total Medical Care	**$77.75**	**$82.74**	**$86.53**	**$92.30**
Percent Year-to-Year Growth				
Community Care & Choice	9.6%	4.5%	6.8%	7.6%
VA Delivered Care 1/	5.9%	6.9%	4.1%	6.4%
Percent of all Medical Care				
Community Care & Choice	19.1%	18.8%	19.2%	19.3%
VA Delivered Care 1/	80.9%	81.2%	80.8%	80.7%

1/ Includes Medical Care, Medical Support & Compliance and Medical Facilities accounts

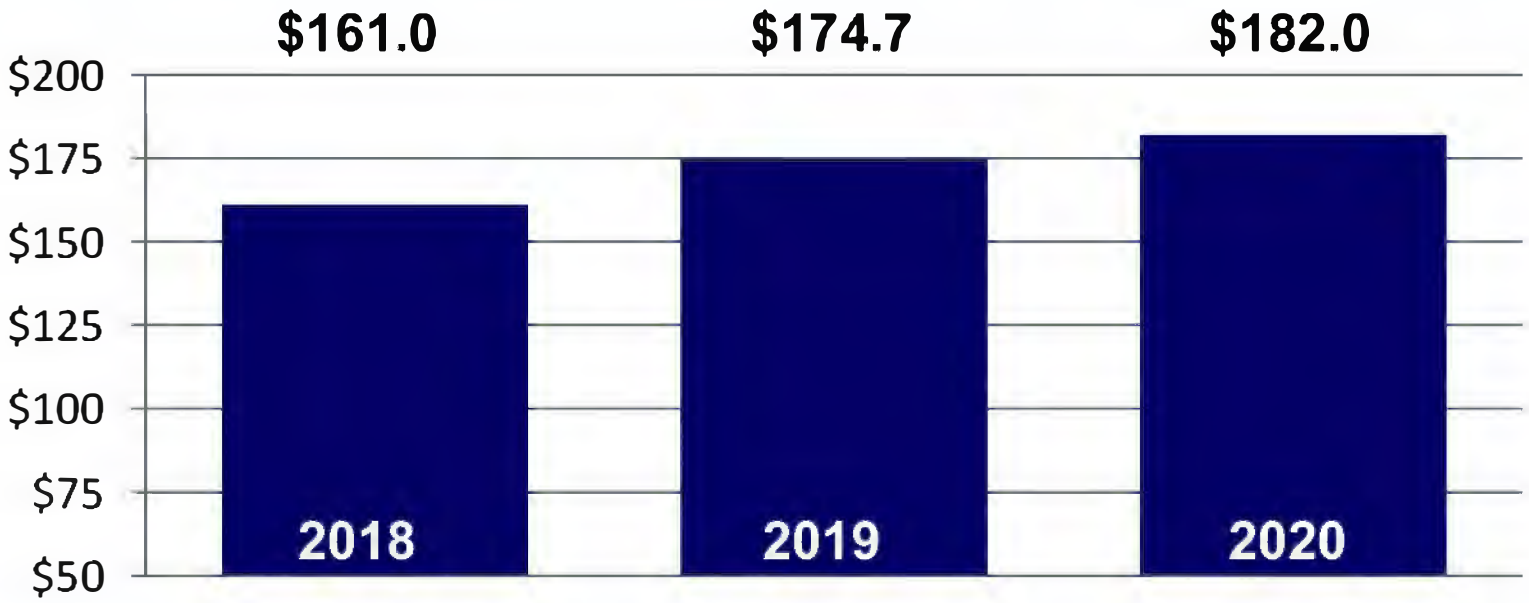
- ***Community Care program from FY 2018 to 2021 has remained stable at 19 percent of overall VA medical resources as both the VA Delivered Care and the Community Care have grown in proportion. VA will invest sufficient resources to grow the VA medical system while meeting Veteran's community care needs.***

Veterans Benefits Administration Discretionary Budget



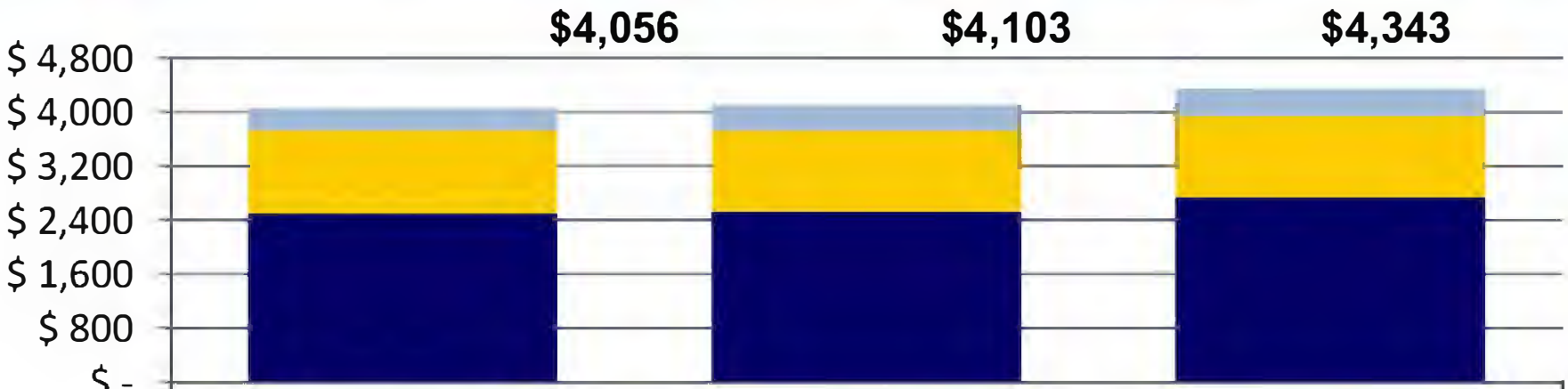
2020 VBA GOE Budget sustains the processing of 1.5 million rating claims and 4.2 million Education claims. VBA will also continue implementation of the Veterans Appeals Improvement and Modernization Act of 2017 and the Forever GI Bill. Funding increase of $44 million will support: Achieves and maintains the VR&E participant to counselor ratio of 125-to-1Expands Fraud, Waste and Abuse (FWA) efforts to all VBA business linesVA Schedule for Rating Disabilities (VASRD) modernization, ensuring disability ratings reflect modern medicineTwo hour increase of course curriculum in the Transition Assistance Program (TAP)

Board of Veterans' Appeals Budget($ in



- ***In 2020, the Board will continue to implement appeals reform, which is a new, simpler process that gives Veterans choice and control of their appeal. Budget increase of $7.3 million will address pending legacy appeals and continue reform implementation. Board is on pace to decide over 90,000 decisions in 2019, an increase of nearly 5,000 over 2018, which was a record for any one year.***

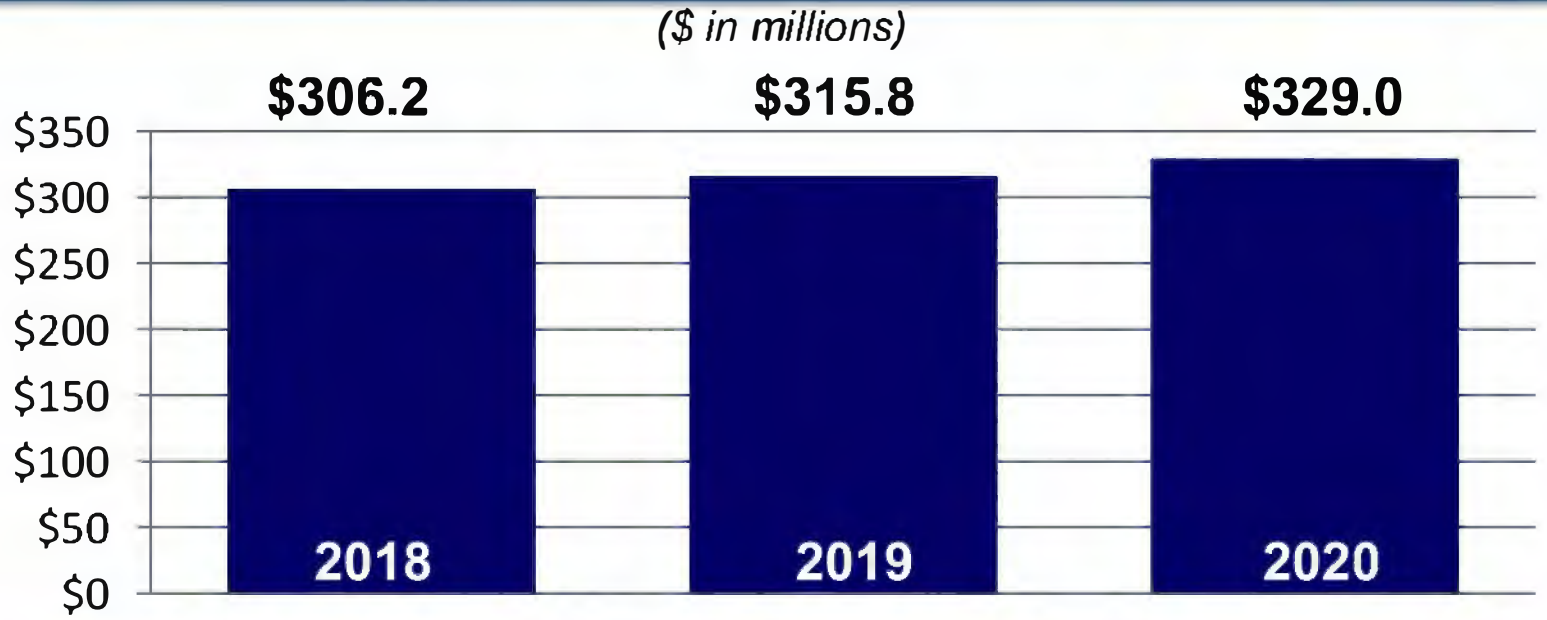
Information Technology Budget ($ in millions)



	2018	2019	2020
opment	$ 329	$ 381	$ 401
ıistration	$ 1,230	$ 1,199	$ 1,204
s &	$ 2,407	$ 2,523	$ 2,738

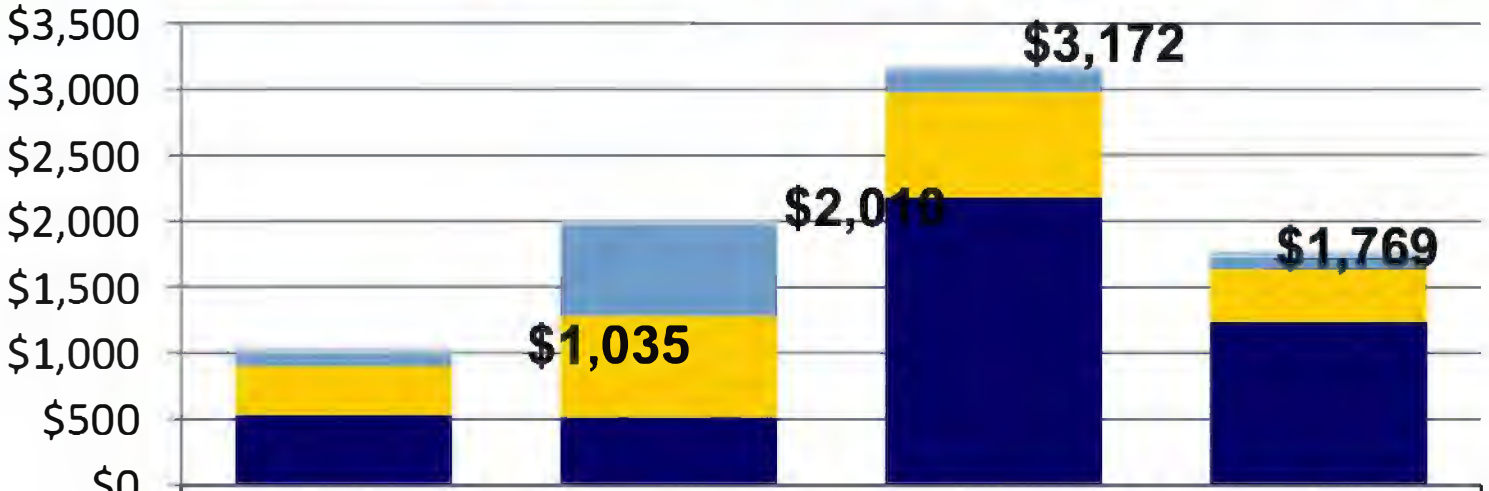
In 2020, the $4.3 billion provides resources to enhance and improve the Veteran experience, including:$36.0 million for MISSION Act implementation$327.3 million for Infrastructure Readiness$401.3 million for Development in support of current healthcare systems platforms, as well as replacing legacy systems, such as Benefits Delivery Network, Financial Management System, and Burial Operations Support System.

National Cemetery Administration Budget



- ***Adds 53 FTE for increased workload at cemeteries, activation of new cemeteries, and maintenance of 144 VA National cemeteries (includes 8 new cemeteries opening in 2019 and 2020), 11 Army Post cemeteries transferred from DoD, and 33 Soldiers' Lots and Monuments as National ShrinesIncreases National Cemetery Scheduling Office by 14 FTE and $3.1 million to reduce wait timesEnsures "No Veteran Ever Dies" through digital memorialization efforts, expansion of community partnerships, and increasing awareness of Veterans service and sacrificeMaintains 3.92 million gravesites and provides for 137,000 interments in 2020NCA received the highest customer satisfaction score of any organization, private or public, from the American Customer Satisfaction Index in its most recent survey***

Capital Program Budget($ in millions)



	2017	2018	2019	2020
ants	$45	$45	$45	$45
e Grants	$90	$685	$150	$90
uction	$372	$768	$800	$399
uction	$528	$512	$2,177	$1,235

- *2020 request returns to historic levels after two years of significant Congressional plus-upsMajor Construction includes final funding for Louisville VAMC ($410 million), Manhattan VAMC ($150 million), seismic corrections, and cemetery expansions*

2021 Advance Appropriation (AA)

An Advance Appropriation provides an assurance of funding levels two years out, enabling improved planning and ensuring operations in the event of a government shutdown. VHA Medical Care2021 Medical Care Advance Appropriation is $91.8 billion (with collections), +$7.7 billion, or 9.1 percent above 2020 Request. VBA Benefits2021 Advance Appropriation for the mandatory Veterans Benefits programs (Compensation and Pensions, Readjustment Benefits, and Veterans Insurance and Indemnities accounts) is $129.5 billion, +$6.2 billion, or 5 percent above the 2020 request.

2021 Advance Appropriation request reflects the President's steadfast commitment to Veterans.

Additional Detail

Electronic Health Records($ in

	2018 Actual	2019 Enacted	2020 Request
EHR Contract	500,000	575,000	1,106,500
Program Management	184,000	120,000	161,800
Infrastructure Support	98,000	412,000	334,700
TOTAL	782,000	1,107,000	1,603,000

The Budget Requests $1.6 billion to continue modernization of VA's electronic health records system.

General Administration Budget($ in

The Budget includes $369.2 million, $13.3 million above 2019 for the following: Legal support for Veterans appeals, Accountability Act and the MISSION Act.Realignment of funding ($22.2 million) for the Office of Accountability and Whistleblower Protection from reimbursements to a direct Budget Authority (BA) request.Realignment of funding ($6.8 million) for the Corporate Senior Executive Office from reimbursements to direct BA request.

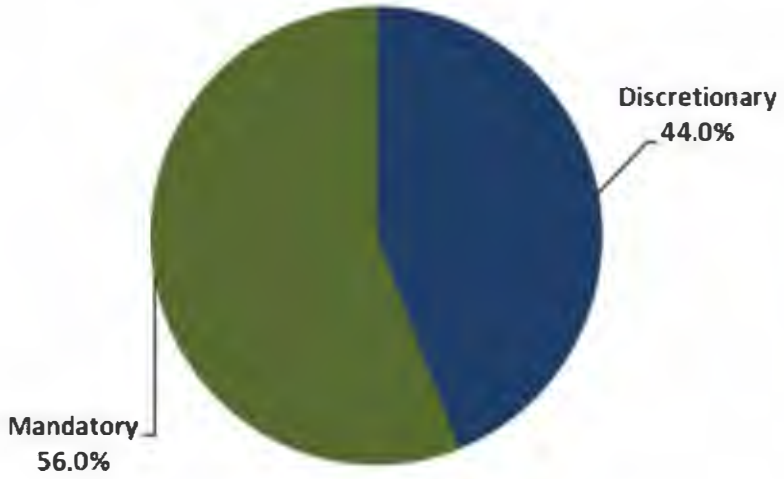
Medical and Prosthetic Research

- The 2020 Budget includes $762 million in appropriations for research, $17 million below the 2019 Budget. Coupled with an additional $1.3 billion in other federal and private grants and other support, total funding in support of Veteran research is $2.0 billion.The 2020 budget is an increase of $10 million from 2019 base budget of $752, after adjusting for the one-time increase in FY 2019 of $27 million for the Department of Energy collaboration to support multi-year research effort with five year fundingFunding supports research for an estimated 2,200 projects, including:Central Nervous System Injury & Associated Disorders: $107 millionCancer Research: $57 millionMental Illness: $120 millionProsthetics: $19 million Substance Abuse: $33 million

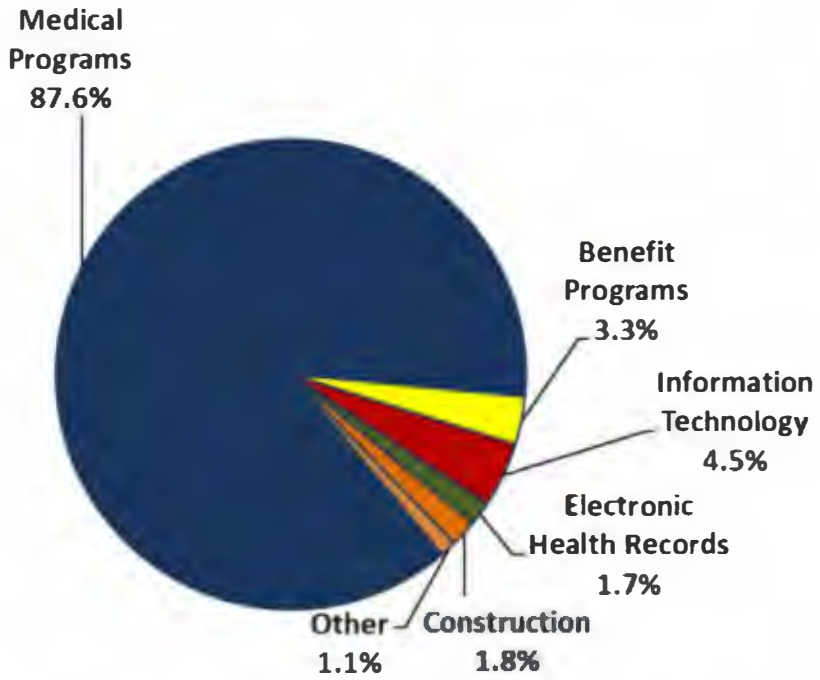
VA will focus on critical areas including suicide prevention, substance abuse/opioids, Posttraumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI) prosthetics, and the Gulf War Illness.

