DEPARTMENT OF VETERANS AFFAIRS
Washington DC 20420

March 17, 2021

In Reply Refer To: 001B
FOIA Request: 20-09498-F

Austin Evers
American Oversight
1030 15th Street NW, Suite B255,
Washington, DC 20005
foia@americanoversight.org

Dear Mr. Evers:

This is the Initial Agency Decision (IAD) to your Freedom of Information Act (FOIA) request to the Office of the Secretary, U.S. Dept. of Veterans Affairs (OSVA), dated September 9, 2020, and assigned FOIA tracking number **20-09498-F**. You requested, as quoted,
"All email communications (including emails, email attachments, complete email chains, and calendar invitations) sent by the officials specified below that contain at least one term from column A and one term from column B.
Specified VA Officials
I. Robert Wilkie, Secretary
II. Anyone serving as Chief of Staff to Secretary Wilkie
III. Pamela Powers, Acting Deputy Secretary
IV. James Hutton, Assistant Secretary for Public and Intergovernmental Affairs
V. Richard Stone, Executive in Charge, Veterans Health Administration
VI. Michael Valentino, Chief Consultant, Pharmacy Benefits Management Services
VII. Ken Siehr, Deputy Chief Consultant, Consolidated Mail Out Program
Specified Terms

Column A	Column B
i. USPS ii. FedEx iii. UPS iv. "United States Postal Service" v. "Post Office" vi. DeJoy vii. Postmaster viii. PMG	i. "prescription deliveries" ii. "prescription delivery" iii. "prescription delay" iv. "prescription delays"

OSVA has posted six thousand one (6,001) pages of COVID records at https://www.va.gov/FOIA/Library.asp (click on the "Frequently Requested Records" tab). OSVA does not re-release already posted redacted records also responsive to your FOIA request.

As a reminder, the OSVA FOIA office processes only the emails and calendar for custodians former VA Secretary Robert Wilkie, former Acting Deputy Secretary Pam Powers, and former Acting Chief of Staff Brooks Tucker. The VHA (FOIA **20-09544-F)** FOIA office will separately process your FOIA request for custodians Richard Stone, Michael Valentino, and Ken Siehr, as will the OPIA (FOIA **20-09545-F)** FOIA office for custodian James Hutton.

Reasonable Searches Dated 9/30/2020, 10/6/2020, & 3/10/2021
On September 30, 2020, our search cut-off date, an OSVA FOIA Officer requested that the VA OIT office provide all responsive emails and calendar entries in its possession. On October 6,

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2020, the VA OIT office provided responsive records, with an OSVA FOIA Officer to conduct secondary searches.

On March 10, 2021, an OSVA FOIA Officer conducted the following stemmed search through the email boxes and calendar entries of former VA Secretary Robert Wilkie, former VA Acting Deputy Secretary Pam Powers, and former Acting Chief of Staff Brooks Tucker.

Search
From: RLW or Wilkie or Powers or Tucker
Stemmed Key Terms: (USPS or FedEx or UPS or postal or post or Dejoy or Postmaster or PMG) and ((prescription w/1 delay) or (prescription w/1 delivery))
Date: 6/15/20 to 9/30/20

This aforementioned search yielded five hundred forty-three (543) responsive pages.

Initial Agency Decision
After reviewing the five hundred forty-three (543) pages, OSVA redacts some information with FOIA Exemptions 5 and 6. 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 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 reviewing VA programs and responses to Congressional inquiries 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, responding to Congressional inquiries, and preparing draft or non-final documents. The information reveals the thoughts, deliberations, and opinions that, if released, would have a chilling effect on the ability of federal officials 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).

5 U.S.C. § 552(b)(6) exempts from required disclosure "personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy." FOIA Exemption 6 permits VA to withhold a document or information within a document if disclosure of the information, either by itself or in conjunction with other information available to either the public or the FOIA requester, would result in an unwarranted invasion of an individual's personal privacy without contributing significantly to the public's understanding of the activities of the federal government. Specifically, the information being withheld, as indicated on the attached documents, under FOIA Exemption 6, consists of names, identities, email addresses, phone numbers, cellular numbers, facsimile numbers, and medical details of: federal employees, Congressional employees, veterans, and private citizens. However, VA

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releases the names of VA Senior Executives and reporters. Federal employees, Congressional employees, veterans, 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 employees, veterans, 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, we find that there is no public interest in knowing names, identities, personal addresses, seating room locations, email addresses, phone numbers, cellular numbers, and facsimile numbers of: federal employees, Congressional employees, veterans, 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 FOIA requester 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).

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:
Name: Doloras Johnson
Email Address: vacofoiaservice@va.gov

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

This concludes OSVA's response to your FOIA request **20-09498-F**. 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

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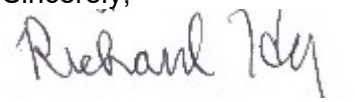
Washington, DC 20420

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,



Richard Ha, JD, CIPP/G
OSVA FOIA Officer

Attachments – redacted five hundred forty-three (543) pages

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From: Tucker, Brooks
Sent: Sat, 15 Aug 2020 08:49:09 +0000
To: (b)(6) @gmail.com
Subject: Fwd: 15 August Veterans Affairs Media Summary and News Clips
Attachments: 200815_Veterans Affairs Media Summary and News Clips.docx, 200815_Veterans Affairs Media Summary and News Clips.pdf

Get Outlook for iOS
From: VA Media Analysis (b)(6) @aptiveresources.com>
Sent: Saturday, August 15, 2020 4:44:30 AM
To: VA Media Analysis (b)(6) @aptiveresources.com>
Subject: [EXTERNAL] 15 August Veterans Affairs Media Summary and News Clips

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

If you wish to be added to the distribution list, please reply to (b)(6) *@aptiveresources.com and we will direct your request to the appropriate person. Thank you.*

VA Media Analysis

www.aptiveresources.com

aptive

Confidentiality Notice: This email message and any attachments are for the sole use of the intended recipient(s) and may contain confidential information protected by law. If you have received this message in error, please notify the sender and delete it from your system.

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1. Top Stories

Coronavirus / COVID-19

1 - Johnson City Press: NETN reports 73 new cases of COVID-19 as new tests decrease (14 August, Jonathan Roberts, 99k uvm; Johnson City, TN)
Northeast Tennessee reported fewer than 100 new cases of the novel coronavirus (COVID-19) for the second time this week, though the number of reported tests fell well below average and the proportion of positive tests remained high

Hyperlink to Above

1.1 - The Virginian-Pilot: Opinion: Hampton VA met COVID challenge head-on (14 August, Sec. Robert Wilkie, 910k uvm; Norfolk, VA)
At the U.S. Department of Veterans Affairs, our top priority is caring for the men and women who raised their hands and put on the uniform to defend this nation. In the face of the unprecedented COVID-19 pandemic, additional priorities have emerged. These include finding ways to relieve VA staff from the stress and anxiety of treating highly contagious patients and working to implement VA's Fourth Mission to support neighboring health care systems.

Hyperlink to Above

1.2 - U.S. News & World Report (AP): Lawmakers: Postal Changes Delay Mail-Order Medicine for Vets (14 August, Hope Yen, 27.4M uvm; Washington, DC)
Policy changes that slow delivery at the U.S. Postal Service are taking a toll on military veterans, who are reporting much longer wait times to receive mail-order prescription drugs, according to Democratic senators. In a letter Friday, the 31 senators take aim at new Postmaster General Louis DeJoy, a GOP fundraiser who took the post in June and has since imposed several operational changes that have led to mail backlogs across the United States.

Hyperlink to Above

1.3 - Stars and Stripes: Lawmakers urge postmaster general to fix 'troubling' delays of veterans' medication (14 August, Nikki Wentling, 1.7M uvm; Washington, DC)
Lawmakers urged Postmaster General Louis DeJoy on Friday to reverse disruptive changes at the U.S. Postal Service, voicing grave concerns about veterans whose mail-order medications are delayed. President Donald Trump appointed DeJoy, a former fundraiser for the Republican National Convention, to the job this summer as the coronavirus pandemic threatened the Postal Service's financial viability.

Hyperlink to Above

1.4 - Government Executive: VA Secretary: We're Preparing for Coronavirus 'Boomerang' in Fall (14 August, Tom Shoop, 794k uvm; Washington DC)
The Veterans Affairs Department is planning for a potential wave of COVID-19 cases and other illnesses starting this fall, which could force it to play a bigger role in the national public health system. "We are preparing in the event this boomerangs on the country in the fall and in the

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winter," said VA Secretary Robert Wilkie in an interview with Government Executive. "We are preparing for the eventuality of flu and COVID coming together."