2020 VA Budget Request

Mandatory & Discretionary Accounts

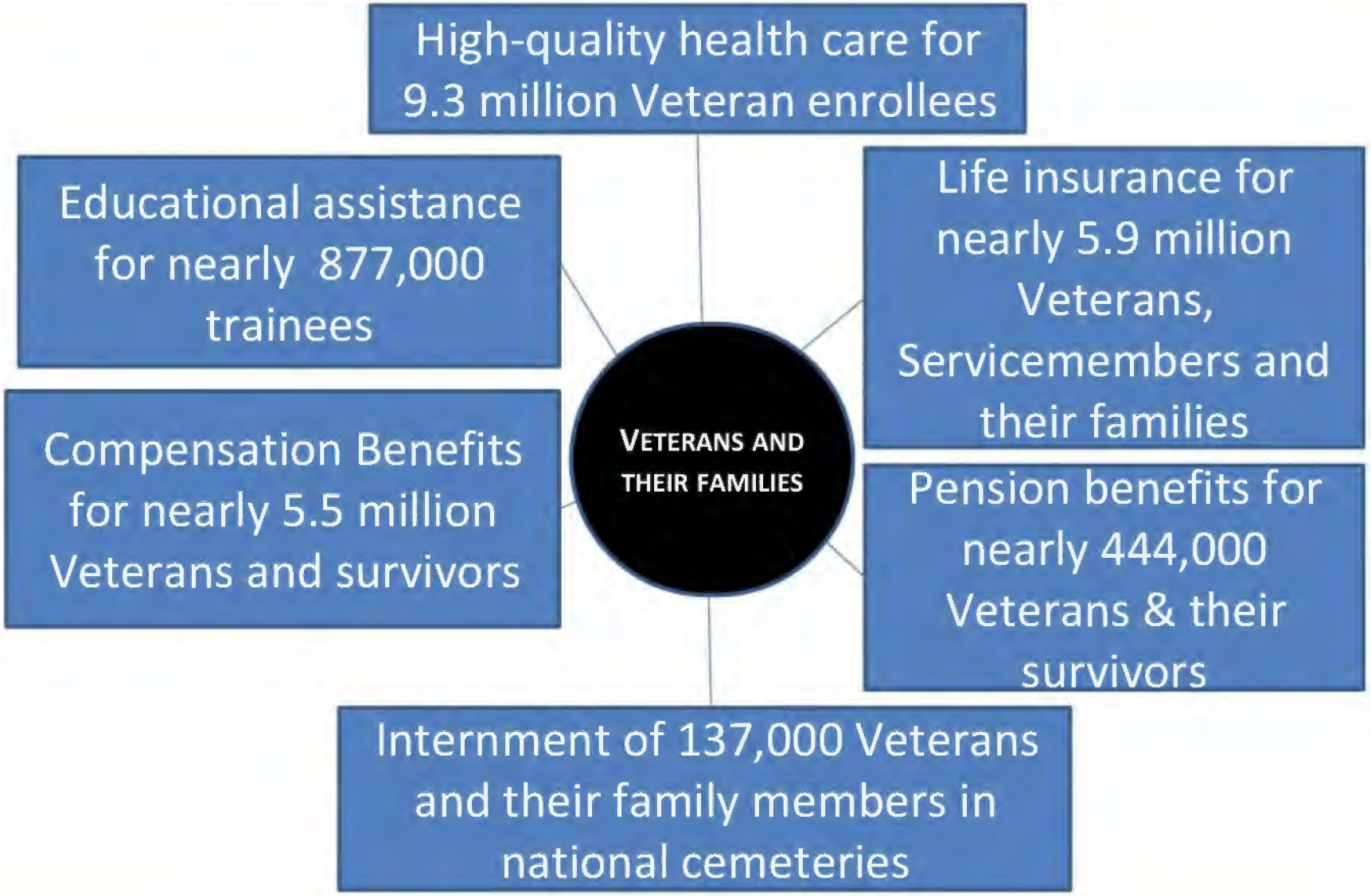


Discretionary Accounts



2020 President's Budget$220.2 Billion(includes collections - $3.9B)Mandatory: $123.2 B Discretionary: $97.0 B

What does our Budget buy?

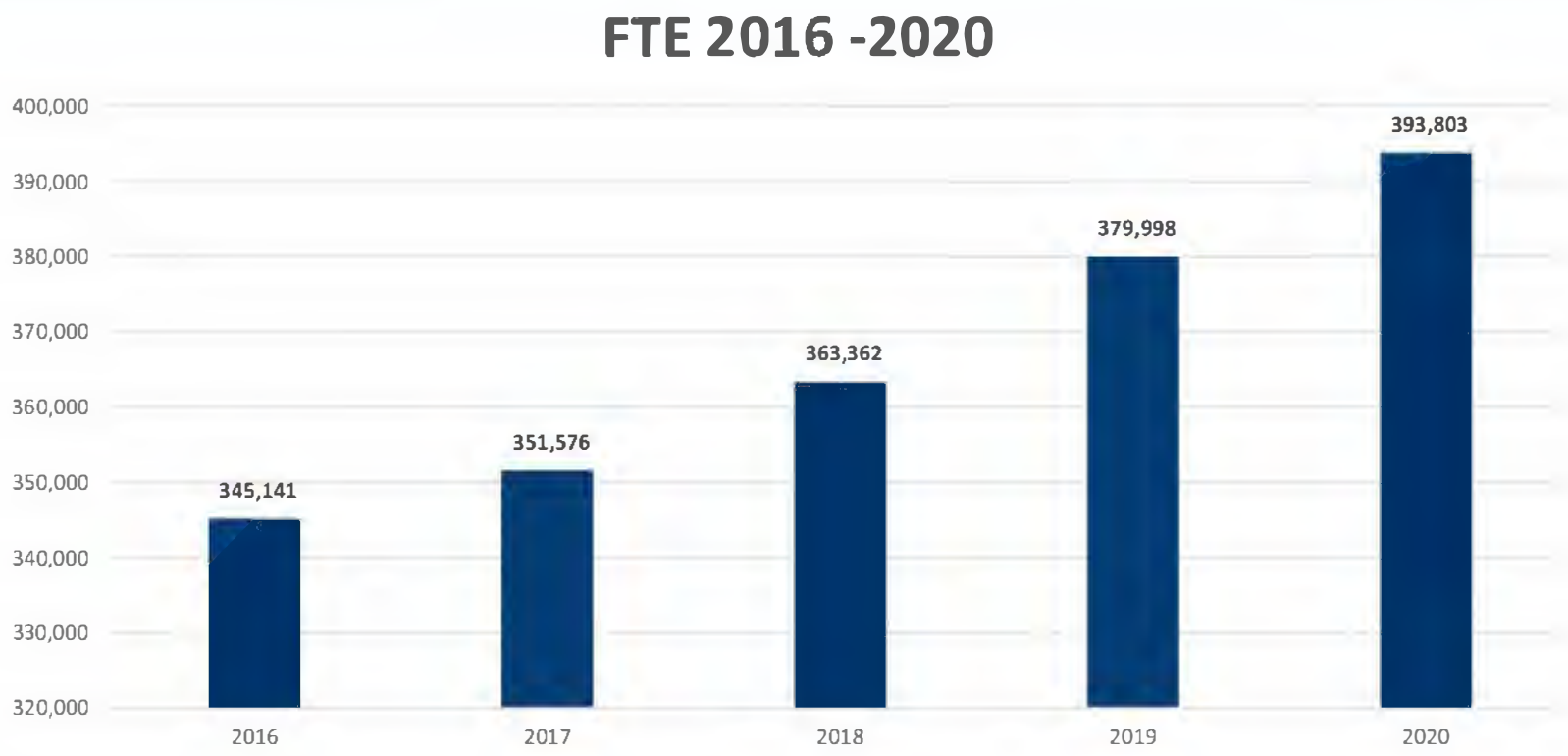


Major Construction Projects

($ in millions)

Location	Description	Request
New York, NY	Manhattan VAMC Flood Recovery	$150.0
Bay Pines, FL	Inpatient/Outpatient Improvements	$30.0
San Juan, PR	Seismic Corrections – Bldg 1	$30.0
San Diego, CA	SCI and Seismic Corrections	$20.0
Reno, NV	Correct Seismic Deficiencies and Expand Clinical Services Bldg	$10.0
Louisville, KY	New Medical Facility	$410.0
West Los Angeles, CA	Construct New Essential Care Tower/B500 Seismic Correction and Renovation	$25.0
Alameda, CA	Outpatient Clinic and National Cemetery	$26.0
Bayamon, PR	Replacement Cemetery (Morovis)	$10.0
Riverside, CA	Gravesite Expansion & Cemetery Improvements	$3.0
Elmira, NY	Western New York Cemetery	$10.0
Houston, TX	Gravesite Expansion	$34.0
Bourne, MA	Massachusetts NC - Phase 4 Expansion	$32.0
Dallas, TX	Cemetery Expansion	$28.0
Major Construction Support	Advance Planning and Design, staff support, US Army Corps of Engineers (USACE) fees, NCA land acquisition, seismic corrections, etc.	$417.2
Total Request		$1,235.2

VA FTE Growth is Significant



Since FY 2016, VA has added nearly 50,000 FTE to better serve Veterans.

2020 Proposed Legislation

- Budget request includes 81 legislative proposals that will benefit Veterans, assist VA operations and effectiveness, and promote stewardship of resources:VA Legislative Priorities:Supportive services for suicide preventionAuthority to expand VA's current Enhanced-Use Lease authority beyond Supportive HousingVA is seeking modification to Title 38 to eliminate statutory impediments to acquiring joint facility projects with Department of DefenseAuthority for collaboration with Department of Interior to permanently transfer land to VA for cemetery developmentAllow for electronic decision notification, and other communicationsRestoration of entitlement to chapter 31 assistance for Veterans affected by school closure or disapprovalLegal services for homeless VeteransEliminate certain provisions that limit the amount of specially adapted housing assistance available for construction of an adapted homeSmoke-free environmentModernize VBA's records management programReissue benefit payments to victims of fiduciary misuseEliminate benefit payments to estates rather than survivors of deceased Nehmer class members

VA 2020 Budget Request: Fast Facts

2020 Budget Highlights

Overall: *The Budget demonstrates VA's ongoing commitment to providing Veterans more quality, timely, and efficient services by requesting a total increase of $19.3 billion, 9.6 percent above the FY 2019 Budget. This includes $97 billion for discretionary funding (+7.5 percent) and $123.2 billion for mandatory funding (+11.1 percent).*

Medical Care

The Budget expands access to health care and fully supports implementation of the VA MISSION Act. In FY 2020, the Budget includes an increase of 9.5 percent for medical care.

- FY 2020 Medical Care: $84.1 billion (including $3.9 billion in collections), +$7.3 billion above 2019. This level includes $15.3 billion for Community Care.
  - Mental Health: $9.4 billion to expand Veteran inpatient, residential, and outpatient mental health care.
  - Women's Health: $547 million (+$42 million) to meet the health care needs of women.
  - Homelessness: $1.8 billion to prevent and reduce homelessness.
- FY 2021 Medical Care: $91.8 billion in advance appropriations (including $4.1 billion in collections), +$7.7 billion (+9.1%) above 2020.

Benefits Claims Processing

Strengthens Veterans' benefits programs

- Provides $3.0 billion to VBA to process 1.5 million disability compensation claims and 4.2 million education claims.
- Supports the continued implementation of the Harry W. Colmery Veterans Educational Assistance Act of 2017, the "Forever GI Bill."

Appeals Reform

- Provides BVA with $182 million and 1,125 FTE to address legacy appeals and implement reform. The Board adjudicated over 85,000 appeals in 2018, a historic record for any one year.
- Supports the implementation of the Veterans Appeals Improvement and Modernization Act of 2017, effective February 2019.
- Delivers a new, simpler, and more timely appeals process that gives Veterans choices and control.

Information Technology

- Provides $4.3 billion for the Office of Information Technology (OIT) to enhance Veteran access and improve the Veteran experience, including a total of $327.2 million for Infrastructure Readiness and $401 million for development in support of VA's top priorities. The request includes $36 million for the FY 2020 MISSION Act implementation initatives.

Electronic Health Record Modernization

- Includes $1.6 billion to create and implement a single longitudinal electronic health record from active duty to veteran status .

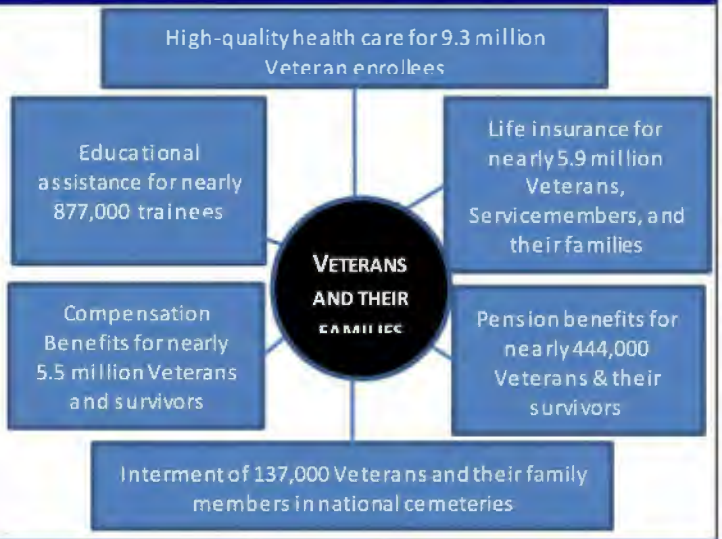
National Cemetery Administration

- Includes $329 million to fund the operation of 144 national cemeteries and enhance NCA's National Shrine and Veterans Legacy programs.

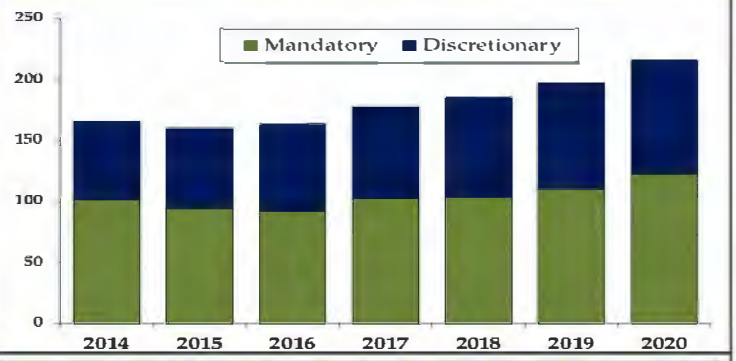
Construction

- Invests $1.8 billion in VA's Construction programs for priority infrastructure projects, seismic corrections, cemetery expansions, and grants for state cemeteries and long-term care facilities.
- Fully funds the construction of a new hospital in Louisville, KY and renovation and restoration of the Manhattan, NY Medical Center.

Who Do We Serve



VA's Historical Perspective
($ in billions)



($ in billions)	2014	2015	2016	2017	2018	2019	2020
Mandatory	86.1	95.1	92.5	105.5	112.3	110.9	123.2
Discretionary	63.4	65.1	70.9	74.3	81.6	86.6	93.1
Collections	3.1	3.2	3.5	3.5	3.5	3.6	3.9
Total VA [1/]	152.6	163.5	166.9	183.3	197.4	201.1	220.2

[1/] Totals may not add due to rounding

VA FY 2020 Discretionary Funding by Appropriation
($ in millions)

Medical Care with Collections	$84,083
Medical Research	762
Electronic Health Records	1,603
Information Technology	4,343
Veterans Benefits Administration	3,000
Board of Veterans' Appeals	182
National Cemetery Administration	329
General Administration	369
Construction (Major and Minor)	1,634
Grants (Extended Care Facilities & Cemeteries)	135
Inspector General	207
Loan Administration & DoD Transfers for Joint Accounts*	344
Total Discretionary Funding	**$96,991**

*Does not reflect transfers from Medical Care appropriations for Joint Accounts

VA | U.S. Department of Veterans Affairs | News Release
Office of Public Affairs
Media Relations
Washington, DC 20420
(202) 461-7600
www.va.gov

FOR IMMEDIATE RELEASE
March 11, 2019

VA strengthens care and benefits for Veterans with $220 billion budget

WASHINGTON — President Donald J. Trump is proposing a total of $220.2 billion in his fiscal year (FY) 2020 budget for the U.S. Department of Veterans Affairs (VA), a 9.6 percent increase above fiscal 2019.