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2. Improving Customer Service

2.1 - Connecting Vets: Lawmakers demand USPS fix 'alarming' delays of veterans' mail-order prescriptions (14 August, Abbie Bennett, 10M; Washington, DC)
Capitol Hill lawmakers sent letters this week to U.S. Postal Service and Department of Veterans Affairs senior leaders, demanding they take immediate action to resolve "significant delays" in veterans' mail-order prescriptions. In the Senate, Jon Tester, D-Mont., ranking member of the Senate Veterans Affairs Committee, and Gary Peters, D-Mich., ranking member of the Homeland Security and Governmental Affairs Committee, sent a letter to Postmaster General Louis DeJoy and VA Secretary Robert Wilkie.

Hyperlink to Above

2.2 - American Thinker: At the VA, it's the coronavirus versus virtual reality (14 August, Joanna Rosamond, 1.2M uvm; El Cerrito, CA)
In his State of the V.A. speech (February 5, 2020), V.A. secretary Robert Wilkie announced that veterans will see further improvements in V.A. services. Mr. Wilkie spoke enthusiastically about modern technology, including 5G resolution that a V.A. hospital in Palo Alto will soon boast, and virtual reality therapy "to help veterans with PTSD and pain management."

Hyperlink to Above

2.3 - WTEN (ABC-10): Kingston CBOC set to move after Stratton VA win contract (14 August, 368k uvm; Albany, NY)
The Kingston Community Based Outpatient Clinic will be moving from Plaza Road to Frank Sottile Boulevard after Valor Healthcare was awarded the clinic's contract. In a statement, the The Department of Veterans Affairs claimed that the new location will continue to utilize VA's Patient Aligned Care Teams (PACTs) while offering more space for enhance patient privacy and service capability, and expanded services through telemedicine.

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2.4 - The Sumter Item: Housing nonprofit awarded funding for veteran homelessness prevention (15 August, 115k uvm; Sumter, SC)
Three South Carolina nonprofits, including one that serves Sumter, Clarendon and Lee counties, are among an annual distribution of grants to help fight veteran homelessness. The Department of Veterans Affairs announced earlier this month it awarded more than $5.38 million under the Supportive Services for Veteran Families Program to the three nonprofits across the Palmetto State. Eastern Carolina Homelessness Organization, which serves 13 counties in northeastern South Carolina, was awarded $1.2 million.

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2.5 - WDAF (FOX-4, Video): FOX4 Investigates: Whistleblowers say VA is ignoring troubling allegations (14 August, Sharifa Jackson and Lisa McCormick, 1k uvm; Kansas City, MO)
FOX4 has learned of new developments and more troubling allegations at the Veterans Affairs Medical Center in Topeka and Leavenworth. These new claims come against the backdrop of similar and mounting complaints by employees at the VA hospital in Kansas City. FOX4 sat down exclusively with three high-ranking police officers from the VA police departments, all who have filed whistleblower and other complaints alleging misconduct, racial discrimination, and sexual harassment.

Hyperlink to Above

2.6 - KQEN (AM-1240): Defazio Urges Solution To Delayed Delivery Of Prescription Drugs (14 August, 1k uvm; Roseburg, OR)
Transportation and Infrastructure Committee Chair Peter DeFazio and House Committee on Veteran's Affairs Chair Mark Takano, have urged Department of Veteran's Affairs Chair Secretary Robert Wilkie and United States Postmaster General Louis DeJoy, to rectify reported delayed deliveries of medication to veterans in the wake of operational changes at the United States Postal Service.

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3. Business Transformation

3.1 - WPTZ (NBC-5): New VA clinic facility opens in Plattsburgh (14 August; Burlington, VT)
Veterans in Plattsburgh can now receive health care in a brand new facility located on North Catherin Street. Primary care, blood work, pre-op visits, and a new women's health suite are just some of the services being offered to veterans in the brand new VA clinic. "We have an excellent mental health care staff here that really take good care of our veterans.

Hyperlink to Above

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Connecting Vets: AI is helping the VBA speed up claims processes (14 August, Abbie Bennett, 10M; Washington, DC)
The Veterans Benefits Administration has cut the time it takes to process in-coming mail from 10 days to a single day. According to a release, the improvement comes thanks to an artificial intelligence solution that the VBA is now using. "Moving past manual mail processes to automation puts the emphasis on veterans," said Department of Veterans Affairs Secretary Robert Wilkie in a release. "This new capability allows VA to process veterans' claims quickly and efficiently."

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6.2 - KLIX (FM-1310, Video): National Cemetery Dedicated In Buhl (14 August, Benito Baeza, 6k uvm; Twin Falls, ID)
The first national cemetery for United States veterans in Idaho was dedicated this week in Buhl. According to the U.S. Department of Veterans Affairs the dedication ceremony was held on Wednesday at the Snake River Canyon National Cemetery with a small group of local, state and federal dignitaries that included Twin Falls City Mayor Suzanne Hawkins, Army Maj. Gen. Michael Garshak, Adjutant General of the Idaho National Guard, and VA Under Secretary for Memorial Affairs Randy Reeves.

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7. **Other**

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1. Top Stories

Coronavirus / COVID-19

1 - Johnson City Press: NETN reports 73 new cases of COVID-19 as new tests decrease
(14 August, Jonathan Roberts, 99k uvm; Johnson City, TN)

Northeast Tennessee reported fewer than 100 new cases of the novel coronavirus (COVID-19) for the second time this week, though the number of reported tests fell well below average and the proportion of positive tests remained high.

Northeast Tennessee by the numbers

73 new cases in the upper eight counties for a total of 4,807.

Average number of new cases per 100,000 over the last two weeks: Carter 26.85, Greene 22.44, Hancock 14.09, Hawkins 30.56, Johnson 81.53, Sullivan 18.36, Unicoi 20.39 and Washington 24.74.

45 total deaths in the upper eight counties. The state reported one new death in Sullivan County.

52 new recoveries for a total of 1,830.
2,932 active cases in Northeast Tennessee.
New cases by county: Carter 9, Greene 9, Hancock 1, Hawkins 14, Johnson 1, Sullivan 30, Unicoi 0, Washington 9.

Active cases by county: Carter 449, Greene 385, Hancock 57, Hawkins 378, Johnson 272, Sullivan 338, Unicoi 103, Washington 950.

Data analysis

The total number of active cases in Northeast Tennessee increased by 20 on Friday, with the total at 2,932. Only one county, Washington, reported a decrease in active cases. Despite Washington's decrease, the county still accounts for a third of all active cases with 950. Sullivan County, which is the most populous county with the fifth-most active cases, was the only county to report a double-digit increase in its active case count, which totals 338.

The 14-day average new cases per 100,000 people dropped in all eight counties on Friday, though all counties remained in the red zone for school reopening. Johnson County has the highest rate at 81.53, while Hancock, 14.09, has the lowest.

One new death was reported in Sullivan County, bringing its total to 16 and the region's to 45. There have been six fatalities reported in Northeast Tennessee since Aug. 10.

There were more than 1,000 fewer tests reported on Friday than on Thursday, with only 704 new tests reported. Overall, testing has declined in recent weeks, while the positivity rate has

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mostly remained high. On Friday, the positive test percentage was above 12% for the second-straight day.

Hospitalizations

COVID-19 hospitalizations at Ballad Health facilities saw a slight uptick on Friday, increasing from 106 to 109. Despite this, the number of patients in intensive care and on ventilators dropped, while COVID-19 bed capacity increased. Additionally, the number of patients under investigation also fell.

There were nine new hospitalizations reported on Friday in Northeast Tennessee, bringing the weekly total to 44 — 15 fewer than last week's record total with two days remaining. New hospitalizations were reported in Carter (three), Greene (two), Johnson (one), Sullivan (two) and Washington (one) counties. This week has seen the fourth-most new hospitalizations reported in the region since the pandemic began, with all four having occurred in consecutive weeks.

Cases among school-aged children

There were six new cases reported in the 5-to-18 age range, with Hawkins and Sullivan counties reporting two apiece. Greene and Washington counties each added one more. The region's total sits at 481.

Mountain Home VA

As of Friday afternoon, there were 268 cases of COVID-19 attributed to the Veterans Affairs facility at Mountain Home, with 195 recoveries. There have been seven fatalities.

Mountain Home is not saying where the deaths or cases are concentrated, citing patient privacy concerns.

According to the Department of Veterans Affairs' COVID-19 data dashboard, the number of cases includes "all patients tested or treated at a VA facility for known or probable COVID-19." The same goes for fatalities, which do not have to occur at a VA hospital to count as a VA death.