"The budget request will ensure the nation's Veterans receive high-quality health care and timely access to benefits and services," said VA Secretary Robert Wilkie. "The budget supports the most significant transformation of VA since its inception, positioning the department as the premier provider for Veterans' services and benefits. This is a significant increase in VA funding and demonstrates the administration's commitment to supporting our Veterans."

Budget highlights
The FY 2020 budget includes $97 billion (an increase of $6.8 billion, or 7.5 percent) in discretionary funding, including resources for health care, benefit administration, and national cemeteries, as well as $123.2 billion (an increase of $12.3 billion or 11.1 percent) in mandatory funding above 2019 for benefit programs inclusive of Compensation and Pensions, Readjustment Benefits, Housing and Insurance. This budget provides robust funding for the secretary's top priorities.

MISSION Act: $8.9 billion for implementation of the Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (MISSION Act) to provide greater choice on where Veterans receive their care, maintain care for current Choice Program users, provide a new urgent care benefit and expand the Caregivers program.

Electronic Health Record Modernization (EHRM): $1.6 billion ($496 million above FY 2019) to create and implement a single longitudinal electronic health record for military service members from their active duty to Veteran status, and ensure interoperability with the Department of Defense. The increase will support ongoing activities at the three initial deployment sites and the deployment to further sites, as well as additional site assessments.

Transforming Business Systems: Funds the continued deployment of a modern integrated financial and acquisition management system ($184.9 million) and implementation of the Defense Medical Logistics Standard Support ($36.7 million).

Improving Customer Service: $8.1 million to maintain VA's trajectory of improving its customer service. The results of a recent customer-experience feedback survey of Veterans regarding their trust of the department's health care outpatient services showed "trust scores" for outpatient services increased from 84.7 percent in June 2017 to 87.9 percent in January 2019.

Preventing Veteran Suicide: $9.4 billion ($426 million above 2019) for mental health services, which includes $222 million for suicide-prevention outreach, a $15.6 million increase over 2019.

Women's Health: $547 million ($42 million above 2019) for gender-specific women's health care. This increase will help meet VA's goals of developing Designated Women's Health Primary Care Providers at every site where women access VA care, and improve the availability and quality of services to women Veterans.

Capital Investments: $1.6 billion for major and minor construction, including $410 million for the construction of a new hospital in Louisville, Kentucky, and $150 million for the Manhattan, New York, medical center.

Budget materials are available here: https://www.va.gov/budget/products.asp

###

From: RLW
Sent: Fri, 15 Feb 2019 21:15:52 +0000
To: Powers, Pamela
Subject: RE: FYI: The VA Is Paying for a Top Official's Cross-Country Commute

Pro Publica strikes again

Sent with BlackBerry Work
(www.blackberry.com)

From: Powers, Pamela <(b)(6) @va.gov>
Date: Friday, Feb 15, 2019, 4:08 PM
To: RLW <(b)(6) @va.gov>, Byrne, Jim <(b)(6) @va.gov>
Subject: FW: FYI: The VA Is Paying for a Top Official's Cross-Country Commute

Now on the not great news side...
We released this FOIA last week so we had a feeling they were going to do an article.

Sent with BlackBerry Work
(www.blackberry.com)

From: Cashour, Curtis <(b)(6) @va.gov>
Date: Friday, Feb 15, 2019, 3:20 PM
To: Powers, Pamela (b)(6) @va.gov>, Syrek, Christopher D. (Chris) <(b)(6) @va.gov>, Tucker, Brooks (b)(6) @va.gov>
Cc: Ullyot, John (b)(6) @va.gov>, Hutton, James (b)(6) @va.gov>, (b)(6) (b)(6) @va.gov>
Subject: FYI: The VA Is Paying for a Top Official's Cross-Country Commute

The VA Is Paying for a Top Official's Cross-Country Commute
By Isaac Arnsdorf
ProPublica
Feb. 15
https://www.propublica.org/article/veterans-affairs-department-paying-for-darin-selnick-commute-at-taxpayer-expense?utm_content=bufferabe90&utm_medium=social&utm_source=twitter&utm_campaign=buffer

The U.S. Department of Veterans Affairs paid $13,000 over a three-month period for a senior official's biweekly commute to Washington from his home in California, according to expense reports obtained by ProPublica.

The official, Darin Selnick, is a senior adviser to VA Secretary Robert Wilkie and has played a key role in developing the administration's controversial new rules on referring veterans to private doctors. The proposal, announced last month, has drawn opposition from some lawmakers and veterans groups.

Selnick lived in Washington during a previous stint in the Trump administration, from January 2017 until March or April 2018, earning a $165,000 salary. He rejoined the VA in late October 2018 and started flying to Washington from California for two weeks out of every month, at taxpayer expense.

Selnick's expenses included $3,885.60 for six round-trip flights in coach, $5,595.46 for 23 nights in hotels and $1,976 for meals, the reports show. The expense reports, which ProPublica obtained through the Freedom of Information Act, cover six trips between Oct. 21, 2018, and Jan. 19, 2019.

"It is unclear to me what role this person has at the VA, and why the VA is paying so much for him to travel back and forth," House veterans committee chairman Mark Takano said in a statement responding to the expense reports. "The funding allocated to VA should be used efficiently and effectively to provide benefits and health care for our veterans."

Several top Trump administration officials have faced scrutiny over their travel expenses. Government investigators have reviewed former Health and Human Services Secretary Tom Price's use of private jets, ex-EPA Administrator Scott Pruitt's first-class flights, and the president's own getaways to Mar-a-Lago, his private club in Florida.

Like Selnick, outcoming FEMA Administrator Brock Long charged taxpayers for his regular trips home from Washington. Long, who agreed to reimburse the government after an investigation, resigned Wednesday.

There's a long tradition in Washington of members of Congress and political appointees splitting time between the capital and their home states. Rules about what expenses the government will cover versus what must be paid out of pocket vary widely depending the person's role and responsibilities.

Selnick's arrangement might violate the letter, or at least the spirit, of federal regulations, according to Walter Shaub, the former director of the U.S. Office of Government Ethics who has become an outspoken critic of the Trump administration. Ordinarily, an employee in the VA secretary's office would be based in Washington and therefore not entitled to paid travel to get there. However, the agency could cover Selnick's travel to Washington if his official work location, or "duty station," were in California. Then the question would be why an adviser to the secretary belongs 2,700 miles away.

"It starts to look like they set his duty station in California just so he can have free flights," Shaub said. "It may or may not violate a specific rule, but it would be a management decision that could be called wasteful, and the inspector general would likely fault them for that."

In the records released to ProPublica, there is a line on Selnick's travel vouchers that is supposed to specify his duty station, but it was left blank.

Selnick declined to comment. Two top VA press officials, Curt Cashour and Susan Carter, didn't respond to e-mailed questions.

Former VA Secretary David Shulkin was fired last year after the agency's inspector general said he misused resources on a trip to Europe. Shulkin disputed the inspector general's conclusions but agreed to pay back the government.

Trump says he's "done more for the vets than any president has done." But he has stirred anxiety over privatizing the agency's hospital system, and has given sweeping influence over the agency to three associates at Mar-a-Lago.

Selnick has had extensive contact with the Mar-a-Lago trio: Marvel Entertainment chairman Ike Perlmutter, West Palm Beach physician Bruce Moskowitz, and lawyer Marc Sherman. In emails obtained by ProPublica last year, Selnick said he valued Moskowitz's input more than the views of VA experts. Selnick also assisted Moskowitz's push for the VA and Apple to adapt an app that Moskowitz developed for finding nearby medical services, according to the emails.

Selnick is a prominent critic of the VA's government-run health system. In between his time in government, he has worked for Concerned Veterans for America, a political group funded by conservative billionaires Charles and David Koch that has advocated for expanding private care for veterans. In 2016, Selnick signed onto a report that called the VA "seriously broken" with "no efficient path to repair it" and proposed shifting all veterans to the private sector.

"Darin Selnick should not be diverting money from the VA to fund his bicoastal crusade to privatize and destroy the VA," J. David Cox Sr., national president of the American Federation of Government Employees, the union representing VA staff, said in a statement. "It's time for Mr. Selnick to come clean about his shadowy ties to unelected Trump advisers who are trying to dismantle the VA, as well as his cozy deal to commute across the country at taxpayers' expense."

Perlmutter, Moskowitz and Sherman have denied seeking to dismantle the VA.

Last year, while working in the White House, Selnick negotiated with lawmakers on legislation to overhaul the VA's programs for referring veterans to private doctors. Selnick pushed for the VA to establish rules, known as access standards, that would automatically make some veterans eligible for private care.

Selnick then took a leading role in formulating those access standards: He reported directly to WIlkie and sat on an "executive steering committee" in charge of implementing the new legislation, according to an organization chart obtained by ProPublica. But his name disappeared from the chart when the VA provided a version of it to Congress at a December hearing. Selnick has not participated in any briefings with lawmakers or veterans groups.

The access standards that the VA proposed last month are poised to dramatically expand the pool of veterans who could obtain private medical care at government expense. But the agency has offered few details on how many veterans it expects will shift to the private sector or how much that will cost. Key lawmakers from both parties scolded the VA for its secrecy and asked for more information about the plan's development and impact.

In response to Selnick's expenses, Sen. John Boozman, R-Arkansas, said lawmakers will scrutinize the VA's use of taxpayer funds, while recognizing that the secretary is entitled to some discretion over his staff.

"It's important that Secretary Wilkie has trusted advisers implementing VA programs," Boozman, who sits on the Senate veterans affairs panel and chairs the appropriations subcommittee responsible for the

VA, said in a statement. “We will continue working as a committee to provide oversight and closely monitor how VA is spending its resources to ensure the success of its initiatives.”

Curt Cashour
Press Secretary
Department of Veterans Affairs
(b)(6)
@va.gov
@curtcashour

From: Powers, Pamela
Sent: Wed, 6 Mar 2019 21:00:34 +0000
To: RLW
Cc: Byrne, Jim
Subject: FW: VFW Concerned With VA MISSION Act Implementation
Attachments: image002.jpg

Sir, FYI since you are headed there tonight. Now I wish I wouldn't have encouraged you to attend the event.

Sent with BlackBerry Work
(www.blackberry.com)

From: Beardsley, Jason
Sent: Wednesday, March 06, 2019 2:22 PM
To: Cashour, Curtis (b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; Ullyot, John (b)(6) @va.gov>
Cc: Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>
Subject: FW: VFW Concerned With VA MISSION Act Implementation

FYSA

From: VFW Communications <Communications@vfw.org>
Sent: Wednesday, March 06, 2019 2:11 PM
To: VFW Communications <Communications@vfw.org>
Subject: [EXTERNAL] VFW Concerned With VA MISSION Act Implementation

VETERANS OF FOREIGN WARS.

VFW Concerned With VA MISSION Act Implementation

Congressional testimony reveals VA ignored vital input from veterans' service organization community

WASHINGTON (March 6, 2019) – This morning, during testimony before a joint hearing of the Senate and House Veterans' Affairs Committees, the Veterans of Foreign Wars of the U.S.

called for full congressional oversight over the implementation of the VA MISSION Act of 2018.

The organization made clear its dissatisfaction with the Department of Veterans Affairs' implementation thus far, citing arbitrary and misguided decision-making.

With more than 80 percent of VFW members relying on VA health care, and dedicating more than 10 million volunteer hours annually to supporting their fellow veterans at VA medical facilities, the VFW's views were actively solicited while drafting the legislation, but the organization has not been engaged to ensure its efficient implementation.

"Unlike appeals modernization, VA has elected to largely ignore the views of the nation's largest war veterans' organization when drafting rules to implement the VA MISSION Act," said VFW National Commander B.J. Lawrence, who leads the more than 1.6 million members of the VFW and its Auxiliary.

"VA executive leadership should be embarrassed that they have discontinued VA's strong collaborative relationship with the VFW and chosen to make arbitrary decisions without consulting those who most intimately understand VA's mission and the needs of the veterans' community."

Lawrence went on to state that through its lackluster implementation, VA has betrayed its vow to care for veterans and ignored the lessons learned from the Veterans Choice Program.

He also called on Congress to return earned disability benefits to some 90,000 Blue Water Navy veterans, a move failed by the 115th Congress.

"VA cannot continue to deny assistance for veterans who are sick and dying from Agent Orange-related diseases. To ensure Blue Water Navy veterans never have their earned benefits arbitrarily stripped away again, this Congress must pass the Blue Water Navy Vietnam Veterans Act."

The VFW did commend the committees for joining the VFW in opposing the privatization of VA care, and reiterated that it will fight any attempt in that direction.

Lawrence also reminded committee members that the VFW has led or played a key role in every reform and/or expansion of veterans benefits to include modernization of the VA appeals process. And while the new process has the best interest of veterans at the forefront and

alleviates the requirement that veterans wait approximately five years for decisions, the VFW will continue to keep a watchful eye on the processes.

"With more than 2,100 accredited service officers who last year assisted 526,000 veterans obtain benefits, we will keep a close eye on how Regional Offices and the Board of Appeals perform under the new framework and help VA address any unintended consequences," said Lawrence.

"Specifically, VA must properly address the legacy appeals backlog and improve quality so veterans get quick and accurate decisions on their claims, instead of poorly developed decisions that are immediately appealed."

The staggering veterans suicide rate was also an important topic addressed today. Lawrence conveyed the VFW's work toward addressing the issue, and asked that Congress play an active role in helping to reduce the veterans suicide rate by:

- Conducting aggressive oversight of VA's mental health programs and hiring efforts to ensure veterans have access to care when they turn to VA for help.
- Expanding peer-to-peer support programs.
- Passing legislation to study medical cannabis.

"Suicide is a serious issue. We must do what is needed to save the 20 veterans who take their own lives — every day," he remarked.

He added that VA must consider how complementary and alternative therapies can help veterans cope with PTSD and other conditions such as chronic pain.

Several other key points made during today's testimony included the call to end sequestration, the demand of Congress to pass the Burn Pits Accountability Act, enact concurrent receipt of retirement pay and service-connected disability compensation, and improve gender-specific care for women veterans.

Video of today's testimony is available at vfw.org/VFWDC2019, and the written version can be accessed here.

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-vfw-

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Media Contact: Randi K. Law, communications manager, rlaw@vfw.org.


COMMANDER-IN-
2018-2019
VETERANS OF

From: RLW
Sent: Wed, 6 Mar 2019 21:02:53 +0000
To: Powers, Pamela
Cc: Byrne, Jim;Tucker, Brooks
Subject: RE: VFW Concerned With VA MISSION Act Implementation

Let us respond forcefully.

Sent with BlackBerry Work
(www.blackberry.com)

From: Powers, Pamela (b)(6) @va.gov>
Date: Wednesday, Mar 06, 2019, 4:00 PM
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Media Contact: Randi K. Law, communications manager, rlaw@vfw.org.

From: Powers, Pamela
Sent: Wed, 6 Mar 2019 21:04:00 +0000
To: Syrek, Christopher D. (Chris)
Subject: RE: VFW Concerned With VA MISSION Act Implementation

Thanks Chris. He wants to respond vigorously.

Sent with BlackBerry Work
(www.blackberry.com)

From: Syrek, Christopher D. (Chris) [(b)(6)]@va.gov>
Date: Wednesday, Mar 06, 2019, 3:58 PM
To: Powers, Pamela [(b)(6)]@va.gov>
Subject: FW: VFW Concerned With VA MISSION Act Implementation

May want to flag this for SECVA as he is heading to VFW reception tonight.

He is on the Hill now.

Christopher D. Syrek
Deputy Chief of Staff
U.S. Department of Veterans Affairs
Washington, D.C. 20420 [(b)(6)]

From [(b)(6)]
Sent: Wednesday, March 06, 2019 2:22 PM
To: Cashour, Curtis <[(b)(6)]va.gov>; Hutton, James <[(b)(6)]va.gov>; Ullyot, John [(b)(6)]va.gov>
Cc: Syrek, Christopher D. (Chris) [(b)(6)]@va.gov>; Powers, Pamela [(b)(6)]@va.gov>
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Media Contact: Randi K. Law, communications manager, rlaw@vfw.org.

From: Powers, Pamela
Sent: Thu, 7 Mar 2019 14:54:08 +0000
To: Michael Manning;(b)(6)
Cc: (b)(6) Carroll, David (VACO);Franklin, Keita
Subject: RE: [WARNING: ATTACHMENT UNSCANNED][EXTERNAL] FW: Suicide Prevention Executive Order

Mike,
Thank you so much for reaching out. We will add you to the list of organizations and individuals who have offered to assist. Once we have our Task Force up and running, we may reach to you for engagement.

Thank you, again, for reaching out.
Pam

Sent with BlackBerry Work
(www.blackberry.com)

From: Michael Manning <(b)(6) @carepartnersplus.com>
Date: Thursday, Mar 07, 2019, 9:32 AM
To: (b)(6) @va.gov>
Cc: Powers, Pamela (b)(6) @va.gov>
Subject: [WARNING: ATTACHMENT UNSCANNED][EXTERNAL] FW: Suicide Prevention Executive Order

Dear (b)(we saw the Executive Order, we know you are working hard to achieve those same goals, we stand ready to partner with VA to help solve this problem, and look forward to hearing more from VA procurement leads." Kind regards, Mike

From: Michael Manning
Sent: Friday, February 22, 2019 11:33 AM
To: (b)(6) @va.gov>
Cc: Powers, Pamela (b)(6) @va.gov>
Subject: FW: Follow up to Chief of Staff (Powers) Instructions

Dear (b)(6)

Per Chief Powers guidance "He (b)(6) will reach out to *us* on your behalf if a meeting with the Secretary is deemed necessary". Please consider the attached correspondence, if needed.