Drive-up testing in Northeast Tennessee

Drive-up testing in Northeast Tennessee is available for free at the following sites, Monday-Friday:

Carter County: 8:30 a.m.-12:30 p.m. corner of East G Street and Holston Avenue, Elizabethton, 423-543-2521.

Greene County: 9 a.m.-noon, 810 W. Church St., Greeneville, 423-798-1749.

Hancock County: 2-3 p.m., 178 Willow St., Sneedville, 423-733-2228.

Hawkins County-Church Hill: 10-11 a.m., 247 Silver Lake Road, Church Hill, 423-357-5341.

Hawkins County-Rogersville: 9-11 a.m., 201 Park Blvd., Rogersville, 423-272-7641.

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Johnson County: 8:30 a.m.-12:30 p.m., 715 W. Main St., Mountain City, 423-727-9731.

Sullivan County: 9-11 a.m. and 1-3 p.m. on Tuesday by appointment only, 154 Blountville Bypass, Blountville, 423-279-2777.

Unicoi County: 9-11 a.m., 101 Okolona Drive, Erwin, 423-743-9103.

Washington County: 9 a.m.-2 p.m., 219 Princeton Road, Johnson City, 423-975-2200.

Novel coronavirus in Tennessee by the numbers
1,947 new cases for a total of 130,458 since tracking began in March. 128,315 confirmed and 2,143 probable.
13 new deaths reported for a total of 1,326.

77 new hospitalizations for a total of 5,725 over the course of the pandemic. As of Aug. 13, there were 1,061 people hospitalized with COVID-19, along with 203 more listed as pending.
24,254 new tests for a total of 1.8 million.
2,172 new recoveries for a total of 91,323.

Analysis

Active cases in the state continue to stabilize, with the total number of active cases dropping by just over 200 on Friday. This number has consistently been between 37,000 and 40,000 since July 26, save for twos day, Aug. 2 and 9, when that number crossed the 40,000-mark.

The number of patients hospitalized also dropped by six on Friday, with hospital capacity holding steady. Between the 1,061 people hospitalized and 203 awaiting test results, 398 are in the ICU and 176 on ventilators.

There were 13 new deaths reported on Friday, bringing the total since Monday to 102 — tied for the fourth most in a single week. Last week saw a record number of Tennesseans succumb to COVID-19, with 150.

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1.1 - The Virginian-Pilot: **Opinion: Hampton VA met COVID challenge head-on** (14 August, Sec. Robert Wilkie, 910k uvm; Norfolk, VA)

At the U.S. Department of Veterans Affairs, our top priority is caring for the men and women who raised their hands and put on the uniform to defend this nation.

In the face of the unprecedented COVID-19 pandemic, additional priorities have emerged. These include finding ways to relieve VA staff from the stress and anxiety of treating highly contagious patients and working to implement VA's Fourth Mission to support neighboring health care systems.

After my recent visit to the Hampton VA Medical Center, I am pleased to report the dedicated staff there has found a way to meet both demands, even as the number of positive tests for the virus increased in Virginia.

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Like other VA facilities across the country, Hampton quickly set up new procedures to halt the spread of COVID-19 among its most vulnerable patients — those who live in its nursing home and its spinal cord injury center.

Nursing homes have unfortunately been a high-risk setting for the virus in several states, including Virginia. But as of early August, the Hampton facility has not seen a single case of COVID-19 among these two patient groups, thanks to strict rules that limit who can enter these facilities.

By the end of July, the Hampton VA had diagnosed 188 veterans with the virus and took steps to treat them while keeping other patients safe. These steps included the establishment of a dedicated COVID-19 wing, implementation of infection control and disinfection procedures, and new training guidelines to prevent infection.

Hampton VA also worked to keep in touch by phone or video conference with veterans who may be at risk of suicide. We believe these efforts have borne fruit, as we have not seen increases in VA documentation of suicide attempts.

VA employees across the country have won praise from President Donald Trump during the pandemic. But hundreds of our medical staff have also become victims of the virus, and many others fear the possibility of bringing COVID-19 back to their families at home.

In response, the Hampton VA deployed a Stress Management Response Team. This SMaRT team has worked with high-risk VA staff members, such as those who screen incoming patients, and has won rave reviews from staff members, including one who said, “This is so needed, thank you for doing this!”

Hampton VA leaders have also encouraged staff members to support each other during the pandemic. Even small steps such as having leaders welcome staff members to work each day have lifted spirits among employees.

These bright moments have contributed to an increase in veteran trust and satisfaction scores during this challenging period. Despite the challenges, wait times for primary care appointments have actually decreased.

Caring about the well-being of Hampton VA staff members has allowed them to pay it forward by contributing to VA’s Fourth Mission, which is to support the health and safety of all U.S. citizens in time of crisis.

VA’s Mid-Atlantic Health Care Network, of which Hampton VA is a part, dispatched 37 staff volunteers to long-term care, skilled nursing and assisted living facilities in Virginia to provide guidance on how to better protect their patients from COVID-19. Three of these volunteers came from Hampton VA.

COVID-19 has stressed health care systems around the world in ways few would have predicted just a few months ago. It has forced all of us to think on our feet and find new, creative ways to stay connected with our patients. Here in the Tidewater, Veterans can be assured that the staff of the Hampton VA is working to ensure veterans and their families are protected from this health threat.

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The Hampton VA rose admirably to this challenge and is prepared to keep fighting for this community for as long as it takes.

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1.2 - U.S. News & World Report (AP): Lawmakers: Postal Changes Delay Mail-Order Medicine for Vets (14 August, Hope Yen, 27.4M uvm; Washington, DC)

Policy changes that slow delivery at the U.S. Postal Service are taking a toll on military veterans, who are reporting much longer wait times to receive mail-order prescription drugs, according to Democratic senators.

In a letter Friday, the 31 senators take aim at new Postmaster General Louis DeJoy, a GOP fundraiser who took the post in June and has since imposed several operational changes that have led to mail backlogs across the United States. His cost-cutting measures have come as President Donald Trump rails against increases in mail-in voting and says he may hold up postal funding to impede the balloting in November.

The senators say they've heard from hundreds of veterans, as well as Department of Veterans Affairs staff, who cited weekslong mail delays, "causing veterans to miss doses of vital medications."

The VA website offers assurances that prescriptions typically arrive within three to five days.

The lawmakers called on DeJoy to reassess the impact of the postal changes on veterans and urged him to work with VA Secretary Robert Wilkie to reduce delays. Veterans are an important constituency for Trump, broadly supporting him in 2016 and during his presidency.

"Access to prescription medications is especially integral during the COVID-19 pandemic when routine health care appointments may be delayed or cancelled," according to the letter, which was led by Montana Sen. Jon Tester, the top Democrat on the Senate Veterans Affairs Committee. "No veteran should have to wonder when their antidepressant or blood pressure medication may arrive — and the effects can be devastating if doses are missed."

In a statement, VA disputed the notion that mail-order prescriptions were arriving weeks late and pointed to guidance on its website encouraging veterans to request refills at least 10 days before they need it.

"VA always encourages veterans to order routine prescriptions in advance," said VA spokeswoman Christina Noel. "When it comes to emergent prescriptions, VA either fills them onsite or uses commercial carriers to ensure timely delivery." She said prescriptions delivered by the Postal Service are averaging less than three days for delivery, while 95% of those sent by UPS next-day service have been on time.

VA fills about 80% of veteran prescriptions by mail. That translates to almost 120 million prescriptions a year, with deliveries arriving daily to about 330,000 veterans across the country.

Michigan Sen. Gary Peters, the top Democrat on the Senate Homeland Security Committee, has been investigating the postal delays after he said DeJoy failed to provide answers about why they were happening. Peters is asking a dozen veterans organizations to provide him with

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information about wait times for mail-order prescriptions or other problems. He says some veterans have reported to him financial harm caused by late fees after their bills and payments took much longer to arrive in July and August.

Memos from post office leadership, obtained earlier this month by The Associated Press, detailed an elimination of overtime and a halting of late delivery trips that are sometimes needed to make sure deliveries arrive on time. One document said if distribution centers are running behind, "they will keep the mail for the next day." Another said: "One aspect of these changes that may be difficult for employees is that — temporarily — we may see mail left behind or mail on the workroom floor or docks."

Additional records obtained by the AP outline upcoming reductions of hours at post offices, including closures during lunch and on Saturdays.

"Those who gave so much to serve this country should be able to count on the nation's Postal Service to deliver their medications in a timely manner," the lawmakers wrote Friday.

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1.3 - Stars and Stripes: Lawmakers urge postmaster general to fix 'troubling' delays of veterans' medication (14 August, Nikki Wentling, 1.7M uvm; Washington, DC)

Lawmakers urged Postmaster General Louis DeJoy on Friday to reverse disruptive changes at the U.S. Postal Service, voicing grave concerns about veterans whose mail-order medications are delayed.

President Donald Trump appointed DeJoy, a former fundraiser for the Republican National Convention, to the job this summer as the coronavirus pandemic threatened the Postal Service's financial viability. Staff hours have been cut and high-volume mail-processing machines were removed from post offices, according to multiple news outlets.

USPS union officials warned that the changes have led to many mail delays, raising concerns about the viability of mail-in voting. But changes also sparked concern among veterans and lawmakers about delays for mail-order prescriptions.

"We have received many troubling reports from veterans waiting weeks for their prescriptions to arrive," a group of 31 Senate Democrats wrote to DeJoy.

The Department of Veterans Affairs fills 80 percent of its prescriptions by mail — about 120 million prescriptions per year going to 330,000 veterans.

The senators, led by Jon Tester, D-Mont., and Gary Peters, D-Mich., asked DeJoy to examine how his changes have affected the mail-in prescriptions and to work with the VA to ensure there are no delays.

The VA insisted Friday that most orders were still arriving on time. Press Secretary Christina Noel said prescriptions shipped through USPS are taking an average of three days to be delivered, and more than 95% of mail-in prescriptions have been on time.

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The department is encouraging veterans to order routine refills 10 days in advance. Many, however, do not control their medication and rely on VA doctors to monitor them.

In cases of emergencies, the VA can fulfill those prescriptions in person, Noel said. Mail-in prescriptions are popular, though, in part because of veterans' mobility issues or distance from VA pharmacies. The VA can also use commercial carriers to deliver medication, Noel said.

Four House members wrote to DeJoy and VA Secretary Wilkie on Friday, claiming there was "a real threat to our veterans." The House members said they were alarmed and had "grave concerns" about prescription delays.

"The culmination of these major changes [at USPS], pursued in the heat of the brutal pandemic and economic crisis, is now impacting our veterans' access to prescriptions," the House members wrote. "This is completely unacceptable."

The letter was led by Rep. Mark Takano, D-Calif., chairman of the House Committee on Veterans' Affairs. It was signed by one Republican, Brian Fitzpatrick, R-Penn.

There are efforts in Congress to provide the Postal Service with enough money to cover its revenue losses and operational expenses stemming from the pandemic. Some senators are pushing for the measure to be included in the next coronavirus relief bill, but prospects of another relief package passing through Congress remained uncertain Friday.

Trump said Thursday that he opposed funding for the Postal Service because he doesn't want to see it used for mail-in voting in November. Trump has long criticized mail-in voting, alleging it leads to rampant voting fraud. Later Thursday, Trump downplayed his remarks and said he would not veto a relief bill just because it included funding for the USPS.

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1.4 - Government Executive: **VA Secretary: We're Preparing for Coronavirus 'Boomerang' in Fall** (14 August, Tom Shoop, 794k uvm; Washington DC)

The Veterans Affairs Department is planning for a potential wave of COVID-19 cases and other illnesses starting this fall, which could force it to play a bigger role in the national public health system.

"We are preparing in the event this boomerangs on the country in the fall and in the winter," said VA Secretary Robert Wilkie in an interview with Government Executive. "We are preparing for the eventuality of flu and COVID coming together."

As a result, the VA's "fourth mission" (in addition to providing health care for veterans, running the veterans' benefits program and managing national cemeteries) of supplementing the national health care system in times of emergency could become even more critical in the coming months.

"What we've been able to do is stockpile for what may come, and I think we're in an excellent place," Wilkie said. "We have months of supplies on hand."

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The department, which has significantly boosted hiring since the pandemic began, also has accelerated efforts to add even more personnel. "We've thrown out the old playbook on hiring," said Wilkie. "We've hired just in the last seven or eight weeks over 30,000 Americans."

The agency has streamlined its hiring process to bring on employees much more quickly. "That's one thing I don't want to go back to—a process where in many cases it took a year to onboard someone who wanted to work for the federal government," Wilkie said. "We've cut that down to seven to 10 days, and we're seeing thousands of Americans flock to us."

"We've been able to do some common-sense things that I think in the end will benefit the entire federal government."

In the early days of the pandemic, VA employees voiced concerns about inadequate supplies of personal protective equipment. Wilkie disputed the notion that employees were at risk.

"Not one person who was on the front lines, in a COVID ward, or an emergency ward, or any of our hospital wards, ever had a shortage of equipment," he said. "In fact, not one of our hospitals ever got below two weeks of supply. Now, what we did was to say that those people who work in our health care system who had no contact with patients—they were not going to get two or three changes of equipment. And I think that upset some people."

In April, Government Executive reported that some VA facilities had instituted policies under which employees who worked with COVID-19 positive patients before their status was known should continue to work until they developed symptoms, after which they could be tested for the virus.

"We test employees who need to be tested," Wilkie said. "We're not going to give everyone a test just to give a person a test. In our nursing homes we do test all of our employees, we test all of our patients." He said the department had conducted "hundreds of thousands of tests" of employees and veterans.

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2. Improving Customer Service

2.1 - Connecting Vets: Lawmakers demand USPS fix 'alarming' delays of veterans' mail-order prescriptions (14 August, Abbie Bennett, 10M; Washington, DC)

Capitol Hill lawmakers sent letters this week to U.S. Postal Service and Department of Veterans Affairs senior leaders, demanding they take immediate action to resolve "significant delays" in veterans' mail-order prescriptions.

In the Senate, Jon Tester, D-Mont., ranking member of the Senate Veterans Affairs Committee, and Gary Peters, D-Mich., ranking member of the Homeland Security and Governmental Affairs Committee, sent a letter to Postmaster General Louis DeJoy and VA Secretary Robert Wilkie, along with 29 other Democratic senators, urging USPS to "correct operational changes that are needlessly delaying veterans' access to life-saving prescriptions."

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On the House side, Veterans Affairs Committee Chairman Mark Takano, D-Calif., and Transportation and Infrastructure Chairman Peter DeFazio, D-Ore., led a similar letter, saying they were "gravely concerned" by the "alarming" delays and citing Connecting Vets' reporting.

Connecting Vets first reported the delays, according to dozens of veterans, VA pharmacy staff and pharmaceutical company leaders, on Aug. 5. By Aug. 14, nearly 200 veterans and caregivers, along with dozens of VA employees, pharmaceutical leaders and USPS staff confirmed that Postal Service issues are delaying veterans' medications, sometimes by weeks.

The vast majority of VA prescriptions are fulfilled by mail from a group of seven massive, automated hub pharmacies across the country, the Consolidated Mail Outpatient Pharmacy (CMOP) system. That centralized pharmacy system processes about 80% to 90% of all VA outpatient prescriptions and almost all (90%) of those are shipped through USPS. The other prescriptions are typically filled at local VA medical facilities.

VA's mail-order pharmacy system processes nearly half a million prescriptions daily and each working day, more than 330,000 veterans receive a package of prescriptions in the mail. Veterans who live further from VA medical facilities, especially in rural and remote areas of the country, often depend on mail-order prescriptions.

But recent policy changes at USPS issued by DeJoy have caused a slow-down of mail and package deliveries in some areas, leaving VA rushing to ensure veterans receive critical prescriptions on time.

“Veterans and the VA should be able to count on USPS for the timely delivery of essential prescription drugs,” the senators wrote in their letter. “No veteran should have to wonder when their antidepressant or blood pressure medication may arrive – and the effects can be devastating if doses are missed.

"USPS needs to immediately cease operational changes that are causing mail delays so that veterans do not needlessly suffer from illnesses exacerbated by delayed medication deliveries. Those who gave so much to serve this country should be able to count on the nation’s Postal Service to deliver their medications in a timely manner.”

House lawmakers echoed those concerns.

"We are particularly alarmed that these (reported delays) come in the wake of the implementation of USPS’s new operational standards. The reports offer evidence that the requirements have rendered postal workers unable to deliver mail in a timely manner," House lawmakers wrote. "The culmination of these major changes, pursued in the heat of a brutal pandemic and economic crisis, is now impacting our veterans’ access to prescriptions. This is completely unacceptable.”

USPS is now headed by a new Postmaster General, Louis DeJoy, who took over on June 15. DeJoy, a top donor to President Donald Trump, issued a memo during his first month leading USPS which mentioned the Post Office's continued financial struggles and announced new policies, including that the Post Office would now accept delayed mail to save costs.

"One aspect of these changes that may be difficult for employees is that — temporarily — we may see mail left behind or mail on the workroom floor or docks (in Processing and Distribution

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Centers), which is not typical," the memo reads, adding that USPS should avoid overtime payments caused by "late and extra trips."