Thank you.
Kind regards,
Mike

From: Michael Manning
Sent: Thursday, September 13, 2018 12:39 PM
To: (b)(6) @va.gov' (b)(6) @va.gov>
Cc: Powers, Pamela (b)(6) @va.gov> (b)(6) @carepartnersplus.com>
Subject: FW: Follow up to Chief of Staff (Powers) Instructions / West Palm Suicide Prevention

Hi (b)(6)

Per next step instructions from the Chief of Staff I'm looking forward to meeting again to continue working on services that have the potential to benefit the VA and the men and women Veterans it serves. Please provide a few dates and times and I will rapidly confirm back with an email confirmation.

Please confirm receipt.

I'm looking forward to hearing back from you about a meeting date and hopefully the opportunity to justify the amount of time, effort and resources that we've invested on all of our behalf, to provide the VA with a highly visible, innovative approach to accomplishing it's mission while proving to the nation that the suicide epidemic is not insurmountable.

Respectfully,

Mike Manning

From: (b)(6) @va.gov>
Sent: Thursday, September 13, 2018 7:54 AM
To: Michael Manning (b)(6) @carepartnersplus.com>
Subject: RE: Follow up to Wed 9/5 call asking for meeting date

Mr. Manning,

I apologize for the delay in getting back with you.

After much consideration and review, due to the nature of the request, it would be best to continue working with (b)(6) on the services you offer that could potentially benefit the VA.

Generally, (b)(6) will vet all requests of this nature to ensure we follow all protocols.

He will reach out to us on your behalf if a meeting with the Secretary is deemed necessary.

Thank you,

(b)(6)
Office of the Chief of Staff
Department of Veterans Affairs
(b)(6) (Office)
(Mobile)

The world is moved along, not only by the mighty shoves of its heroes, but also by the aggregate of tiny pushes of each honest worker. ~ Helen Keller

---

From: Michael Manning [mailto (b)(6) @carepartnersplus.com]
Sent: Friday, September 07, 2018 3:35 PM
To: (b)(6) ; Powers, Pamela
Subject: [EXTERNAL] Follow up to Wed 9/5 call asking for meeting date

Dear Ms (b)(6)
I'm checking to learn the outcome of your meeting w Ms. Powers on Wednesday related to CarePartners Plus. Do you have an update for me?

Thank you for your attention and confirming Ms. Powers receipt of this communication.

Mike Manning

Dear Ms. Powers,

I'm also providing more information for your benefit related to the Unsolicited Proposal(s) dating back to 2016 that were submitted to VA executives. The period CPP actively collaborated with the VA by sharing innovative and unique approaches that accomplish the VA's mission, culminated in a public, direct contact pilot demonstration that met and exceeded the use case scenario performance metrics outlined in the Unsolicited Proposals.

CPP's primary counterpart was Mr. (b)(6) during our official work with the VA. He directed and oversaw CPP's in-depth collaboration at the request of the VA, during an intense period when the VA was desperately seeking solutions from private innovators who share intellectual property that could help introduce capabilities that would produce measurable transformation results. I learned that he was sanctioned during an upheaval between VA Central and OIT because the previous administration wanted to change the scope of authority for research projects without addressing the fact the authority was a legislated matter. I mention his name because he was the first person I met after 2 years of interaction within the VA who was actually a cutting edge, out of the box thinker who understood what was needed for the VA to save lives and save billions of taxpayer dollars. He had 25 years' experience doing it and we were thrilled to be working with someone of his caliber. My professional observation is he wasn't a leadership role model who naturally understood how to navigate the political pitfalls surrounding him; he was definitely a thought leader who had plenty to offer our brave men and women veterans. It could prove extremely insightful if you included him in a future meeting together.

Every time a negative headline demonizing the VA about negative circumstances I know CPP can help mitigate, I'm reminded how important tenacity is relevant to bringing CPP's capabilities forward and getting them into the Veterans hands. In terms of veracity I attached several documents thinking you may be interested learning first hand that CPP is the original proponent for a great many solutions being discussed to solve unrelenting VA problems that Secretary Wilkie is now inheriting. Beginning in 2015 CPP began introducing solutions to the VA that could have avoided significant loss of life and unnecessary expenditures and could have improved VA morale and the nations confidence in the VA. These solutions remain available to the VA.

Thank you for your service.

Mike Manning

OVERVIEW

Pursuant to Federal Acquisition Regulation (FAR) 15.602, it is the policy of the Government to encourage the submission of new and innovative ideas in response to Broad Agency Announcements, Small Business Innovation Research topics, Small Business Technology Transfer Research topics, Program Research and Development Announcements, or any other Government-initiated solicitation or program. An unsolicited proposal is therefore, a written proposal that is submitted to a Government agency on the initiative of the submitter for the purpose of the obtaining a contract with the Government and is not in response to a Government-initiated solicitation or program. It is another means for the Government to obtain innovative or unique methods or approaches to accomplishing their missions from sources outside the Government.

From: Michael Manning
Sent: Wednesday, September 05, 2018 9:33 AM
To: (b)(6) @va.gov>
Subject: RE: Follow up w Ms. Pam Powers - 9/5/2018

Ms. (b)(6)

It was a pleasure speaking with you a few minutes ago. I honestly recognize how busy Ms. Powers is and hope to reassure her that we are able to rapidly contribute toward helping Secretary Wilkie fulfill his vision for a new "World-Class" VA.

I look forward to hearing back from you.

Again, thank you.

Mike Manning
267-532-1604 (b)(6)

From: Michael Manning
Sent: Tuesday, September 04, 2018 10:50 AM
To: (b)(6) @va.gov>
Subject: RE: Follow up w Ms. Pam Powers - receipt confirmation
Sensitivity: Confidential

Ms (b)(6) can you please confirm your receipt of this email. Thank you. Mike Manning

---

From: Michael Manning
Sent: Thursday, August 30, 2018 4:03 PM
To: (b)(6) @va.gov>
Subject: FW: Follow up w Ms. Pam Powers
Sensitivity: Confidential

Dear Ms (b)(6)

It's a pleasure having the opportunity to interact with you again. You were exceptionally polite, prompt and professional in all our earlier interactions. After working and interacting with a significant number of people at the VA over the past 3+years your behavior greatly impressed me the most. The new Secretary is obviously serious about establishing the VA as a World-Class Government Customer Service Organization. You provide a terrific example of World-Class customer service. It's good to know you continue working for senior management and our Veterans.

I am contacting you today to coordinate a call with Ms. Powers to follow up on my request to meet with Secretary Wilkie. At the bottom of the email string below (Jun 26) you will see where she invited me to contact her upon Mr. Wilkie's confirmation.

I recognize she is extremely busy in her new role. I'm apparently unaware of her correct email address. I don't have any indication that she received the past few emails I've sent so I am also requesting that you please confirm back that Ms. Powers receives the attached email string and provide me with her correct email for future reference.

I look forward to learning a few dates and times Ms. Powers is available for a call and I will confirm back promptly.

Thank you for your service.

Mike Manning
267-532-1604

Hi Pam, congratulations on your becoming Chief of Staff for Secretary Wilke. I'm sure it's an exciting and interesting experience.

Over time we've been sending you information about GetVetsHelp (GVH), focused on high-risk and high cost veterans primarily to quantifiably reduce suicide and the concomitant factors that influence it -- mental health decline, joblessness and homelessness. The ask was/is to establish a national footprint of continuous, coordinated targeted interventions facilitated by mobile digital technology that can be rapidly implemented and delivering results .

This approach was/is to decrease errors, avoidable costs and to provide 24/7 situational coverage exposing bottlenecks and omissions that administrative oversight may otherwise be unaware of until problems mushroom into crisis. At this time we would like to bring to your attention how GVH improves the veteran's experience. We started with giving veterans a voice to improve access and a safety net by triaging needs not met by the VA.

GVH covers a broad application of services and has an immediate ability, (not currently included in the VA inventory yet entirely synergistic and interoperable), to support Secretary Wilkie's short and long-term agenda including the tools to implement and hold accountable the work being done by Cerner. We stand ready to quickly deploy rapid cycle improvements that will identify problems across the VA enterprise as well as the community health network, before they mushroom providing early warning and risk control capabilities for the VA and our country's leadership to share their visible successes with the public.

I look forward to following up with you regarding my request to meet with Secretary Wilke.

Thank you for your service.

Mike

-----Original Message-----
From: Michael Manning
Sent: Monday, August 13, 2018 9:18 AM
To: Powers, Pamela <(b)(6)@va.gov>
Cc: (b)(6)@va.gov
Subject: FW: Formal Request to meet w Sec. Wilkie 8.13.2018
Sensitivity: Confidential

Dear Ms. Powers,

Stating that Mr. Wilkie accepted unparallel responsibility and risk by assuming accountability for the challenges that confront the highest accountable official of the VA, is a reality. His team have more to be concerned with than any of their predecessors for example, the contemporaneous implementation of the Mission Act, protecting the safety of veterans and families during the transition to the CERNER EHR, and achieving the personal priorities the Secretary announced: rural care, his zero tolerance to eliminate the opioid, homelessness and suicide epidemics each adding to the size and complexity of his job. As you know from our previous correspondence and from what (b)(6) et al briefed you on, CPP has been striving to support the Secretary's success by bridging the logistics needed to exceed his expectations and aspirations. CPP can deliver the ability to contemporaneously support a smoother implementation of Mr. Wilkie's agenda which ultimately will ensure the successful legacy of his tenure: unparallel advancements in safety and quality for the men and women Veterans who access the VA; and the type of advancements that allows the VA workforce to earn the standing of "World-Class" government customer service providers.

By leveraging a data over systems approach CPP offers immediate, tangible value by delivering enriched digital data that is not available through the current VA system. Data that provides answers to difficult to solve problems. Data that prevents crisis from occurring. Data that saves lives and unnecessary expenditures. CPP's capabilities provide more veteran friendly options to access benefits and services from virtual and physical access points and provides a synergistic approach to achieving the ultimate VA goal of data integration across the entire organization. Rather than a rip and replace model that typically results in over schedule, over budget and under predicted value realities CPP deploys a data over systems and solutions approach to harness organization capacities that deliver large-scale performance results on time, budget and value. Considering the mandate to do more with less, data is the premium which allows this reality. CPP's methods for merging data makes it easier and faster to gain strategic results rather than waiting until everyone has the same technology. Unlike systems change people welcome data change. People like to access a greater variety of more meaningful data that leads to producing superior outcomes. CPP does not require the workforce workflow to change and this makes all stakeholders happier because it avoids disruption and great expense.

During Mr. Wilkie's confirmation before the Senate Veterans' Affairs Committee, he stated that business transformation to standardized policies and procedures across the VISNs was essential if we were to move pas the mid-1990s compartmentalized model and give power to the professional's closest to our veterans. He also mentioned that transformation meant entering into partnerships with our state and local communities to address Veteran homelessness, that plagues our Vietnam Veterans who suffer the highest rates of suicide. CPP understands Mr. Wilkie's vision and would like to partner with the Department of Veterans Affairs to help reduce the rates of suicides and establish the VA as a world-class government service provider.

Based on Secretary Wilkie's established Zero Tolerance priorities, modernization efforts and other problems that persist within the VA that distract from the health and welfare of Veterans and their families this provides a compelling justification for Mr. Wilke not to tolerate any further delay in implementing CPP's capabilities. By the Federal Acquisition Regulations (FAR) Subpart 6.3 (Other Than Full and Open Competition) the regulations clearly "prescribes policies and procedures, and identifies the statutory authorities, for contracting without providing for full and open competition."

The FAR 6.302-2 (unusual and compelling urgency) clearly states that if a "delay in award of a contract would result in serious injury, financial or other, to the Government" the use case for CPP's services justify the compelling nature of this matter. CPP's ability to begin delivering in 90 days results (that are not otherwise available) that start thwarting veteran suicide at the grassroots' level and seven digit expenditures that can be repurposed by other federal agencies are the tip of the iceberg and should easily satisfy the use of the unsolicited proposal option.

Successfully executing this project will have a demonstrable and visible impact to the public (beginning with Veterans, families and the workforce) in alignment with the VA's mission.

This project will clearly showcase enhanced delivery of services that reduces burden, improves performance, and has the potential to set the foundation for a new "World-Class" VA backed with hard metrics.

CPP's goal is to align its 90 day roll out so day 91 could be implemented in tandem with the Veterans Day Commemoration.

We are humbly requesting a meeting be scheduled for the week of August 12, 2018. We will accommodate any time or day and promise this meeting will present superior considerations deserving of the Secretary and your personal attention.

Thank you.

Sincerely,
Mike Manning

-----Original Message-----
From: Michael Manning
Sent: Wednesday, July 25, 2018 3:38 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: Formal Request attached
Sensitivity: Confidential

Congratulations, Pam!

I look forward to hearing back from you.

July 25, 2018

Ms. Pamela Powers, Chief of
Staff

US Department of Veterans
Affairs
Vermont Avenue, Washington, DC 2042

Subject: Follow up to Secretary Wilkie Meeting Request

Dear Ms. Powers,
I want first to take this opportunity to congratulate Mr. Robert Wilkie on his confirmation to becoming the next Secretary of Veteran's affairs. I'm sure with this position the President's top priorities will be the focal point of his Agenda moving forward.
That brings me to my point, a couple of months ago we had a dialogue about my intent to meet with Secretary Wilkie to discuss the suicide rate amongst one of our most prized treasures, our "Military Veterans." I outlined that my company CarePartners Plus (CPP) is a Certified SDVOSB that focuses on the Safety and well-being of veterans wherever they reside. We excel as problem solvers; innovators and out of the box thinkers. We grab the initiative and take ownership of our client's problems integrating ourselves with the various dimensions of expertise across their enterprise footprint. The VA does not have what we do in your inventory. But it's no secret that over the years working together they have borrowed our IP from time to time but never fully reengineered our most compelling service streamlining capabilities.

The merits of our agenda focus on the scope and impact we can collaboratively deliver in support of achieving the ambitious expectations imposed on Mr. Wilke and the VA; meaning President Trumps mandate for modernization and privatization, Mr. Wilkes top 5 priorities (including filling the EMR gaps until CERNER is fully installed), and the House and Senates concern about policy and budget enforcement. We will share what resonates with the Capitol Hill Offices we are briefing. We will specifically explain how within 90 days we fulfill our claims emphasizing the readily implementable capabilities that transcend the status quo and can advance Mr. Wilke's Zero Tolerance policy by measurably deescalating and ending suicide, homelessness and substance abuse; and how our fully interoperable early warning intervention capabilities can assist the VA employees and community services in reducing the number of suicides amongst our Veterans. Saving lives with great certainty will win the hearts and minds of Veterans and the VA workforce while restoring trust and confidence across the nation.

Earlier when I communicated my request to meet you suggested that I make contact around this time. I realize the Secretary's time is intensely managed. For the most accountable decision maker I guarantee what we present will contribute to his time management realities by learning about time-saving capabilities that help breakdown the time consuming internal tug of war that occurs at the Veterans expense and how to avoid missing opportunities that can derail careers. With the advent of the Mission Act and the Presidents emphasis on privatization the VA for the first time in its history will be confronted with a brand war. Our fact-based, empirical deliverables tied to hard metrics will provide a competitive advantage during a market redistribution that will emerge with the force of a tsunami. We can guarantee rapid (sustainable) points on the board in his first 100 days…perhaps a milestone deliverable the President can announce for Veterans day and put an end to the unpleasant nature of demoralizing public VA floggings.

We admire the sacrifice and career alignment risk the Secretary and you have accepted by assuming the accountability for transforming the VA. If you know our backstory, the veracity of our commitment is

well documented. We've borne a significant expense because we know getting these tools in the Vets and leaderships hands will save lives, and sustain the Transformation of the VA. We are a performance-oriented, can-do group who relies on results to represent us; we don't make excuses, never rest on laurels or take undeserving credit.

Time is of the essence. We would be extremely grateful for your convening and overseeing a 1-hour information sharing meeting with Mr. Wilke. We believe what we have to share will resonate with the Secretary and help fast track his first 100day success strategy.

I look forward to hearing back from you soon.