The memo, first reported by The Washington Post, directed employees to leave mail behind at distribution centers if it would delay carriers on their routes. USPS warned customers months before DeJoy took over that the coronavirus pandemic could cause mail delays. USPS is one of the country's largest veteran employers, with nearly 100,000 veterans on staff (about 15% of the total USPS workforce). About 60% of the veterans working at USPS have a disability rating, the agency estimates.

Cole Butterfield, an Army veteran and American Postal Workers Union leader in Oregon, said postal workers nationwide tried to warn USPS leaders of the dangers of delaying mail, including prescriptions for veterans, seniors and people with disabilities. He said his wife is a disabled veteran who relies on USPS for her medication.

"That has now come to pass," he said. "Parcel volumes are at or above Christmas volumes. However, even first-class letter mail is being delayed in many installations ... The delaying of mail is troubling and borderline criminal. In the past, workers have been disciplined or fired for delaying mail. The USPS provides a vital service to all Americans, especially to our veterans.

"I assure you that postal workers nationwide are outraged. We care about the mail and we care about our customers."

Veterans and staff who reached out to Connecting Vets provided documents showing medication shipping delays, internal memos and more. Most said they had not yet heard from VA about delays. Some said healthcare providers warned them during recent telehealth appointments to order refills earlier and that mail-order was their only option, as some VA facilities are still limiting visitors because of the coronavirus pandemic.

Veterans and their caregivers told Connecting Vets they've faced wait times that have doubled, tripled or worse. Some reported wait times as long as three weeks or more for prescriptions that previously took a few days. Others said medical equipment deliveries were also delayed. Many expressed concerns about going to VA in person to retrieve medications during the pandemic.

VA's website says prescriptions "usually arrive within three to five days" of being ordered or even an average of "60 hours from filling to delivery," and advises veterans to request refills at least 10 days in advance of running out. That estimate appeared consistent with the normal wait times veterans described to Connecting Vets, and some vets said they have yet to see significant delays.

VA pharmacy staff said they had reports of veterans experiencing medication withdrawal or relapses as they waited for their prescriptions to arrive. Some veterans reported having to get emergency seven-day supplies of their medications while they waited.

"I have been experiencing medication delays with little to no assistance offered from the VA," a Florida veteran told Connecting Vets, adding that while VA advises veterans order refills before they run out, not all medications can be ordered early. She's gone without some of her critical medication for a week. "Currently, I am experiencing adverse side effects from not having my medication and I have only been offered reassurance that 'it's on the way.' This is unacceptable. Some veterans take life-saving medications. The VA needs a serious inquiry into how to prevent this issue from continuing."

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Another veteran said going without his prescription for a week because of USPS delays landed him in the hospital.

"They've never been late," he said of his mail-order prescriptions. "They often show up early ... This time, I had to wait and I thought I could make it through until they arrived but I was wrong."

A VA pharmacy chief, who spoke on condition of anonymity because they said they feared retaliation from the department, said some prescriptions authorized by their VA from July 29 still have not arrived, along with a large batch from Aug. 3.

"A neurology case manager called today about a vet picking up anti-seizure medication in the morning because he took his last dose today," the pharmacy chief said. "(The case manager(said her own meds -- she's a veteran -- took 11 days. It's not solved. We field many questions and problems daily ... We adjusted pull ahead times to the maximum setting allowed, which might help a little."

VA's online My HealtheVet tool allows veterans to track their mail-order prescriptions. For some veterans who spoke to Connecting Vets, their medications have been sitting at post office locations for weeks with no movement.

Last week, VA told Congress it plans to mitigate the medication delays by sending prescriptions earlier, according to sources with knowledge of those conversations. VA is developing a communications plan to inform veterans of the possibility of delays and that the department plans to send prescriptions out for delivery earlier than expected.

VA told Congress that USPS delays may be worse in some areas, including New York, New Jersey, Arizona and Michigan. In those areas, VA is converting its deliveries from USPS to UPS 2nd Day Air or FedEx temporarily.

VA also is setting up a new USPS code to help the Postal Service identify and prioritize veteran prescription deliveries. That code is already in place for first-class and priority mail packages, and the two agencies are working to expand it to other mail categories.

Connecting Vets tried multiple times to confirm with VA officials that the department is aware of delays for veterans' prescriptions.

VA Press Secretary Christina Noel refused to respond to those questions, saying only:

"VA always encourages veterans to order routine prescriptions in advance. When it comes to emergent prescriptions, VA fills them onsite or uses commercial carriers to ensure timely delivery."

Noel referred any other questions to USPS.

After Connecting Vets' first published stories detailing the delays, VA released guidance on prescription refills and announced the launch of a new prescription refill app.

The VA pharmacy chief said "it doesn't do the vet any good to have the tracking apps like they suggest when it just doesn't move."

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At the local level, VA facilities in states including Louisiana and Texas acknowledged the delays in emails to veterans this week, but blamed them on "increased package volume, election mail, hurricane season and the pandemic," and did not mention the recent policy changes at USPS.

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2.2 - American Thinker: At the VA, it's the coronavirus versus virtual reality (14 August, Joanna Rosamond, 1.2M uvm; El Cerrito, CA)

In his State of the V.A. speech (February 5, 2020), V.A. secretary Robert Wilkie announced that veterans will see further improvements in V.A. services. Mr. Wilkie spoke enthusiastically about modern technology, including 5G resolution that a V.A. hospital in Palo Alto will soon boast, and virtual reality therapy "to help veterans with PTSD and pain management."

Then coronavirus broke loose. Workers of V.A. facilities countrywide had to wear sweat-drenched, "one per week" masks, as the Veteran Health Administration implemented "crisis capacity strategies for mask and N95 respirator conservation." Staffing shortages that employees had been complaining about for years imposed "recycling" of COVID-19-positive doctors and nurses. Workers who should be protected due to their own underlying health problems were also forced back on forefront or penalized with unpaid AWOL status.

Traumatized staff faced helpless working conditions that were eerily reminiscent of precarious medical support on a battlefield. With little or no backup, slaloming among deficiencies, errors, and contradictory orders, there was no way to dodge deadly chaos; our veterans' lives were swept away as in a merciless avalanche. It's a far and desperate cry from "state-of-the-art care" that VHA crows about in a form entitled "Rights and Responsibilities of VA Patients and Residents of Community Living Centers."

An independent investigation conducted for the governor of Massachusetts (June 23, 2020, titled "The COVID-19 Outbreak at the Soldiers' Home in Holyoke") brought to light substantial errors such as "opposite of infection control" overcrowding and mixing asymptomatic population with patients "actively dying" from the coronavirus. Poignant testimonies exposed conditions offensive to the dignity of our veterans and an intolerable suffering of both the patients and staff members: "One nurse described the move as total pandemonium. A recreational therapist who was instructed to help with the move said that she felt like she was walking [the veterans] to their death, and that the veterans were terrified. A social worker felt it was like moving the concentration camp — we [were] moving these unknowing veterans off to die."

If the battlefield-like experience brought the V.A.'s compassionate "lowly" staff even closer to our veterans, the existence of an abyss between the V.A.'s upper crust and "the commoners" become just more notably evident. Even in a coronavirus-free environment, homeless veterans would wince at the V.A.'s new V.R. (virtual reality) craze, but according to the V.A. secretary, virtual reality will help our veterans "to process the emotions related to a traumatic experience in the field."

How do you "process" sleeping rough in a dangerous place? Rejoicing that the V.A. Palo Alto hospital is about to become "one of the first 5G enabled health facilities in the world" is at present simply indecent; in some state veterans' homes, there were no curtains to respect an agonizing death.

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The pampered Palo Alto facility must have been the apple of the eye of the previous V.A. secretary, too. As documented by Senator Mark Kirk in his oversight letter to V.A. secretary Robert McDonald (Jul. 26, 2016), in Palo Alto, the V.A. blew "$483,000 on a giant rock sculpture and $807,000 for site preparation for the giant rock, $365,000 for a sculpture at the aquatic center entrance, $305,000 for a sculpture in an exterior lobby, $330,000 for a half arc inside the mental health center, and $285,000 for art on the side of a parking garage[.]"

It looks as if anyone (even President Trump) who compliments the V.A. will learn the hard way that there's no trusting the V.A. without fact-checking.

In remarks at the announcement of the PREVENTS Task Force Roadmap (June 17, 2020), the president congratulated the V.A. on "unprecedented" ninety percent approval rating: "That's a number that has never — not even come close to attaining that number, so it's a tremendous job you're doing."

Sorry, Mr. President: déjà vu.

In his remarks (United Veterans Committee of Colorado, April 10, 2016), unfazed by the waiting list scandal, then–V.A. secretary McDonald announced that about 90 percent of veterans are either "completely satisfied" or "satisfied" with getting an appointment when they wanted. If "more of the same" is self-explanatory, it's difficult not to comment on V.A. secretary Wilkie's message to veterans: "Come see us. File the claims. Come speak to us. This is not your grandfather's V.A., where the paperwork is going to take ten years."

Tragically, this is still our grandfathers' V.A. Some have been homeless since the Vietnam era. Some have been fighting for Agent Orange claims approval for 40 years. Some have recently and prematurely died on the disgraceful coronavirus battlefield.

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2.3 - WTEN (ABC-10): Kingston CBOC set to move after Stratton VA win contract (14 August, 368k uvm; Albany, NY)

The Kingston Community Based Outpatient Clinic will be moving from Plaza Road to Frank Sottile Boulevard after Valor Healthcare was awarded the clinic's contract.

In a statement, the The Department of Veterans Affairs claimed that the new location will continue to utilize VA's Patient Aligned Care Teams (PACTs) while offering more space for enhance patient privacy and service capability, and expanded services through telemedicine.

The DVA also stressed that the relocation of the CBOC will, in no way, interfere with Veteran care.

"Relocating the CBOC provides us the ability to enhance, improve, and support health programs and initiatives for Veterans in the area, all while maximizing taxpayer funds. No matter the location, Veterans can be assured of the highest standard of care and safety available and we look forward to serving their needs."

-Darlene Delancey
Stratton VA Director

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The move is set to take place on Monday, August 17. Letters detailing the move have been sent to all veterans currently using the COBC.

Veterans and their families who require more information about the move should contact Stratton VAMC's Primary Care Administrative Officer Christopher Bender, at (518) 626-6561.

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2.4 - The Sumter Item: Housing nonprofit awarded funding for veteran homelessness prevention (15 August, 115k uvm; Sumter, SC)

Three South Carolina nonprofits, including one that serves Sumter, Clarendon and Lee counties, are among an annual distribution of grants to help fight veteran homelessness.

The Department of Veterans Affairs announced earlier this month it awarded more than $5.38 million under the Supportive Services for Veteran Families Program to the three nonprofits across the Palmetto State. Eastern Carolina Homelessness Organization, which serves 13 counties in northeastern South Carolina, was awarded $1.2 million.

Funding from SSVF provides thousands of low-income veteran families around the nation with access to case management and other assistance to prevent veterans from becoming homeless and re-house those who do.

"Ending veterans' homelessness remains one of our top priorities at the Columbia VA," said David Omura, director and CEO of the Columbia VA Health Care System. "Through clinical services and other programs like SSVF, we are working diligently to end veteran homelessness."

The SSVF program has proven to be remarkably effective in helping low-income veterans and their families overcome housing crises by offering temporary assistance.

This year, grants totaling about $400 million went to 266 nonprofits in all 50 states, the District of Columbia, Guam, Puerto Rico and the U.S. Virgin Islands.

Through SSVF, the VA served more than 105,156 individuals, including 70,524 veterans and 20,608 children, nationally in fiscal year 2019. As a result of these and other efforts, veteran homelessness has been cut in half since the launch of the Federal Strategic Plan to Prevent and End Homelessness in 2010.

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2.5 - WDAF (FOX-4, Video): FOX4 Investigates: Whistleblowers say VA is ignoring troubling allegations (14 August, Sharifa Jackson and Lisa McCormick, 1k uvm; Kansas City, MO)

FOX4 has learned of new developments and more troubling allegations at the Veterans Affairs Medical Center in Topeka and Leavenworth. These new claims come against the backdrop of similar and mounting complaints by employees at the VA hospital in Kansas City.

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FOX4 sat down exclusively with three high-ranking police officers from the VA police departments, all who have filed whistleblower and other complaints alleging misconduct, racial discrimination, and sexual harassment.

They say the VA continues to ignore their concerns.

“I’ve been in law enforcement a long time for one guy, and one department singularly having that many investigations by the same exact individual reporting it– in law enforcement, we’ll call that a clue,” said Alex Harris, a police major at the Topeka VA hospital.

Harris says at the VA hospitals in Leavenworth and Topeka, these new and troubling complaints focus on one person: Police Chief Andrew Denning.

Denning joined the department in 2016 and rose to the top in one year, despite repeated and documented complaints regarding mistreatment of minority officers, abuse of authority and unlawful investigations.

“I believed as a manager and as a police officer that there was clear, impartial mistreatment going on towards us. As I highlighted numerous issues and wrongdoing, I’ve continued to get penalized,” said Harris.

Harris currently holds the title of police major at the VA hospital in Topeka, but he hasn’t worked in the department for more than a year.

He believes he’s being retaliated against because he’s filed numerous complaints alleging ongoing harassment and mistreatment by Chief Denning.

Harris also filed a memo citing 27 deficiencies within the department. He’s since had his badge and credentials removed, been re-assigned to the engineering department and the focus of 14 investigations that to date have uncovered no wrong-doing.

“I’ve had my badge and credits removed a total of five times,” said Topeka VA Training Sergeant, Brian Jones.

In one instance, Jones said Chief Denning removed his badge and credentials, re-instated them for one day to do training, then pulled them again.

“It’s a very touchy, emotional pain for me because being with the VA for years, I’ve never had to deal with this,” said Sgt. Jones.

This is a similar sentiment shared by VA Police Captain Roberto Feliciano, who says Chief Denning re-assigned him to the basement of a building after he filed complaints of privacy violations and workplace harassment.

Feliciano’s wife, Angela, the chief’s secretary, also filed a sexual harassment complaint against the chief after she says he invited her to a strip club. FOX4 obtained documents where Denning admits he made the invitation and agreed it is not appropriate behavior.

The VA ruled her complaint was “unsubstantiated.”

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"If you look my paper it's 10 years of outstanding," said Feliciano. "I'm done. I'm tired of this going around and nobody doing nothing."

FOX4 reached out to Chief Denning for comment, but he never responded. We also reached out to the VA about the complaints numerous times over the course of a month.

A spokesperson declined to go on camera, but issued a statement saying: "The Eastern Kansas VA health care system has investigated these claims and to date, has found them to be unsubstantiated."

We also filed a federal open records request for complaints involving Denning. The department said it could "neither confirm nor deny" the existence of such records.

During the course of our investigation, we received documents from a VA source indicating Denning was terminated, effective August 15th.

The VA however, told us in a July 30th email that Denning remained a valuable member of its team.

"They do not want to acknowledge what he has done is at least reasonably wrong. That's the problem," said Harris.

According to Harris, since our interview with these whistleblowers, VA officials met with Harris.

He says they offered to clear his name and give him the equivalent of one paycheck, if he'd resign. He declined their offer.

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2.6 - KQEN (AM-1240): Defazio Urges Solution To Delayed Delivery Of Prescription Drugs
(14 August, 1k uvm; Roseburg, OR)

Transportation and Infrastructure Committee Chair Peter DeFazio and House Committee on Veteran's Affairs Chair Mark Takano, have urged Department of Veteran's Affairs Chair Secretary Robert Wilkie and United States Postmaster General Louis DeJoy, to rectify reported delayed deliveries of medication to veterans in the wake of operational changes at the United States Postal Service.

A release from DeFazio said the two House of Representative committee chairs are concerned by reports from veterans and VA staff indicating that wait times have doubled or even tripled in some cases, without explanation. They said that they are alarmed that these reports come in the wake of the implementation of USPS's new operational standards and said, "…this is completely unacceptable".

A release said approximately 80 percent of VA prescriptions are fulfilled by the mail. In fiscal year 2019 alone, the VA's mail order pharmacy processed 125.2 million outpatient prescriptions, according to the release.

The release said in July, PMG DeJoy enacted significant operational changes to the USPS that severely curtail measures local postmasters use to ensure consistent and prompt delivery

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assistance. In addition, last week DeJoy directed an organizational overhaul of USPS, displacing dozens of senior executives charged with the day-to-day operations of the agency. Since these changes took effect, significant delivery delays of veteran's medications have been reported by both veterans and VA staff, according to the release.

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3. Business Transformation

3.1 - WPTZ (NBC-5): New VA clinic facility opens in Plattsburgh (14 August; Burlington, VT)

Veterans in Plattsburgh can now receive health care in a brand new facility located on North Catherin Street.

Primary care, blood work, pre-op visits, and a new women's health suite are just some of the services being offered to veterans in the brand new VA clinic.

"We have an excellent mental health care staff here that really take good care of our veterans. The on-site lab is top notch and I know that we can only hope to grow from here and continue to offer more and more services," said Jennifer Ryan, of STG International, the health care company behind the new facility.