Respectfully,

Mike Manning

-----Original Message-----
From: Michael Manning
Sent: Tuesday, June 26, 2018 4:57 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: Re: [EXTERNAL] RE: SDVOSB CPP CEO Mike Manning update/ Readily Implementable Innovations developed in collaboration between the VA and private innovators
Sensitivity: Confidential

You bet.
Mike

Sent from my iPhone

> **On Jun 26, 2018, at 4:00 PM, Powers, Pamela (b)(6) @va.gov> wrote:**
> **>**
> **> Thanks for reaching out again, Mike. First things first...we are concentrating on getting Mr Wilkie confirmed. It has been pretty crazy, as you can imagine. Please reach back it to me in late July and we can talk again if Mr Wilkie is in place.**
> **>**
> >
> >
> > Sent with Good (www.good.com)
> >
> > _____
> > From: Michael Manning
> > Sent: Tuesday, June 26, 2018 12:05:24 PM
> > To: Powers, Pamela
> > Subject: [EXTERNAL] RE: SDVOSB CPP CEO Mike Manning update/ Readily
> > Implementable Innovations developed in collaboration between the VA
> > and private innovators
> >

> Hi Pam,
>
> I recognize this is a very busy time for you. We've been busy also briefing several lawmakers and staff the past few weeks since we met with Peter O'Rourke's advisor Larry Connell and the Director of Vendor Relations, (b)(6) I'm confident you're aware of the heightened interest on Capitol Hill for readily available innovations that are known to the VA and can streamline services for Vets relevant to the promises contained in the Mission Act (and other acts) within the budget constraints imposed by the Administration. They are very interested in our platform's 90 day implementation time to pave the way for truly transformational outcomes that include consolidating programs and supporting the rapid establishment of a comprehensive network of VA and non-VA community care continuums.
>
> One thing led to another which led to a steady stream of requests for briefings and hands-on demonstrations on the Hill that continue this week to provide first hand exposure to our capabilities that enable the new Secretary to achieve superior levels of VA effectiveness. The best news according to the individuals we've briefed, is that existing funds already appropriated can cover these capabilities.
>
> While providing details during these presentations we are routinely asked about the status of our innovations with the VA and to provide points of contact. We inform them that our last meeting with senior VA officials about the status of our innovations was approximately a month ago and that (b)(6) (b)(6) acknowledged receipt of our Unsolicited Proposal and promised to act on it as a next step. Several of the legislatures in these meetings are practicing attorneys who suggest vehicles other than the Unsolicited Proposal. I've also informed them of my request to Mr. Wilke to through personally brief him first hand on the benefits of this readily implementable platform that will:
>
> * Protect the new Secretary from the pitfalls of his predecessors.
> * Can be operational and delivering results in 90 days.
> * Help the Secretary set a new course by providing capabilities for the entire Department to achieve superior results
> * Ties into Cerner
> * Does not require new appropriations.
>
> We are enthusiastic about Mr. Wilke's confirmation and our opportunity to speak with him directly about the Senate and House meetings and the intense support from the policymakers for a new trajectory at the VA that restores the nations trust. We are hoping that shortly after Mr. Willkie's confirmation he will accept our briefing, so he can obtain a panoramic awareness of the innovative, streamlined capabilities that are readily available to support his vision for the VA, Veterans, families and taxpayers.
>
> If you have any further advice or guidance please let me know.
>
> Thank you.
>
> Mike
>
>
>
> From: Michael Manning
> Sent: Friday, May 18, 2018 2:41 PM

> To: Powers, Pamela (b)(6) @va.gov>
> Subject: FW: SDVOSB CPP CEO Mike Manning Meeting w/Secretary Wilkie/VA
> Chief of Staff Mr. Peter O'Rourke/ Senior Advisor Mr. Larry Connell
> Sensitivity: Confidential
>
> Pam,
>
> Thanks for making the below connection happen.
>
> Please pass along best and most favorable wishes to ASecretary Wilkie on his recent nomination.
>
> The next time I'm in DC, if possible I would welcome a 5minute opportunity to personally introduce myself to you.
>
> Again, thank you for your service.
> Mike
>
> From: Michael Manning
> Sent: Friday, May 18, 2018 2:31 PM
> To: 'O'Rourke, Peter M.'
> <(b)(6) @va.gov<mailto(b)(6) @va.gov>>
> Cc: Connell, Lawrence B.
> (b)(6) @va.gov<mailto(b)(6) @va.gov>>; (b)(6)
> (b)(6)
> (b)(6) @carepartnersplus.com<mailto(b)(6) @carepartnersplus.com>>
> Subject: RE: SDVOSB CPP CEO Mike Manning Meeting w/Secretary Wilkie/VA
> Chief of Staff Mr. Peter O'Rourke/ Senior Advisor Mr. Larry Connell
> Sensitivity: Confidential
>
> Mr. O'Rourke (Peter),
>
> Thank you for assigning our matter to your senior advisor, Mr. Larry Connell. I look forward to a productive conversation with him.
>
> Again, thank You for your service.
> Mike
>
> Col(Ret)Connell,
>
> Nice to make your acquaintance. I suspect you're in possession of my letter outlining the talking points we intended for Acting Secretary Wilkie. As a precaution I've attached a copy for your ease of access.
> My exec assistant, (b)(6) is copied. Please let us know what times and dates you have available so that we can accommodate your schedule.
>
> I look forward to talking with you.
> Thank you.
> Mike
> From: O'Rourke, Peter M.

> [redacted]@va.gov<mailto[redacted]@va.gov>>
> Sent: Friday, May 18, 2018 12:46 PM
> To: Michael Manning
>[redacted]@carepartnersplus.com<mailt[redacted]@carepartnersplus.com>>
> Cc: Connell, Lawrence B.
> [redacted]@va.gov<mailto[redacted]@va.gov>>
> Subject: RE: SDVOSB CPP CEO Mike Manning Meeting w/Secretary Wilkie/VA
> Chief of Staff Mr. Peter O'Rourke
> Sensitivity: Confidential
>
> Mr. Manning,
>
> I'm including my senior advisor, Larry Connell, who will reach out to you and discuss your issue.
>
> Thank you,
> Peter
>
> Peter O'Rourke
> Chief of Staff
> Department of Veterans Affairs
>
>
>
> From: Michael Manning [mailto[redacted]@carepartnersplus.com]
> Sent: Friday, May 18, 2018 7:25 AM
> To: Powers, Pamela; O'Rourke, Peter M.
> Cc: COS-PMO[redacted]
> Subject: [EXTERNAL] RE: SDVOSB CPP CEO Mike Manning Meeting
> w/Secretary Wilkie/VA Chief of Staff Mr. Peter O'Rourke
> Sensitivity: Confidential
>
> Pam,
>
> Good morning. I've been unable to locate Peter's contact number. Would it be possible to share it with me so that I can reach out to him by phone about a meeting?
>
> Hope you have a great day. Thank you.
>
> Mike Manning
>
> From: Michael Manning
> Sent: Tuesday, May 15, 2018 2:23 PM
> To: 'Powers, Pamela'
>[redacted]@va.gov<mailto:[redacted]@va.gov>>; O'Rourke, Peter
> M. [redacted]@va.gov<mailto:[redacted]@va.gov>>
> Cc: COS-PMO [redacted]
> [redacted]@carepartnersplus.com<mailto[redacted]@carepartnersplus.com>>
> Subject: RE: SDVOSB CPP CEO Mike Manning Meeting w/Secretary Wilkie/VA

> Chief of Staff Mr. Peter O'Rourke
> Sensitivity: Confidential
>
> Pam,
>
> No apology needed. Your unwavering commitment to Vets precedes you. Thank you for making the introduction to Mr. O'Rourke (Peter) and encouraging me to reach out to him.
>
> Again, thank you for your service.
>
> Sincerely,
>
> Mike
> _____
> Peter,
>
> After reading your biography I am re-energized. The similarities in our interests are striking. I attached my bio as a reference point. My military career is dwarfed by the sacrifices our men and women Veterans make today.
>
> I would greatly appreciate it if you would please create an opportunity to meet with me.
>
> I understand you are extremely busy with issues of critical importance. My agenda is outlined in the attached letter to Acting Secretary Wilkie. I hope to provide high value information you find productive in resolving some of these issues permanently.
>
> I look forward to your reply. I copied my Secretary (b)(6) on this communication.
>
> Thank you for your service and your kind consideration.
>
> Respectfully,
>
> Mike Manning
>
> From: Powers, Pamela
> (b)(6) @va.gov<mailto (b)(6) @va.gov>>
> Sent: Tuesday, May 15, 2018 12:08 PM
> To: Michael Manning
> (b)(6) @carepartnersplus.com<mailto (b)(6) @carepartnersplus.com>>
> Cc: COS-PMO (b)(6) @va.gov<mailto (b)(6) @va.gov>>; O'Rourke, Peter
> M. (b)(6) @va.gov<mailto (b)(6) @va.gov>>
> Subject: RE: SDVOSB CPP CEO Mike Manning Meeting w/Secretary Wilkie
> Sensitivity: Confidential
>
> Mike,
>

> I apologize for not getting back to you sooner. We were traveling last week and I just got back to the office today. I have cc'd the Assistant Secretary's Chief of Staff, Peter O'Rourke. I recommend you reach out to him regarding a meeting.
>
> Best wishes,
>
> Pam
>
> From: Michael Manning [mailto:(b)(6)@carepartnersplus.com]
> Sent: Friday, May 11, 2018 9:21 AM
> To: Powers, Pamela
> Subject: [EXTERNAL] FW: SDVOSB CPP CEO Mike Manning Meeting
> w/Secretary Wilkie
> Sensitivity: Confidential
>
> Pamela,
> I inadvertently omitted our due diligence timeline. I apologize for any inconvenience.
> Mike
>
> [cid:image001.jpg@01D40D5E.FD8696D0]
>
> From: Michael Manning
> Sent: Friday, May 11, 2018 9:13 AM
> To: 'pamela.powers@va.gov'
> (b)(6)@va.gov<mailto:(b)(6)@va.gov>>
> Subject: FW: SDVOSB CPP CEO Mike Manning Meeting w/Secretary Wilkie
> Sensitivity: Confidential
>
> Good morning, Pamela. I'm following-up on my written request emailed
> earlier this week to meet with Secretary Wilkie. I called your office
> a moment ago and got your voicemail. Left a brief message requesting
> a call back. My office# is 267.532.1604, (b)(6) I look forward to
> hearing back from you. Thank you. Kind regards, Mike Manning
>
>
>
>
> From: Michael Manning
> Sent: Monday, May 07, 2018 3:33 PM
> To: (b)(6)@va.gov<mailto:(b)(6)@va.gov>
> Subject: FW: Meeting with Sec Wilkie
>
> Dear Colonel (Ret) Powers,
>
> I was encouraged to send this email to you with the anticipation that it would be delivered to Acting Secretary Wilkie. Thank you for your role in coordinating a meeting for CPP with the Acting Secretary.
>
> Sincerely,

> Mike Manning
> _____
> _____
> Dear Acting Secretary Wilkie,
>
> CPP is a Certified SDVOSB that established a strategic partnership with Verizon Our Company's focus is the safety and well-being of Veterans. In 2015 CarePartners Plus (CPP) partnered with the VA in a Federal innovations program with the purpose of leveraging the socioeconomic implications of the non-federal IP we possess that improves the safety and well-being of Veterans, the VA and other agencies. CPP's versatile, vetted technology provides comprehensive, enterprise-wide, "early warning and reaction capabilities, – down to the individual veteran, currently unavailable in the VA inventory"; life-saving coverage to every entitled men and women veterans and family in need. The implementation and access are easy – the services can be online and operational providing "measurable" life-saving services and support that protect Veterans in alignment with the highest priorities of the VA, within 90 days.
> Veterans lives, and well-being are in the balance. We would greatly appreciate your convening and overseeing a 1-hour information sharing meeting. We promise to keep every minute productive.
> I am confident the insight we deliver will be new, and vital to your dual DOD and VA role's as well as to all other senior accountable individuals seeking to rapidly influence the immediate and long-term Veteran-Centric transformation of the VA.
> Thank you for your consideration. I hope to hear back soon.
> Respectfully,
> Mike Manning
>
> Michael G. Manning, CEO
> CarePartners Plus
> 955 Horsham Road
> Horsham, PA. 19044
> O: 267.532.1602
> C: (b)(6)
> F: 215.773.8076
> www.carepartnersplus.com<https://urldefense.proofpoint.com/v2/url?u=ht
> tp-3A__www.carepartnersplus.com_&d=DwMFAg&c=udBTRvFvXC5Dhqg7UHpJlPps3m
> Z3LRxpb6__0PomBTQ&r=yh3DCJ_MovvWBrEKAd7zHQDpqLXEvS7FallSLQ-xXWY&m=uH5O
> akhLU2hAkcOhvt2iELOa7C5eqDVjvlbnJObAGP4&s=F3wbK0hZq-AEmi0ChoerZ-nC6cLR
> fTq1X7HvEsEHxEE&e=>
> <image001.png>
>

From: RLW
Sent: Thu, 21 Mar 2019 13:51:57 +0000
To: RLW
Subject: Bi-Weekly MISSION Act Update
Attachments: AIR_Commisssion_Options_02132019.pptx, Mission Act Agenda 4-4-19.docx, PublicAffairs-MISSION3.pptx

From: RLW
Sent: Wed, 3 Apr 2019 17:02:56 +0000
To: RLW
Subject: Brief Remarks/Certificate Presentation to VVA - 40 Years of Service
Attachments: RE: Secretary's Availability VVA -- April 11-13th // VVA 40 year , 04-11 remarks VVA board, FINAL.docx, VVA audience analysis.docx

From: (b)(6)
Sent: Wed, 3 Apr 2019 17:02:35 +0000
To: Beardsley, Jason;Patterson, Heather J.;Wagner, John (Wolf)
Cc: Hutton, James;Colli, Jacqueline;Scott, Traci
Subject: RE: Secretary's Availability VVA -- April 11-13th // VVA 40 year

Please confirm the location w/address

(b)(6)
Executive Assistant
to the Secretary
Department of Veterans Affairs
(b)(6)

From (b)(6)
Sent: Wednesda April 03 2019 12:56 PM
To (b)(6) @va.gov>; (b)(6) @va.gov>;
Wagner, John (Wolf) (b)(6) @va.gov>; (b)(6) @va.gov>;
(b)(6) @va.go (b)(6) @va.gov>; (b)(6)
(b)(6) @va.gov; (b)(6) @va.gov>
Cc: Hutton, James <(b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6)
(b)(6) @va.gov>
Subject: RE: Secretary's Availability VVA -- April 11-13th // VVA 40 year

SECVA has agreed to provide brief remarks and present a certificate to VVA on April 11 at 10:15-10:45am at the Doubletree Hotel.

Speechwriters: I apologize for the last minute request, but hopeful we can get your assistance in some remarks. This was JUST decided upon. (b)(6) & Wolf Wagner are your POCs and are included in this e-mail

We truly appreciate all the help.

(b)(6)
Executive Assistant
to the Secretary
Department of Veterans Affairs
(b)(6)

From (b)(6)
Sent: Friday, March 22, 2019 1:08 PM
To (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: Hutton, James (b)(6) @va.gov>
Subject: RE: Secretary's Availability VVA -- April 11-13th // VVA 40 year

SecVA is out of town April 12-14.

From: (b)(6)
Sent: Friday, March 22, 2019 12:42 PM
To: (b)(6) @va.gov>; (b)(6) @va.gov>
Cc: Hutton, James <(b)(6) @va.gov>
Subject: Secretary's Availability VVA -- April 11-13th // VVA 40 year

Pam communicated to me that the Secretary is interested in doing a celebration of sorts for the Vietnam Veterans of America (VVA) marking 40 years of service to our nations Veterans. I will work with OPIA's James Hutton to help determine what type of celebration might be feasible/supportable.

In speaking with Rick Weidman (VVA Exec Dir) the VVA will be convening their board and national officers at the Doubletree Hotel (across from the Board of Veterans Appeals – 425 I street area) in the week of April 11-13th. We have received a separate request from one of their legislative officers for a meeting with the Secretary on the same week. I wanted to look at the feasibility of having the Secretary along with OPIA and our VSO office to conduct a small cake cutting at the Doubletree Inn on the 13th (Saturday) as a possible way of meeting the Secretary's request while also answering the VVA officer's request to meet with the Secretary.

If the Saturday is not convenient for the Secretary, Thursday and Friday may be opportunities but we'd be working around the VVA board meetings, plenary sessions and committee meetings.

Let me know if you believe the Secretary would be amenable to an early Saturday opportunity to make brief remarks in honor of VVA or if we'd prefer to try to do something different here in the building (which may be more difficult for the VVA members).

Thank you

Send me!

(b)(6)
Senior Advisor, VSO Liaison Office of the Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, D.C. 20420
Desk (b)(6)
Email (b)(6) @va.gov

Final Draft

Address to Vietnam Veterans of America board

April 11, 2019

- Thank you, John [Rowan, VVA National President]. Welcome to the state leaders here today.

- I have a deep affinity for this group. Its leaders and its mission have a special meaning for me.

- My father's story.

    - I learned about the cost of war when he returned

- 11 of my classmates called into the office to learn their fathers had been killed

- Vietnam Veterans of America fought for my father's generation, and not much ever came easy for this group.

    - Took 7 years for this group to earn its charter in 1986

    - You taught America how to honor its Veterans

- Today, the results of your efforts are everywhere.
    - Vietnam Veterans Memorial is one of the most visited sites in D.C.
    - I was there last week with a high school classmate whose father was one of the last 5 names to be etched on that wall.
- Your group helped make this memorial happen. Your fallen peers on that polished black granite remind us all of the cost of sending Americans to war.
- We at the VA carry your message every day.
    - A few weeks ago, a VA employee, Jeanette Mendy, met an 88-year old Veteran of the Korean and Vietnam Wars at JFK.
    - He had never received one of our pins, which says, 'A Grateful Nation Thanks and Honors You.'

- She gave him one, and the Veteran said, 'It's been a long time, but they still remember us.'

- That employee of ours, (b)(6) is deputy director of our National Veterans Outreach Office -- you can see why she's in that job.

- Thank you again for your service, and Welcome Home.

- As VA Secretary, I can do more than just say 'thank you.' Working on several issues:

- HOMELESSNESS, which has hit your generation hard.

  - Homelessness has been cut nearly in half since 2010, and it was cut by 5 percent between 2017 and 2018.

  - Some areas of the country report they have effectively ended homelessness.

- VETERAN SUICIDE
    - Top priority for me and President Trump, who signed Executive Order aimed at mobilizing the country
        - One Veteran's father likened it to a 'Manhattan Project' for this issue
    - Suicide Prevention Task Force that I chair, aimed at getting Veterans help either inside or outside VA
    - VA screens every Veteran who walks through our doors, 1.5 million screened so far
- OTHER IMPROVEMENTS aimed at helping Veterans from all generations:
    - MISSION Act, more choice
    - June 6, single program to let Veterans make healthcare choices that are best for them

- VA privatization is one change we aren't making
    - More appointments than ever, more caregivers
    - Shorter wait-times, Veterans like what they see and are voting with their feet
- VVA's work is still important.
- Just two years ago, President Trump signed a bill recognizing March 29th as National Vietnam War Veterans Day.
    - VVA is still making progress as it enters its fifth decade of work.
    - We heard you, we still hear you, and your message is still important.
- Thank you and congratulations on your 40th anniversary, and again, welcome home.
- CERTIFICATE PRESENTATION:

- Call John Rowan to the podium

- “CERTIFICATE OF APPRECIATION presented to Vietnam Veterans of America

- “In recognition of your dedicated service to Vietnam-era veterans and their families since 1978. Your 80,000 and 500 chapter throughout the United States, Puerto Rico, the Virgin Islands, Guam and the Philippines, committed to the proposition that “Never again will one generation of Veterans abandon another.