The new location has been in the works since December and the COVID-19 pandemic put some plans on pause, but staff and patients with urgent needs were welcomed through their new doors on Aug. 3.

"Veterans' health care is monumentally important because they sacrifice for us, they should be taken care of. In today's pandemic world and everything going on, having that guarantee of health care and a safety net is hugely important to our veterans," says Thomas Gibbons, a veteran and police chief under the Department of Veterans Affairs.

Because of COVID-19 concerns, they had to postpone their Thursday ribbon cutting, and 80% of their visits are via telehealth right now. But, the facility wants local veterans to know they're open and have twice the amount of exam rooms as the old Plattsburgh VA Clinic.

"It's essentially double the size of what they had before, and on top of that everything is top of the line. It's the best we could possibly give them," said Ryan.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

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6.1 - Connecting Vets: AI is helping the VBA speed up claims processes (14 August, Abbie Bennett, 10M; Washington, DC)

The Veterans Benefits Administration has cut the time it takes to process in-coming mail from 10 days to a single day.

According to a release, the improvement comes thanks to an artificial intelligence solution that the VBA is now using.

"Moving past manual mail processes to automation puts the emphasis on veterans," said Department of Veterans Affairs Secretary Robert Wilkie in a release. "This new capability allows VA to process veterans' claims quickly and efficiently."

The software reads the mail document contents and automatically routes it to VA employees working on the next step of the claims process, according to the release. That means faster processing of the information veterans send to VBA in support of their claims.

On average VBA receives more than 550,000 pieces of mail per month related to benefits and services. The mail often serves as the starting point in the claims process.

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6.2 - KLIX (FM-1310, Video): National Cemetery Dedicated In Buhl (14 August, Benito Baeza, 6k uvm; Twin Falls, ID)

The first national cemetery for United States veterans in Idaho was dedicated this week in Buhl.

According to the U.S. Department of Veterans Affairs the dedication ceremony was held on Wednesday at the Snake River Canyon National Cemetery with a small group of local, state and federal dignitaries that included Twin Falls City Mayor Suzanne Hawkins, Army Maj. Gen. Michael Garshak, Adjutant General of the Idaho National Guard, and VA Under Secretary for Memorial Affairs Randy Reeves.

The Snake River Canyon National Cemeery will serve more than 15,000 veterans, along with their spouses and eligible family members in a 75-mile radius of Twin Falls, according to the VA. The first construction phase of the cemetery is finished providing more than 900 casket and cremation burial sites for the next decade. Their is plans to expand the cemetery in the future. The first burials at the cemetery happened earlier this year.

All area veterans and certain family members are eligible to be buried at the Snake River Canyon National Cemetery at no cost and with headstone provided by the VA.

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7. Other

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1. Top Stories

Coronavirus / COVID-19

1 - Johnson City Press: NETN reports 73 new cases of COVID-19 as new tests decrease (14 August, Jonathan Roberts, 99k uvm; Johnson City, TN)
Northeast Tennessee reported fewer than 100 new cases of the novel coronavirus (COVID-19) for the second time this week, though the number of reported tests fell well below average and the proportion of positive tests remained high

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1.1 - The Virginian-Pilot: Opinion: Hampton VA met COVID challenge head-on (14 August, Sec. Robert Wilkie, 910k uvm; Norfolk, VA)
At the U.S. Department of Veterans Affairs, our top priority is caring for the men and women who raised their hands and put on the uniform to defend this nation. In the face of the unprecedented COVID-19 pandemic, additional priorities have emerged. These include finding ways to relieve VA staff from the stress and anxiety of treating highly contagious patients and working to implement VA's Fourth Mission to support neighboring health care systems.

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1.2 - U.S. News & World Report (AP): Lawmakers: Postal Changes Delay Mail-Order Medicine for Vets (14 August, Hope Yen, 27.4M uvm; Washington, DC)
Policy changes that slow delivery at the U.S. Postal Service are taking a toll on military veterans, who are reporting much longer wait times to receive mail-order prescription drugs, according to Democratic senators. In a letter Friday, the 31 senators take aim at new Postmaster General Louis DeJoy, a GOP fundraiser who took the post in June and has since imposed several operational changes that have led to mail backlogs across the United States.

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1.3 - Stars and Stripes: Lawmakers urge postmaster general to fix 'troubling' delays of veterans' medication (14 August, Nikki Wentling, 1.7M uvm; Washington, DC)
Lawmakers urged Postmaster General Louis DeJoy on Friday to reverse disruptive changes at the U.S. Postal Service, voicing grave concerns about veterans whose mail-order medications are delayed. President Donald Trump appointed DeJoy, a former fundraiser for the Republican National Convention, to the job this summer as the coronavirus pandemic threatened the Postal Service's financial viability.

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1.4 - Government Executive: VA Secretary: We're Preparing for Coronavirus 'Boomerang' in Fall (14 August, Tom Shoop, 794k uvm; Washington DC)
The Veterans Affairs Department is planning for a potential wave of COVID-19 cases and other illnesses starting this fall, which could force it to play a bigger role in the national public health system. "We are preparing in the event this boomerangs on the country in the fall and in the

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winter," said VA Secretary Robert Wilkie in an interview with Government Executive. "We are preparing for the eventuality of flu and COVID coming together."

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2. Improving Customer Service

2.1 - Connecting Vets: Lawmakers demand USPS fix 'alarming' delays of veterans' mail-order prescriptions (14 August, Abbie Bennett, 10M; Washington, DC)
Capitol Hill lawmakers sent letters this week to U.S. Postal Service and Department of Veterans Affairs senior leaders, demanding they take immediate action to resolve "significant delays" in veterans' mail-order prescriptions. In the Senate, Jon Tester, D-Mont., ranking member of the Senate Veterans Affairs Committee, and Gary Peters, D-Mich., ranking member of the Homeland Security and Governmental Affairs Committee, sent a letter to Postmaster General Louis DeJoy and VA Secretary Robert Wilkie.

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2.2 - American Thinker: At the VA, it's the coronavirus versus virtual reality (14 August, Joanna Rosamond, 1.2M uvm; El Cerrito, CA)
In his State of the V.A. speech (February 5, 2020), V.A. secretary Robert Wilkie announced that veterans will see further improvements in V.A. services. Mr. Wilkie spoke enthusiastically about modern technology, including 5G resolution that a V.A. hospital in Palo Alto will soon boast, and virtual reality therapy "to help veterans with PTSD and pain management."

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2.3 - WTEN (ABC-10): Kingston CBOC set to move after Stratton VA win contract (14 August, 368k uvm; Albany, NY)
The Kingston Community Based Outpatient Clinic will be moving from Plaza Road to Frank Sottile Boulevard after Valor Healthcare was awarded the clinic's contract. In a statement, the The Department of Veterans Affairs claimed that the new location will continue to utilize VA's Patient Aligned Care Teams (PACTs) while offering more space for enhance patient privacy and service capability, and expanded services through telemedicine.

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2.4 - The Sumter Item: Housing nonprofit awarded funding for veteran homelessness prevention (15 August, 115k uvm; Sumter, SC)
Three South Carolina nonprofits, including one that serves Sumter, Clarendon and Lee counties, are among an annual distribution of grants to help fight veteran homelessness. The Department of Veterans Affairs announced earlier this month it awarded more than $5.38 million under the Supportive Services for Veteran Families Program to the three nonprofits across the Palmetto State. Eastern Carolina Homelessness Organization, which serves 13 counties in northeastern South Carolina, was awarded $1.2 million.

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2.5 - WDAF (FOX-4, Video): FOX4 Investigates: Whistleblowers say VA is ignoring troubling allegations (14 August, Sharifa Jackson and Lisa McCormick, 1k uvm; Kansas City, MO)
FOX4 has learned of new developments and more troubling allegations at the Veterans Affairs Medical Center in Topeka and Leavenworth. These new claims come against the backdrop of similar and mounting complaints by employees at the VA hospital in Kansas City. FOX4 sat down exclusively with three high-ranking police officers from the VA police departments, all who have filed whistleblower and other complaints alleging misconduct, racial discrimination, and sexual harassment.

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2.6 - KQEN (AM-1240): Defazio Urges Solution To Delayed Delivery Of Prescription Drugs (14 August, 1k uvm; Roseburg, OR)
Transportation and Infrastructure Committee Chair Peter DeFazio and House Committee on Veteran's Affairs Chair Mark Takano, have urged Department of Veteran's Affairs Chair Secretary Robert Wilkie and United States Postmaster General Louis DeJoy, to rectify reported delayed deliveries of medication to veterans in the wake of operational changes at the United States Postal Service.