- “The Department of Veterans Affairs further recognizes the positive impact of the Vietnam Veterans of America in leading the change of the public perception of our Vietnam Veterans. Through tireless advocacy, persistent outreach, and supportive programs your organization honors Veterans of all generations.”

###

Audience Analysis/Logistics
Vietnam Veterans of America
April 11, 2019

The VVA is marking its 40th year of service to Veterans this year, and you are speaking to a few dozen VVA state council presidents, and presenting the VVA with a certificate to mark their anniversary.

LOGISTICS/SETUP: This is a very loosely structured event. There is no green room, and the group is expected to be on "your time" – they will acknowledge you shortly after you enter the room, and will let you begin.

You'll be standing at a podium to address anywhere from 20 to 50 VVA state council presidents who will be seated before you. Behind you will be another audience, again made up of a few dozen people – members of the public may be present in that second audience, though it should mostly be VVA members and officers.

You have been given from 10:15 to 10:45 a.m. to speak, and you are free to use the time as you wish. You have 10-15 minutes of prepared remarks and some flexibility to go longer. Then reserve a few minutes to present the certificate and pose for photos

The event is at the Double Tree Hotel in Silver Spring, Maryland (8727 Colesville Road).

You will be met by **Sharon Hodge** once you arrive (cell phone: 301-996-8554). She will escort you up to the Princeton Room on the second floor.

Introduction

You are expected to be introduced by John Rowan, VVA National President. But it's possible you will be introduced by Rex Moody, chair of state council presidents, or Rick Weidman, VVA executive director.

You are free to use all 30 minutes for remarks and the presentation. The group is also fine if you want to spend time fielding a few questions, or cut the time short as you see fit.

Certificate presentation

After your remarks, you will present a certificate that recognizes the VVA for its service, including its 80,000 members and 500 chapters around the country and the U.S. territories.

Invite John to the podium for you to present it to him on behalf of everyone at VVA.

Key Biographies

John Rowan, VVA National President

John was involved with the VVA since its inception in 1978. He is serving his seventh term as president.

John enlisted in the Air Force in 1965, and learned Indonesian and Vietnamese. He was a linguist in the Air Force's 6990 Security Squadron in Vietnam, and at Kadena Air Base in Okinawa, Japan.

Rex Moody, chair of VVA's State Council of Presidents

Rex enlisted in the Marine Corps in 1954, and served at Camp Lejeune, NC, Camp Pendleton, Calif., and Okinawa, Japan.

Served his first tour in Vietnam as a Staff Sergeant, and his second tour as a Captain. He retired as a Colonel in 1984.

He joined the VVA in 2004 and in 2005 became president of Chapter 820 in Tupelo, Miss., a position he still holds.

Rick Weidman, Executive Director for Policy and Government Affairs

Rick is the group's primary spokesman. He was a 1-A-O Army Medical Corpsman during the Vietnam War.

He started with the VVA in 1979, and left for about a decade, mostly to be statewide director of veterans' employment and training under NY Gov. Mario Cuomo.

He has also served as several VA advisory committees, and the President's Committee on Employment of Persons with Disabilities.

From: RLW
Sent: Tue, 9 Apr 2019 17:09:26 +0000
To: RLW
Subject: Rep. Mike Levin re: Homelessness in SoCal
Attachments: SECVA-Levin Backgrounder-Strategy.docx, EBS for SECVA-Rep Levin_Homelessness - 5.06.19 In-Person.docx, Bio Rep. Levin, Mike (CA-D-49).docx, Cong Levin Response Re HUD-VASH #13677.pdf

4/16/19 – (b)(6) sent e-mail requesting new date (Apr 9)

From: (b)(6)
Sent: Friday, April 05, 2019 11:51 AM
To: (b)(6) @va.gov>
Cc: Johnson, Glenn (b)(6) @va.gov>
Subject: Sec Wilkie Meeting Request with Rep Levin (D-CA-49)

Hi (b)(6)

Requesting a meeting between Secretary Wilkie and Representative Levin (D-CA-49) next week (Thursday per our call) to discuss the issue of homelessness in SoCal, specifically San Diego.

Background:
During the Budget hearing Wednesday Rep. Levin expressed his concerns to the Secretary re the topic of homelessness in SoCal. The Secretary wants to engage Levin personally in a meeting and do a deeper dive.

I've identified SMEs and will work with them on an angle for discussion prep and actual meeting. I am also reaching out to the Congressman's office to see if he is willing to meet with the Secretary.

v/r,
(b)(6)
Congressional Relations Officer
Office of Congressional and Legislative Affairs
Department of Veterans Affairs
Office: (b)(6)
Cell: (b)(6)
(b)(6) @va.gov

SECVA – Rep. Levin Meeting
May 9, 2019
3:30pm
1626 Longworth
VA – Homeless Issue in Oceanside
Strategy & Background

BLUF:
It is in the best interest of the VA to use all of its vouchers – Dr. Harris is scheduled to have talks with HUD **recapturing vouchers** from Oceanside to the County of San Diego and the City of San Diego so utility of vouchers is maximized and most veterans are served best

Strategy

1. Keep refuting staff and case worker capacity argument
2. Revisit solutions used in the past (Pilot 1 & 3)
3. Raise payment standard for vouchers in Oceanside to 120 percent

Background:

(RED = *Rep. Levin's Staff/Oceanside PHA)
(BLACK = Program Office/VA)

Objective: Provide Veterans with stable long-term housing options
Objective: Provide Oceanside voucher referrals

Who: Primary – Congressman Levin (D-CA-49)
Oceanside Public Housing Authority
What: Lack of Veterans wanting to live in Oceanside
What: Lack of Housing Choice Voucher (HCV) referrals
- Oceanside PHA is not getting referrals (Staffer - 3 HSAs getting fewer in last 3 mo)
When: Currently

Where: City of Oceanside (Potentially County of San Diego & City of Oceanside)

Why: 1. Lack of quality affordable housing
2. Demand to live in Oceanside is low (HCV)
Why: 1. Caseworker Capacity
2. Breakdown in Communication on local level

Case Manager Workload:

1. 95 VACO-Authorized positions in Healthcare for Homeless Veterans (HCHV) Program
**56.5 support HUD-VASH
2. 93% - Percent of FTE HCHV ended FY 18 with (3% above national target)

3. 30-35 Veterans – Case Manager caseload depending on overall clinical acuity level of Vets

February RFI:

Congressman Levin (D-CA-49) is interested in HUD - VASH case worker capacity in his district (CA-49) (Oceanside CA area). Please provide some an overview. He would also like to know why the VA doesn't have enough to cover all the vouchers.

VA RFI Response: The San Diego VA does have the case worker capacity in relation to the number of vouchers allocated to the Oceanside community. Veterans who are enrolled in the HUD-VASH program receive a Housing Choice Voucher (HCV) which allows a Veterans to select housing units of their choice within the community and the geographic housing regions for San Diego County which includes Oceanside, San Diego and San Diego County. The HUD-VASH program does not regionalize its staff now, and case management and housing specialist staff cover all areas Veterans are located. If staffing numbers change—as they can over time—cases are distributed to other case managers and systems aligned to ensure that all areas of the County are adequately covered.

The underlying concern is the referral rates and unused vouchers in Oceanside. San Diego VA is aware of this concern and is working with Oceanside PHA to maximize that resource. Historically, the issue with unused vouchers for Oceanside is two-fold. The first, is there is a lack of safe and affordable housing units in Oceanside. The second factor is the Housing Choice Voucher (HCV) itself—Veterans have the choice of where they want to reside. San Diego VA has many vouchers with the San Diego Housing Commission and the County of San Diego Housing Authority. Between those two housing authorities, the entire county of San Diego is covered. Most Veterans are not interested in housing units in the City of Oceanside, but instead, choose the City of San Diego—due to its proximity to their familiar settings and multiple services—or San Diego, which has a much broader range of areas and type of housing available.

Housing Choice Voucher (HCV): Type of voucher used in HUD-VASH Program

HCV Definition: Allows Veteran to select housing of their choice w/in the community

San Diego County Housing Regions – City of Oceanside, City of San Diego & County of San Diego

Voucher Referrals:
Case Managers – Serve Veterans in all three public housing authorities in the region
**Housing location & PHA Voucher Assignment are the Veterans' choice
Veteran Choice is Respected – options are reviewed at the time of the initial housing search process

VA-Oceanside PHA Pilot Collaboration

1. OUTREACH & HOUSING SPECIALISTS ASSIGNED TO REGION:
VA HCHV Program – help identify landlords/available units to house HUD-VASH Veteran

Findings: Did not yield much in way of results: **1.)** High Crime and **2.)** Unsafe
**which is not desirable to Veterans who may be in recovery or have severe mental health issues

2. PRIORITY VOUCHERS:

Allowed HUD-VASH Veterans interested in moving to Oceanside an opportunity to be prioritized ahead of vouchers at other local PHAs.

Findings: Very few Veterans accepted this incentive and it project was discontinued due to possible ethical issues that arose when allowing priority of Veterans over those with more acute situations who wanted to live elsewhere.

3. PROJECT-BASED HOUSING PROGRAM:

HUD implemented project-based housing program and granted Oceanside PHA 25 project-based vouchers

Findings: No applications were submitted after Oceanside PHA sent solicitation for providers to bid on

OVERALL PILOT SUMMARY:

Pilots were not successful in making measurable strides to house more Veterans in Oceanside community

CONTINUED COLLABORATION:

Program supervisors meet with PHA once/quarter to review progress and address barriers
Since Pilot, Oceanside PHA has been working with landlords to reduce crime in areas identified

CONCLUSION

Should a Veteran choose to use his/her voucher in Oceanside, HUD-VASH Housing Specialists will support them in locating potential housing options

Oceanside PHA:

100 HUD-VASH vouchers allocated to Oceanside
49 currently assigned vouchers
****Historically HUD-VASH has had difficult time leasing up vouchers due to extremely limited availability of quality affordable housing units**

Levin Staff RFI (sent 4-12-19):
What are the eligibility requirements for HUD-VASH?

HUD-VASH Program Office Response: Veterans are eligible for HUD-VASH if they meet VA healthcare eligibility requirements, are homeless, and have a need for case management. I'm including some excerpts from the HUD-VASH Directive that reference admission criteria for the program.

1) Veteran participants in HUD-VASH must be homeless and meet VA healthcare eligibility as defined by law and regulation.
2) A Veteran is, for the purpose of HUD-VASH, a person whose length of service meets statutory requirements, and who served in the active military, naval, or air service, was discharged or released under conditions other than dishonorable and is eligible for VA health care.
3) This resource is to be utilized for those Veterans who demonstrate the most need or vulnerability based on their unique clinical and/or psychosocial circumstances. Veterans with higher needs are served first.

4) HUD-VASH targets the chronically homeless Veteran who is the most vulnerable and often has severe mental or physical health problems and/or substance use disorders (SUD), with frequent emergency room visits, multiple treatment attempts, and limited access to other social supports. However, other Veterans who are homeless with diminished functional capacity and resultant need for case management are also eligible for the program.

5) The HUD-VASH team must assess each applicant on an individual basis. Admission decisions are to be prioritized by highest need for HUD-VASH, based on Veteran's acuity per clinical judgment and resource availability. It must be demonstrated that the homeless Veteran has an identified need for case management services to obtain and sustain housing.

Oceanside Access

- 45 minutes w/o traffic to San Diego City
- 2-3 hours on public transit

VA Proactivity

Local Coordination/Communication

- Program supervisors meet with PHA quarterly to review progress and address barriers

VA Willing to Revisit:

1. A.) OUTREACH & HOUSING SPECIALISTS ASSIGNED TO REGION:

VA HCHV Program – help identify landlords/available units to house HUD-VASH Veteran

***Previous Findings*:** Did not yield much in way of results: **1.)** High Crime and **2.)** Unsafe **which is not desirable to Veterans who may be in recovery or have severe mental health issues

1. B) PROJECT-BASED HOUSING PROGRAM:

HUD implemented project-based housing program and granted Oceanside PHA 25 project-based vouchers

***Previous Findings*:** No applications were submitted after Oceanside PHA sent solicitation for providers to bid on

2. Increase Voucher Standards (from 110% - 120%)

- HUD HQ sets the standard for voucher percentages depending on geographic area
  - Currently Oceanside is at 110 percent of average local housing cost, but they can go up to 120 percent – VA currently looking into getting voucher amount in Oceanside to 120 percent

3. Verify other PHAs in catchment area are not having same issue

Efforts by the City of Oceanside:

1. Landlord incentive of $250/month per veteran
2. Provide housing specialist to assist veteran will finding housing

EXECUTIVE BRIEFING SUMMARY

Congressman Levin (D-CA-49)
Thursday, May 9, 2019
3:30P.M.
In-Person Meeting in 1626 Longworth HOB

POINT OF CONTACT: (b)(5) Congressional Relations Officer, VA-OCLA, (b)(5) @va.gov; (b)(5)

PURPOSE OF EVENT/MEETING:

☐ Decisional	☐ Informational	☐ Pre-Event
☐ Remarks	☐ Other	x Courtesy Call

OVERVIEW OF EVENT:

Congressman Levin (D-CA-49) has expressed concern of the HUD - VASH case worker capacity in his district city of Oceanside (CA-49) on multiple occasions. The Congressman has also echoed the Oceanside PHA's complaint that there is a lack of housing voucher referrals in Oceanside due to caseworker capacity and/or communication breakdown at the local level. These issues have been addressed with the Congressman and his staff on multiple occasions.

SECRETARY'S ROLE:

Assure the Congressman VHA **does** have the case worker capacity in relation to the number of vouchers allocated to the Oceanside community.

ATTENDEES:

Congressman Mike Levin (D-CA-49)
Robert L. Wilkie, Secretary
Brooks Tucker, Assistant Secretary, Office of Congressional and Legislative Affairs
Dr. Keith Harris, National Director of Clinical Operations, VA Homeless Program Office

OBJECTIVE(S):

- Paint a clear picture that refutes the staff and case worker capacity argument by using real data;
- Outline proactive approach VA is taking to engage local officials and organizations; and

- Present several ventures VA is actively engaged in that will make it easier for homeless/near homeless Veterans in the San Diego catchment area—including Oceanside—to find stable, long-term housing (see strategy and background below).

BACKGROUND INFORMATION

- This is a proactive in response to Secretary Wilkie's offer to meet and discuss further with the Congressman
- Veterans' Affairs Committee (5th of 16 Democrats)
- Chairman of HVAC Subcommittee on Economic Opportunity
- No previous political office
- Grandson of WWII Army Air Forces Veteran

LOGISTICS:

Secretary is coming from another meeting. OCLA CRO and SME will meet the Secretary

ATTACHMENTS:

1. Congressional Bio
2. Strategy & Previous RFI Responses
3. Letter to Member

VA | U.S. Department of Veterans Affairs
VA San Diego Healthcare System

3350 La Jolla Village Drive
San Diego, CA 92161
www.sandiego.va.gov

February 22, 2019

In Reply Refer To: 664/122

The Honorable Mike Levin
U.S. House of Representatives
Attn: Shannon Bradley
2204 El Camino Real Suite 314
Oceanside, CA 92054

Dear Congressman Levin:

Thank you for your recent inquiry regarding the HUD-VASH Program at the VA San Diego Healthcare System (VASDHS), which we received in our office on February 18, 2019. Specifically, you referenced case worker capacity in relation to the amount of vouchers allocated to the Oceanside community.

The type of voucher that eligible Veterans who are enrolled in the HUD-VASH program receive is called a Housing Choice Voucher (HCV). This type of voucher allows a Veteran to select housing units of their choice within the community. The three geographic housing regions for San Diego County include: the City of Oceanside, the County of San Diego, and the City of San Diego.

The VA Central Office (VACO) has authorized 95 positions in the Healthcare for Homeless Veterans (HCHV) program, of which 56.5 are assigned to provide case management support to the HUD-VASH program. VACO continually monitors local hiring and the HCHV program ended the fiscal year at 93% overall, exceeding the national target of 90%. Case manager caseload capacity ranges from thirty to thirty-five Veterans, depending on the overall clinical acuity level of Veterans in their caseloads. Program supervisors review case management availability on a bi-weekly basis, in order to maximize capacity. Regarding community housing selection, Veteran choice is respected and options are reviewed at the time of the initial housing search process. Case managers serve Veterans in all three public housing authorities in the region, as housing location, and subsequent PHA voucher assignment, is determined by Veteran choice.

At times, housing availability in a certain region may be impacted by availability of current housing stock and fair market rental rates. Oceanside's Public Housing Authority (PHA) has 100 HUD/VASH vouchers allocated, 15 of which have recently been awarded and are not included in the overall performance measure for fiscal year 2019. Historically, the HUD-VASH program has had a difficult time leasing up these vouchers due to the extremely limited availability of affordable housing units in that

area. At current, we have 49 vouchers assigned to Veterans. To address this issue, the HUD-VASH program, in collaboration with the Oceanside PHA, and with HUD's oversight, developed the following pilot in an attempt to expedite housing in this region:

- The VA HCHV Program assigned an Outreach staff person and a Housing Specialist to the region, specifically to help identify landlords/available units in which to house HUD-VASH Veterans. Their exhaustive search/marketing to landlords did not yield much in the way of results. They were only able to locate available units in high crime areas, which is often not desirable to Veterans who may be in recovery or have severe mental health issues and are looking to maintain long term housing.
- The HUD-VASH program allowed any HUD-VASH Veteran interested in moving into Oceanside an opportunity to be prioritized ahead of vouchers at other local PHAs. Less than a handful of Veterans accepted this "incentive." This was discontinued after the pilot project, due to the potential ethical dilemma it created in allowing Veterans to skip ahead of others that may be more acute, but prefer other regions in which to live.
- HUD allowed for a project-based voucher program to be implemented to resolve some of the issues with housing stock and granted Oceanside PHA 25 project-based vouchers. The PHA sent out a solicitation for providers to bid on, but no applications were submitted. The PHA was forced to return the vouchers to HUD.

The pilot was not successful in making measurable strides to house more Veterans in the Oceanside community, despite our multiple efforts. Program Supervisors meet with the PHA at least quarterly to review progress and address barriers. Since the pilot project, the Oceanside PHA has been working with landlords to reduce crime in the areas identified, in order to make available units more marketable. Should a Veteran choose to utilize his/her voucher in Oceanside, HUD-VASH Housing Specialists will support them in locating potential housing options in the area.

The well-being of all Veterans is important to us and please be assured that our VASDHS providers will continue to do their best to meet the Veteran's health care needs. We value our partnership with the Oceanside community and will continue to support Veterans who choose to use their voucher in this region.

If you would like additional information regarding any of the VA's Homeless Programs, please call the Healthcare for Homeless Veterans main number at: (b)(6)

Sincerely,

(b)(6)

Robert M. Smith, MD
Director

From: Wilkie, Robert L., Jr.
Sent: Tue, 16 Apr 2019 00:46:25 +0000
To: RLW
Subject: FW: [EXTERNAL]

From: (b)(6)
Sent: Tuesday, April 16, 2019 12:45:27 AM (UTC+00:00) Monrovia, Reykjavik
To: Wilkie, Robert L., Jr.
Subject: [EXTERNAL]

Mr Wilkie,
With all due respect, if it's the federal government's intention to outsource and privatize VA jobs, please say so, so that I can start looking for employment elsewhere. This would be a colossal mistake as there will be zero accountability in the private sector and the veterans will be the ones to suffer.
Sincerely-
(b)(6)

From: Byrne, Jim
Sent: Wed, 17 Apr 2019 11:35:57 +0000
To: Christine E. Bader (b)(6) @va.gov) (b)(6) (b)(6) @va.gov)
Subject: FW: [WARNING: ATTACHMENT UNSCANNED][EXTERNAL] Info for Soldier Ride Reception
Attachments: SRDC_Bios_updated.pdf, WWP Reception Run of Show_2019.docx, Lookbook Soldier Ride Reception 4.17.19.docx

Last minute. Can you assist?
Thanks
jim

From: Powers, Pamela
Sent: Wednesday, April 17, 2019 6:28 AM
To: Byrne, Jim (b)(6) @va.gov>
Subject: FW: [WARNING: ATTACHMENT UNSCANNED][EXTERNAL] Info for Soldier Ride Reception

Would you be able to attend and say a few words tonight in place of the Secretary? He Does not plan on going now. I am going too but thought they might like to hear from you.

From (b)(6) @woundedwarriorproject.org>
Date: Tuesday, Apr 16, 2019, 4:03 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: [WARNING: ATTACHMENT UNSCANNED][EXTERNAL] Info for Soldier Ride Reception

Hi Pam,

I tried to give you a ring earlier but I know you probably never have a moment of rest!

I wanted to touch base ahead of tomorrow evening's Soldier Ride reception to see if you and Secretary Wilkie need anything from my end. We have allocated 5-7ish minutes for the Secretary to offer some remarks -- we're expecting around 250 including the 30 warriors participating in Soldier Ride (as well as Hill staffers, folks from DoD/VA, VSO and MSO partners). For your SA I'm attaching the bios of the warriors as well as the "VIP look book" we've created for WWP leadership. I hope this is helpful information, as always give me a call any time!

Looking forward to seeing you and the secretary tomorrow evening and Thursday morning.

My best,

WOUNDED WARRIOR PROJECT

Soldier Ride Reception 4/17/19 | Run of Show

3:00 pm: Access to Presidential Suite, Union Station: Set Up

4:00 pm: (b)(6) walk-through of Union Station

4:30 pm: WWP GCR, Mike Linnington Arrival

4:45 pm: Photographer Arrival, Décor Photos | WWP DC Office Arrival

5:00 pm: Warrior Arrival | Warrior Group Photo with Mike | Check-In Setup

5:30 pm: Guest Arrival

6:30 pm: Speaking Program (Approximately 22 minutes)

Welcome and Introduction of Mike Linnington: (b)(6) *(2 minutes)*

Remarks: Mike Linnington (4-5 minutes)

Introduction of Wounded Warrior: Mike Linnington (1 minute)

Remarks: Wounded Warrior (3-4 minutes)

Introduction of Secretary Wilkie: Mike Linnington (1 minute)

Remarks: Secretary Robert Wilkie (5-7 minutes)

Closing: Mike Linnington (1 minute)

6:43 pm: Reception Continues

8:00 pm: Reception Concludes

Contacts:

(b)(6)

(b)(6) (Photographer): Cell #

(b)(6) (Union Station): (b)(6)

(Design Cuisine)

From: Powers, Pamela
Sent: Wed, 17 Apr 2019 17:25:35 +0000
To: (b)(6)
Subject: RE: Info for Soldier Ride Reception

No worries! Thanks for sending an update ☺ See you tonight.

From: (b)(6)@woundedwarriorproject.org>
Sent: Wednesday, April 17, 2019 11:09 AM
To: Powers, Pamela (b)(6)@va.gov>
Subject: [WARNING: ATTACHMENT UNSCANNED][EXTERNAL] Re: Info for Soldier Ride Reception

Pam - my apologies, again. I've had my team make the appropriate changes and I really do appreciate you pointing them out!

Looking forward to seeing you and the Secretary tonight.

From: (b)(6)
Sent: Wednesday, April 17, 2019 9:11:48 AM
To: Powers, Pamela
Subject: Re: Info for Soldier Ride Reception

You're so right. Honestly, I was moving so fast that I didn't even read what they put together! I ask our lobby/ comms consultant together and just assumed it was right. Delegation can always be tricky. Ugh. I bet Jim wishes he was a BGen! □
I'm going to edit and resend so you can share! Sorry about that and thanks for telling me. Usually I'm more squared away!

Sent from my iPhone

On Apr 17, 2019, at 9:03 AM, Powers, Pamela <(b)(6)@va.gov> wrote:

[EXTERNAL]

(b)(6) as a friend, I wanted to provide you a few comments on the bios. Hope this is helpful. Jim Byrne is not a Brig Gen …although I am sure he would like to be ☺. SECVA has been a reservist (still is) for a

long time...both Navy and AF . He just got promoted to Colonel. Bowman's bio has some misleading info....stuff about how he left and a privatization comment, which is normally not part of a bio. Those are the things that stood out.

Looking forward to meeting your children! Thanks again.

From: (b)(6) @woundedwarriorproject.org>
Sent: Tuesday, April 16, 2019 4:01 PM
To: Powers, Pamela (b)(6) @va.gov>
Subject: [WARNING: ATTACHMENT UNSCANNED][EXTERNAL] Info for Soldier Ride Reception

Hi Pam,

I tried to give you a ring earlier but I know you probably never have a moment of rest!

I wanted to touch base ahead of tomorrow evening's Soldier Ride reception to see if you and Secretary Wilkie need anything from my end. We have allocated 5-7ish minutes for the Secretary to offer some remarks -- we're expecting around 250 including the 30 warriors participating in Soldier Ride (as well as Hill staffers, folks from DoD/VA, VSO and MSO partners). For your SA I'm attaching the bios of the warriors as well as the "VIP look book" we've created for WWP leadership. I hope this is helpful information, as always give me a call any time!

Looking forward to seeing you and the secretary tomorrow evening and Thursday morning.

My best,

(b)(6)

From: RLW
Sent: Mon, 22 Apr 2019 21:45:32 +0000
To: RLW
Subject: Eric Whitney w/Montana Public Radio
Attachments: KUFM.docx, Eric Whitney - Montana Public Radio - 25 April 1300.pptx, KUFM.docx, Montana VAHCS Vacancies.docx

KUFM (NPR-89.1): New Tester Bill Calls For More VA Oversight (22 April, Eric Whitney, 15k uvm; Missoula, MT)

Montana's Democratic Sen. Jon Tester and a Republican colleague from Tennessee have introduced a bill to increase scrutiny of a big private contract for the Veterans Administration. The White House has come under fire for allowing friends of the president to influence who gets it.

The $16 billion contract is for software, a new electronic medical records system for the Veterans Administration nationwide. Upgrading digital health records has been a huge challenge for private hospitals and clinics in the last decade.

"And so, to see it happening on the largest scale ever, given that the VA is the largest health system in the United States is really an unprecedented challenge," says Isaac Arnsdorf, a reporter who covers the VA for ProPublica in New York. He's been reporting about the unorthodox route the Trump administration has taken in choosing an electronic medical records vendor for veterans health care.

"President Trump gave a very unusual amount of influence over the VA to a friend of his who's a member of Mar-a-Lago, who is Ike Perlmutter, the chairman of Marvel Entertainment," Arnsdorf says. "And Ike Perlmutter brought along a doctor and a lawyer who he knows who became sort of a of shadow leadership for the department, sort of thought of themselves as like a board of directors."

Arnsdorf's reporting revealed that Perlmutter's group was calling meetings with VA leadership specifically about electronic health records, a practice he said stopped once it became public.

"It does concern me that people who aren't appointed, are not confirmed, if in fact they're having influences on the way tax dollars are spent," says Sen. Jon Tester, "that's inappropriate."

Last week Tester, a Democrat and a fellow member of the Senate Veterans Affairs Committe, Tennessee Republican Marsha Blackburn, introduced a bill that would set up an independent committee to analyze the VA's strategy for implementing digital health records.

"It's a big budget item that's fairly complex, and I think it's important that we get veterans and patients and electronic gurus and doctors all in the same room to see if these folks are doing it right and not wasting taxpayer money," Tester says.

The 11-member committee would develop a risk management plan and meet with the VA Secretary at least twice a year to provide their analysis and recommendations for implementation.

So far there's no indication that the bill to create a committee to oversee electronic health records at the VA will be heard in the Senate. The VA's goal is to to start piloting its new digital records system in the Pacific Northwest in March of next year.

That's my fault. I forgot about the KABC interview. We'll see if we can move this one to 1:30. Would that work?

Sent with BlackBerry Work
(www.blackberry.com)

From: Hutton, James <(b)(6) @va.gov>
Date: Monday, Apr 22, 2019, 5:24 PM
To: (b)(6) @va.gov>, (b)(6) @va.gov>
Cc: Cashour, Curtis <(b)(6) @va.gov>, (b)(6) @va.gov>, Ballesteros, Mark <(b)(6) @va.gov>, (b)(6) @va.gov>
Subject: RE: Sec. Wilkie interview with Montana Public Radio, Eric Whitney, 1:00 p.m. (Eastern)

I will clarify

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6) @va.gov>
Date: Monday, Apr 22, 2019, 5:22 PM
To: Hutton, James <(b)(6) @va.gov>, (b)(6) @va.gov>
Cc: Cashour, Curtis <(b)(6) @va.gov>, (b)(6) @va.gov>, Ballesteros, Mark <(b)(6) @va.gov>, (b)(6) @va.gov>
Subject: RE: Sec. Wilkie interview with Montana Public Radio, Eric Whitney, 1:00 p.m. (Eastern)

I thought Larry O'Connor is at 1pm on Apr 25???? See attached... Is Eric Whitney at 1:30 perhaps?

(b)(6)
Executive Assistant
to the Secretary
Department of Veterans Affairs
(b)(6)

From: Hutton, James
Sent: Monday, April 22, 2019 5:18 PM
To: (b)(6) @va.gov>, (b)(6) @va.gov>
Cc: Cashour, Curtis <(b)(6) @va.gov>, (b)(6) @va.gov>; Ballesteros, Mark <(b)(6) @va.gov>, (b)(6) @va.gov>
Subject: Sec. Wilkie interview with Montana Public Radio, Eric Whitney, 1:00 p.m. (Eastern)

(b)(6)

Can we lock-in the following?

April 25 – Secretary Wilkie will be interviewed on Montana Public Radio, by Eric Whitney at 1:00 p.m. (Eastern)

James

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: (b)(6)
Email: @va.gov
Twitter: @jchutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

KUFM (NPR-89.1): New Tester Bill Calls For More VA Oversight (22 April, Eric Whitney, 15k uvm; Missoula, MT)

Montana's Democratic Sen. Jon Tester and a Republican colleague from Tennessee have introduced a bill to increase scrutiny of a big private contract for the Veterans Administration. The White House has come under fire for allowing friends of the president to influence who gets it.

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"And so, to see it happening on the largest scale ever, given that the VA is the largest health system in the United States is really an unprecedented challenge," says Isaac Arnsdorf, a reporter who covers the VA for ProPublica in New York. He's been reporting about the unorthodox route the Trump administration has taken in choosing an electronic medical records vendor for veterans health care.

"President Trump gave a very unusual amount of influence over the VA to a friend of his who's a member of Mar-a-Lago, who is Ike Perlmutter, the chairman of Marvel Entertainment," Arnsdorf says. "And Ike Perlmutter brought along a doctor and a lawyer who he knows who became sort of a of shadow leadership for the department, sort of thought of themselves as like a board of directors."

Arnsdorf's reporting revealed that Perlmutter's group was calling meetings with VA leadership specifically about electronic health records, a practice he said stopped once it became public.

"It does concern me that people who aren't appointed, are not confirmed, if in fact they're having influences on the way tax dollars are spent," says Sen. Jon Tester, "that's inappropriate."

Last week Tester, a Democrat and a fellow member of the Senate Veterans Affairs Committe, Tennessee Republican Marsha Blackburn, introduced a bill that would set up an independent committee to analyze the VA's strategy for implementing digital health records.

"It's a big budget item that's fairly complex, and I think it's important that we get veterans and patients and electronic gurus and doctors all in the same room to see if these folks are doing it right and not wasting taxpayer money," Tester says.

The 11-member committee would develop a risk management plan and meet with the VA Secretary at least twice a year to provide their analysis and recommendations for implementation.

So far there's no indication that the bill to create a committee to oversee electronic health records at the VA will be heard in the Senate. The VA's goal is to to start piloting its new digital records system in the Pacific Northwest in March of next year.

KUFM (NPR-89.1): New Tester Bill Calls For More VA Oversight (22 April, Eric Whitney, 15k uvm; Missoula, MT)

Montana's Democratic Sen. Jon Tester and a Republican colleague from Tennessee have introduced a bill to increase scrutiny of a big private contract for the Veterans Administration. The White House has come under fire for allowing friends of the president to influence who gets it.

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Montana VAHCS Vacancies

- Montana VAHCS faces many of the same health care personnel recruiting challenges that other rural facilities – both VA and non-VA – face.
- That's why Montana VAHCS is developing a targeted recruiting plan to attract providers and clinicians transitioning from military service.
- In the meantime, the system has steadily decreased its overall clinical vacancies since October 1 from 17 percent to 14 percent and there are currently job offers out for the full-time-equivalent of five primary care physicians and three primary care nurse practitioners.
- It's important to note that these and other vacancies have no negative impact on patient care, as anytime VA cannot provide a Veteran with a needed service, it works to find that service at a nearby community provider at the department's expense.
- We expect Montana VAHCS's service to further improve once we finish rounding out its new leadership team:
    - The new permanent medical center director Ms. Judy Hayman is scheduled to start work in late June.
    - The chief of staff vacancy has three to four highly qualified applicants and a selection will be made in the next three weeks.

From: RLW
Sent: Wed, 24 Apr 2019 20:54:50 +0000
To: Hutton, James
Subject: RE: More information about Fox News interviews

See you tonight

Sent with BlackBerry Work
(www.blackberry.com)

From: Hutton, James <(b)(6) @va.gov>
Date: Wednesday, Apr 24, 2019, 4:53 PM
To: RLW (b)(6) @va.gov>
Subject: More information about Fox News interviews

Mr. Secretary,

Some last minute editorial information below from Fox News Channel about where they intend to go. This is a great opportunity to talk about the President's role in improving VA and about how the MISSION Act will help achieve his vision.

AOC ON THE VA

- Rep. Alexandria Ocasio-Cortez, D-N.Y., defended the treatment of veterans by the Department of Veterans Affairs during a town hall event in her district last week.
- The freshman congresswoman said privatization of the VA will not help veterans because of the "for-profit healthcare industry."
- Trump tweet: Rep. Occasio-Cortez is correct, the VA is not broken, it is doing great. But that is only because of the Trump Administration. We got Veterans Choice & Accountability passed. "President Trump deserves a lot of credit." Dan Caldwell, Concerned Veterans of America
- The merits of expanded access to outside care, as mandated by the MISSION Act, set to take effect on June 6th of this year, has certainly divided the Veterans' Affairs committees.
- For example, the current House Committee Chairman, Mark Takano (D-Calif.) recently stated that "Democrats, we're mindful of making government work . . . Republicans, in recent years, ideologically, have been wired to discredit government, to highlight failures and use that as an excuse to outsource everything. That's an extreme position."
- By contrast, Congressmen who are themselves veterans have disagreed with Takano on the fact that access to outside care constitutes "an extreme position."
- Freshman Rep. Dan Crenshaw, (R-Texas), although not a member of the House Veterans' Affairs Committee, stated that he received care at four different VA facilities after returning from the war in Afghanistan, which was inconsistent, and stated that "I need the VA to be flexible enough to send me outside for care."
- Similarly, in announcing his 2020 presidential bid, Seth Moulton (D-Mass.), recently stated that he "made a commitment to continue getting my own health care at the VA when I was elected to Congress. That's single-payer and I'll tell you – it's not perfect."

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: (b)(6)
Email: [redacted]@va.gov
Twitter: @jehutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Powers, Pamela
Sent: Thu, 25 Apr 2019 12:16:51 +0000
To: RLW
Subject: RE: Fox News: "Ocasio-Cortez claim that Trump wants to privatize VA is 'nonsense,' VA secretary tells Fox"

This is great. You did fantastic and it was a great message for VA and for veterans.

From: Hutton, James
Sent: Thursday, April 25, 2019 7:44 AM
To: RLW (b)(6) @va.gov>
Cc: Byrne, Jim <(b)(6) @va.gov>; Powers, Pamela (b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>; Cashour, Curtis (b)(6) @va.gov> (b)(6) <(b)(6) @va.gov> (b)(6) @va.gov>
Subject: Fox News: "Ocasio-Cortez claim that Trump wants to privatize VA is 'nonsense,' VA secretary tells Fox"

Mr. Secretary,
The video and story from your interview last night are below.
VR, James

Ocasio-Cortez claim that Trump wants to privatize VA is 'nonsense,' VA secretary tells Fox

(VIDEO) https://www.foxnews.com/politics/va-secretary-says-rep-ocasio-cortezs-claim-trump-wants-to-privatize-va-is-nonsense

By Victor Garcia| Fox News

Secretary of Veterans Affairs Robert Wilkie struck back at Rep. Alexandria Ocasio-Cortez, D-N.Y., on Wednesday, calling her accusations that the Trump administration wants to privatize the VA "nonsense."

"I won't be rude to the congresswoman and say that it is nonsense, but I will say it's nonsense," Wilkie said on "Fox News @ Night with Shannon Bream."

"If we are privatizing VA, we are going about it in a very strange way," Wilkie said. "I presented to the Congress a $220 billion budget, the largest budget in the history of the department. We are undergoing basic reforms to make the VA a modern, 21st-century health care administration. But what we are doing is opening the aperture on choice, so that our veterans remain at the center their own health care, and if VA can provide what they need, we will give them the opportunity to go out into the private sector."

Ocasio-Cortez claimed during a New York town hall event last week that the VA "isn't broken" despite the scandals that have plagued the agency over the last decade and claimed the Trump administration aimed to "privatize" health care for veterans.

"That is the opening approach we have seen when it comes to privatization, it's the idea that this thing that isn't broken, this thing that provides some of the highest quality care to our veterans somehow needs to be fixed, optimized, tinkered with until we don't even recognize it anymore," Ocasio-Cortez said, in comments first reported by the Washington Examiner.

"They are trying to fix the VA for pharmaceutical companies, they are trying to fix the VA for insurance corporations, and, ultimately they are trying to fix the VA for a for-profit health care industry that does not put people or veterans first," Ocasio-Cortez said.

“And so we have a responsibility to protect it.”
The congresswoman's comments were aimed at Trump administration efforts to expand choice and private health care options in the VA health care system.
President Trump reacted to the congresswoman's comments by taking credit for turning around the VA.
"Rep. Alexandria Ocasio-Cortez is correct, the VA is not broken, it is doing great. But that is only because of the Trump Administration. We got Veterans Choice & Accountability passed," Trump tweeted.
Wilkie defended the Trump administration and supported the president's response on Twitter.
"The other part of our comments or they were answered by the president, who said that under this administration, the VA isn't broken. The scandals that she referred to happened in another administration," Wilkie said.
"I can say, as someone who's been accused of being a historian, no president in the post-World War II era has put the veterans at the center of his campaign and administration until President Trump did it. We are seeing this in the way the VA's moving forward."
Fox News' Adam Shaw contributed to this report.

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: (b)(6)
Email: [redacted]@va.gov
Twitter: @jchutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

From: RLW
Sent: Thu, 25 Apr 2019 13:36:14 +0000
To: Hutton, James
Subject: RE: Fox News: "Ocasio-Cortez claim that Trump wants to privatize VA is 'nonsense,' VA secretary tells Fox"

Make sure WH has this
Well done
Robert

Sent with BlackBerry Work
(www.blackberry.com)

From: Hutton, James <(b)(6) @va.gov>
Date: Thursday, Apr 25, 2019, 7:44 AM
To: RLW (b)(6) @va.gov>
Cc: Byrne, Jim (b)(6) @va.gov>, Powers, Pamela (b)(6) @va.gov>, Syrek, Christopher D. (Chris) <(b)(6) @va.gov>, Cashour, Curtis <(b)(6) @va.gov>, (b)(6) <(b)(6) @va.gov>, (b)(6) @va.gov>
Subject: Fox News: "Ocasio-Cortez claim that Trump wants to privatize VA is 'nonsense,' VA secretary tells Fox"

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Ocasio-Cortez claim that Trump wants to privatize VA is 'nonsense,' VA secretary tells Fox

(VIDEO) https://www.foxnews.com/politics/va-secretary-says-rep-ocasio-cortezs-claim-trump-wants-to-privatize-va-is-nonsense

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Fox News' Adam Shaw contributed to this report.

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: (b)(6)
Email: [redacted]@va.gov
Twitter: @jchutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Powers, Pamela
Sent: Thu, 25 Apr 2019 20:40:06 +0000
To: RLW
Subject: FW: DRAFT op-ed in response to Florida lawmaker comments
Attachments: Using Obama-era stats to trash the VA.docx

As we discussed....

From: Hutton, James
Sent: Thursday, April 25, 2019 4:03 PM
To: Powers, Pamela <(b)(6) @va.gov>; Tucker, Brooks <(b)(6) @va.gov>; Syrek, Christopher D. (Chris) <(b)(6) @va.gov>
Cc: Cashour, Curtis <(b)(6) @va.gov>; (b)(6) @va.gov>
Subject: RE: DRAFT op-ed in response to Florida lawmaker comments

Pam,

Please use this version. Some slight edits were made.

James

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: (b)(6)
Email: @va.gov
Twitter: @jehutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Hutton, James
Sent: Thursday, April 25, 2019 4:01 PM
To: Powers, Pamela <(b)(6) @va.gov>; Tucker, Brooks <(b)(6) @va.gov>; Syrek, Christopher D. (Chris) <(b)(6) @va.gov>
Cc: Cashour, Curtis <(b)(6) @va.gov>; (b)(6) @va.gov>
Subject: DRAFT op-ed in response to Florida lawmaker comments

Pam,

Attached is the draft op-ed the Secretary asked us to prepare in response Rep. Steube's and Rep. Ocasio-Cortez' recent VA-related comments.

Let us know if you want it deployed.

I'm including Brooks on this email because this is clearly a strong statement about a Republican lawmaker and is sure to get attention.

James

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office (b)(6)
Email: @va.gov
Twitter: @jchutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Powers, Pamela
Sent: Thu, 2 May 2019 16:42:15 +0000
To: RLW
Subject: FW: REQUEST REVIEW/APPROVAL - "Stop Using VA as Punching Bag, Political Pawn"
Attachments: Under President Trump, It's a New Day at the VA, WH approved.docx

Sir, White House made a lot changes to this Op-Ed...most for the better. Please take one last look before we press.

From: (b)(6)
Sent: Thursday, May 02, 2019 12:29 PM
To: Hutton, James (b)(6) va.gov>; Powers, Pamela (b)(6) @va.gov>; Syrek, Christopher D. (Chris) <(b)(6) @va.gov>
Cc: Cashour, Curtis <(b)(6) @va.gov>
Subject: RE: REQUEST REVIEW/APPROVAL - "Stop Using VA as Punching Bag, Political Pawn"

Attached is a clean-up version of the WH changes if that makes it easier to go through it.

From: Hutton, James
Sent: Thursday, May 2, 2019 12:27 PM
To: Powers, Pamela <(b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>
Cc: Cashour, Curtis <(b)(6) @va.gov>; (b)(6) @va.gov>
Subject: FW: REQUEST REVIEW/APPROVAL - "Stop Using VA as Punching Bag, Political Pawn"

Pam,

Please review the changes the White House is suggesting the to attached op-ed. Lots of changes suggested.

James

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: (b)(6)
Email: @va.gov
Twitter: @jehutton

VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Burris, Meghan K. EOP/WHO [redacted]
Sent: Wednesday, May 01, 2019 5:00 PM
To: Hutton, James [redacted]; Deere, Judd P. EOP/WHO [redacted] Symonds, Tori Q. EOP/WHO [redacted]
Cc: Cashour, Curtis [redacted]; Henning, Alexa A. EOP/WHO [redacted] Hasse, Sarah K. EOP/WHO [redacted] Kasperowicz, Peter I. [redacted]
Subject: [EXTERNAL] RE: REQUEST REVIEW/APPROVAL - "Stop Using VA as Punching Bag, Political Pawn"

See attached for edits. Let me know if you have any questions/concerns and please send a clean version back. Thanks!

From: Hutton, James [redacted]
Sent: Tuesday, April 30, 2019 5:21 PM
To: Burris, Meghan K. EOP/WHO [redacted] Deere, Judd P. EOP/WHO [redacted] Symonds, Tori Q. EOP/WHO [redacted]
Cc: Cashour, Curtis [redacted]; Henning, Alexa A. EOP/WHO [redacted] Hasse, Sarah K. EOP/WHO [redacted]
Subject: REQUEST REVIEW/APPROVAL - "Stop Using VA as Punching Bag, Political Pawn"

Meghan,

I've attached a draft op-ed for your review/approval.

We would like to get this out soon if possible.

James

James Hutton
Deputy Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: [redacted]
Email: [redacted]@va.gov
Twitter: @jehutton

VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Powers, Pamela
Sent: Thu, 2 May 2019 19:45:01 +0000
To: Ueland, Eric M. EOP/WHO
Subject: RE: Medicare for All
Attachments: Bringing Bipartisan Reform to Veterans-FINAL.docx, Its a New Day at VA.docx

Howdy Eric,

As you know, we are knee deep in our MISSION Act Comms strategy and have two op-eds in the final stages of coord with WH Comms. One is to provide a positive message on what MA means to veterans and the other is to attack a lot of misinformation in the press. The latter is something the Secretary wanted to do because he was tired of old and "fake" news about VA. Those drafts are attached.

I agree that combatting both the "Medicare for all" (Bernie) and the "VA for all" (AOC) narratives are important. Timing of that messaging is also important. One option might be to hold off on those until we get MA implemented and working effectively. Another is to incorporate the message into MA messaging, although I am not sure it will be easy to relate them. Adam Kennedy has been our contact in WH Comms and our point on MISSION Act messaging. It might help for you guys to talk first and then let us know how you want to proceed.

Thanks Eric!

Pam

From: Ueland, Eric M. EOP/WHO [(b)(6)]
Sent: Thursday, May 02, 2019 11:25 AM
To: Powers, Pamela [(b)(6)]@va.gov>
Subject: [EXTERNAL] Medicare for All

Pam, howdy—

Another effort that DPC handles is confronting Medicare for All, and part of that is creating advocacy against the concept through the perspective of the different Departments that the idea hits.

With the significant reforms being accomplished by the Secretary and the Department, checking to see if there would be the ability to craft an op-ed about how the VA is opening up new choices to veterans through VA choice while BernieCare would move us in the opposite direction. The op-ed could highlight how using private sector tools is helping address the wait time issues that were caused by a bureaucratic system in the VA. Unfortunately, BernieCare would impose bureaucracy on the rest of the healthcare system. BernieCare mandates that all healthcare capital expenditures would need to be approved by the HHS Secretary. At the VA, you face a challenge of projecting what future needs will be as the veteran population shifts so that key Americans are well-served. Imagine trying to plan that centrally for the entire population!

We could work with your comms folks to help craft the editorial. Having this op-ed the week of May 20th could work nicely, if able to be done it time. When you have a moment, please let me know what you think. eric

Bringing Bipartisan Reform to Veterans

Imagine if Republicans and Democrats put aside their differences to pass reforms that will improve the lives of millions of people.

And imagine if those reforms put Veterans at the center of their health care decisions, leading to better customer service for our nation's heroes.

This isn't hypothetical. It happened last year when Congress passed the MISSION Act.

The new law gives the Department of Veterans Affairs the ability to provide Veterans with the best health care possible, whether at VA health care facilities or with community providers.

The legislation sailed through Congress with overwhelming bipartisan support and the strong backing of Veterans Service Organizations

President Trump's signature put us on a path to implementing these reforms. And on June 6, the MISSION Act will enable VA to consolidate the department's confusing maze of piecemeal community care efforts into a single, simple-to-use program that will give Veterans the ability to choose the health care providers they trust.

So what can people expect on June 6?

Veterans and VA employees will encounter less red tape, leading to more satisfaction and predictability for patients, more efficiency for our clinicians and better value for taxpayers.

We listened to veterans and heard they preferred drive times rather than driving mileage because it better reflects their experiences, such as in large urban areas.

Veterans will be eligible to get community care for a variety of reasons, such as if VA can't provide the treatment they need or when care outside our system is in the best medical interest of the patient.

To ensure our Veterans are spending their time getting care instead of driving to it, patients facing a 30-minute or more drive for VA primary or mental health care will have the option of choosing a community provider closer to home. For specialty care, the drive-time standard will be 60 minutes.

And to get Veterans the care they need when they need it, VA patients facing a 20-day or more wait for primary or mental health care will have the option of choosing a community provider who can deliver that care faster. For specialty care, the wait-time standard will be 28 days.

For additional convenience and timely treatment, eligible Veterans will also have access to urgent, walk-in care that gives them the choice to receive certain services at participating community clinics in their neighborhoods. To access this new benefit, Veterans will select a provider in VA's community care network and may be charged a copayment.

Veterans will be encouraged to ask VA about these new options, and well-trained staff will be available to help them quickly understand their choices.

The changes we're about to see speak to my top priority, which is customer service, and perfecting the department's ability to offer Veterans more health care choices complements the host of important improvements we've made at VA recently.

While there is still more work to do, VA is no longer the troubled agency you read about a few years ago.

We are seeing more patients than ever before, more quickly than ever before and studies show VA now compares favorably to the private sector for access and quality of care – and in many cases exceeds it.

And Veterans have noticed.

Patients' trust in VA care has skyrocketed to 87.7 percent, and in the last fiscal year VA completed more than 58 million internal appointments – a record high and 623,000 more than the year before.

VA employees are noticing improvements as well. VA ranked sixth out of 17 federal government agencies in the most recent Partnership for Public Service's annual "Best Places to Work" tabulation, up from 17th the year prior.

To maintain the trust of our Veterans, we must continue to deliver. And we will constantly innovate, upgrade and pursue ways to better serve our nation's heroes.

The MISSION Act is a vital part of this effort, giving VA the ability to implement the best practices we've learned in our nearly 75 years of experience offering community care.

Most Americans can already choose the health care providers that they trust, and President Trump promised that Veterans would be able to do the same.

With the MISSION Act, the future of the VA health care system will lie in the hands of Veterans – precisely where it should be.

That's exactly what President Trump promised, it's exactly what Congress voted for, and it's exactly what VA will deliver to America's Veterans.

Robert Wilkie is the Secretary of the U.S. Department of Veterans Affairs

Under President Trump, It's a New Day at the VA

Thanks to President Donald J. Trump's leadership, the Department of Veterans Affairs (VA) has significantly improved service and care to American's veteran community.

Despite this Administration's new level of excellence, some still debate the effectiveness of the VA – as if it's 2009 and beset with that previous Administration's long patient wait-times, problems with the suicide hotline, and other now-resolved issues.

I want to urge these critics to update their information.

In the last few days, for example, one lawmaker said the VA needs reform because of "veterans waiting 30-60 days for an appointment."

Yet, the latest studies show VA average wait times are shorter than private sector wait times for primary care and certain specialties: On average they are now 18.4 days for new patients, and just 4.3 days for established patients across our entire system.

On national television, I was confronted by a charge from a lawmaker complaining that calls to our Veterans Crisis Line are being sent to voicemail.

But that Veterans Crisis Line, which is meant to help Veterans who are at risk of suicide, doesn't even have voicemail. In the last administration, there were problems with some calls going to backup call centers run by contractors that could sometimes lead to a voicemail. Not on our watch.

Under President Trump's leadership, that issue has been fixed in its entirety. Today, anyone who calls 1-800-273-8255 and presses "1" gets sent to a live person in an average of 8 seconds – that's quicker than half of the industry target rate for crisis lines of 20 seconds.

We get an average of more than 1,700 calls to this line each day, and the rate at which calls are sent to a backup center is effectively zero – only about 1 in every 25,000. And those few that are sent to a backup center are also handled by real people, not voicemails.

We have heard vague charges that the VA is "rationing medicine." Not true. That was a policy considered by the last administration, but not by President Trump and his team at the VA.

Some lawmakers even charged that we are waging a stealth campaign to privatize the Department.

That's an unfair misreading of what we're doing. We're putting Veterans at the center of their healthcare decisions. Under legislation that a broad bipartisan majority in Congress supported last year – the VA MISSION Act – we're letting Veterans look to outside care when the VA can't deliver what they need, or if it's simply too long of a drive to get to a VA clinic.

What this President has ordered is simple. Veterans must have the ability to choose the healthcare providers they trust – something most Americans already have. That's because the President has the common sense to recognize that Veterans can sometimes benefit from care outside of the VA system.

What's more, President Trump signed an Executive Order, calling for a whole-of-government effort to chart a path toward ending veteran suicide, a key issue for our veterans.

As a part of President Trump's efforts to combat the opioid crisis, our VA Opioid Safety Initiative has reduced the number of veterans on addictive opioids by 43,395 in President Trump's first two years in office.

Instead of taking their cues from five-year old news clips or using the VA to make political points about socialized medicine, lawmakers would be better off looking at what our Department is actually doing.

If they do, they'll see a dramatically improved VA that's working hand-in-hand with the private sector to accomplish the goal we're all supposed to be aiming for: taking care of those who have worn the uniform.

Robert Wilkie (@SecWilkie) is secretary of the Department of Veterans Affairs.