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3. Business Transformation

3.1 - WPTZ (NBC-5): New VA clinic facility opens in Plattsburgh (14 August; Burlington, VT)
Veterans in Plattsburgh can now receive health care in a brand new facility located on North Catherin Street. Primary care, blood work, pre-op visits, and a new women's health suite are just some of the services being offered to veterans in the brand new VA clinic. "We have an excellent mental health care staff here that really take good care of our veterans.

Hyperlink to Above

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Connecting Vets: AI is helping the VBA speed up claims processes (14 August, Abbie Bennett, 10M; Washington, DC)
The Veterans Benefits Administration has cut the time it takes to process in-coming mail from 10 days to a single day. According to a release, the improvement comes thanks to an artificial intelligence solution that the VBA is now using. "Moving past manual mail processes to automation puts the emphasis on veterans," said Department of Veterans Affairs Secretary Robert Wilkie in a release. "This new capability allows VA to process veterans' claims quickly and efficiently."

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6.2 - KLIX (FM-1310, Video): National Cemetery Dedicated In Buhl (14 August, Benito Baeza, 6k uvm; Twin Falls, ID)
The first national cemetery for United States veterans in Idaho was dedicated this week in Buhl. According to the U.S. Department of Veterans Affairs the dedication ceremony was held on Wednesday at the Snake River Canyon National Cemetery with a small group of local, state and federal dignitaries that included Twin Falls City Mayor Suzanne Hawkins, Army Maj. Gen. Michael Garshak, Adjutant General of the Idaho National Guard, and VA Under Secretary for Memorial Affairs Randy Reeves.

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7. Other

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1. Top Stories

Coronavirus / COVID-19

1 - Johnson City Press: NETN reports 73 new cases of COVID-19 as new tests decrease
(14 August, Jonathan Roberts, 99k uvm; Johnson City, TN)

Northeast Tennessee reported fewer than 100 new cases of the novel coronavirus (COVID-19) for the second time this week, though the number of reported tests fell well below average and the proportion of positive tests remained high.

Northeast Tennessee by the numbers

73 new cases in the upper eight counties for a total of 4,807.

Average number of new cases per 100,000 over the last two weeks: Carter 26.85, Greene 22.44, Hancock 14.09, Hawkins 30.56, Johnson 81.53, Sullivan 18.36, Unicoi 20.39 and Washington 24.74.

45 total deaths in the upper eight counties. The state reported one new death in Sullivan County.

52 new recoveries for a total of 1,830.
2,932 active cases in Northeast Tennessee.
New cases by county: Carter 9, Greene 9, Hancock 1, Hawkins 14, Johnson 1, Sullivan 30, Unicoi 0, Washington 9.

Active cases by county: Carter 449, Greene 385, Hancock 57, Hawkins 378, Johnson 272, Sullivan 338, Unicoi 103, Washington 950.

Data analysis

The total number of active cases in Northeast Tennessee increased by 20 on Friday, with the total at 2,932. Only one county, Washington, reported a decrease in active cases. Despite Washington's decrease, the county still accounts for a third of all active cases with 950. Sullivan County, which is the most populous county with the fifth-most active cases, was the only county to report a double-digit increase in its active case count, which totals 338.

The 14-day average new cases per 100,000 people dropped in all eight counties on Friday, though all counties remained in the red zone for school reopening. Johnson County has the highest rate at 81.53, while Hancock, 14.09, has the lowest.

One new death was reported in Sullivan County, bringing its total to 16 and the region's to 45. There have been six fatalities reported in Northeast Tennessee since Aug. 10.

There were more than 1,000 fewer tests reported on Friday than on Thursday, with only 704 new tests reported. Overall, testing has declined in recent weeks, while the positivity rate has

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mostly remained high. On Friday, the positive test percentage was above 12% for the second-straight day.

Hospitalizations

COVID-19 hospitalizations at Ballad Health facilities saw a slight uptick on Friday, increasing from 106 to 109. Despite this, the number of patients in intensive care and on ventilators dropped, while COVID-19 bed capacity increased. Additionally, the number of patients under investigation also fell.

There were nine new hospitalizations reported on Friday in Northeast Tennessee, bringing the weekly total to 44 — 15 fewer than last week's record total with two days remaining. New hospitalizations were reported in Carter (three), Greene (two), Johnson (one), Sullivan (two) and Washington (one) counties. This week has seen the fourth-most new hospitalizations reported in the region since the pandemic began, with all four having occurred in consecutive weeks.

Cases among school-aged children

There were six new cases reported in the 5-to-18 age range, with Hawkins and Sullivan counties reporting two apiece. Greene and Washington counties each added one more. The region's total sits at 481.

Mountain Home VA

As of Friday afternoon, there were 268 cases of COVID-19 attributed to the Veterans Affairs facility at Mountain Home, with 195 recoveries. There have been seven fatalities.

Mountain Home is not saying where the deaths or cases are concentrated, citing patient privacy concerns.

According to the Department of Veterans Affairs' COVID-19 data dashboard, the number of cases includes "all patients tested or treated at a VA facility for known or probable COVID-19." The same goes for fatalities, which do not have to occur at a VA hospital to count as a VA death.

Drive-up testing in Northeast Tennessee

Drive-up testing in Northeast Tennessee is available for free at the following sites, Monday-Friday:

Carter County: 8:30 a.m.-12:30 p.m. corner of East G Street and Holston Avenue, Elizabethton, 423-543-2521.

Greene County: 9 a.m.-noon, 810 W. Church St., Greeneville, 423-798-1749.

Hancock County: 2-3 p.m., 178 Willow St., Sneedville, 423-733-2228.

Hawkins County-Church Hill: 10-11 a.m., 247 Silver Lake Road, Church Hill, 423-357-5341.

Hawkins County-Rogersville: 9-11 a.m., 201 Park Blvd., Rogersville, 423-272-7641.

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Johnson County: 8:30 a.m.-12:30 p.m., 715 W. Main St., Mountain City, 423-727-9731.

Sullivan County: 9-11 a.m. and 1-3 p.m. on Tuesday by appointment only, 154 Blountville Bypass, Blountville, 423-279-2777.

Unicoi County: 9-11 a.m., 101 Okolona Drive, Erwin, 423-743-9103.

Washington County: 9 a.m.-2 p.m., 219 Princeton Road, Johnson City, 423-975-2200.

Novel coronavirus in Tennessee by the numbers
1,947 new cases for a total of 130,458 since tracking began in March. 128,315 confirmed and 2,143 probable.
13 new deaths reported for a total of 1,326.

77 new hospitalizations for a total of 5,725 over the course of the pandemic. As of Aug. 13, there were 1,061 people hospitalized with COVID-19, along with 203 more listed as pending.
24,254 new tests for a total of 1.8 million.
2,172 new recoveries for a total of 91,323.

Analysis

Active cases in the state continue to stabilize, with the total number of active cases dropping by just over 200 on Friday. This number has consistently been between 37,000 and 40,000 since July 26, save for twos day, Aug. 2 and 9, when that number crossed the 40,000-mark.

The number of patients hospitalized also dropped by six on Friday, with hospital capacity holding steady. Between the 1,061 people hospitalized and 203 awaiting test results, 398 are in the ICU and 176 on ventilators.

There were 13 new deaths reported on Friday, bringing the total since Monday to 102 — tied for the fourth most in a single week. Last week saw a record number of Tennesseans succumb to COVID-19, with 150.

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1.1 - The Virginian-Pilot: Opinion: Hampton VA met COVID challenge head-on (14 August, Sec. Robert Wilkie, 910k uvm; Norfolk, VA)

At the U.S. Department of Veterans Affairs, our top priority is caring for the men and women who raised their hands and put on the uniform to defend this nation.

In the face of the unprecedented COVID-19 pandemic, additional priorities have emerged. These include finding ways to relieve VA staff from the stress and anxiety of treating highly contagious patients and working to implement VA's Fourth Mission to support neighboring health care systems.

After my recent visit to the Hampton VA Medical Center, I am pleased to report the dedicated staff there has found a way to meet both demands, even as the number of positive tests for the virus increased in Virginia.

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Like other VA facilities across the country, Hampton quickly set up new procedures to halt the spread of COVID-19 among its most vulnerable patients — those who live in its nursing home and its spinal cord injury center.

Nursing homes have unfortunately been a high-risk setting for the virus in several states, including Virginia. But as of early August, the Hampton facility has not seen a single case of COVID-19 among these two patient groups, thanks to strict rules that limit who can enter these facilities.

By the end of July, the Hampton VA had diagnosed 188 veterans with the virus and took steps to treat them while keeping other patients safe. These steps included the establishment of a dedicated COVID-19 wing, implementation of infection control and disinfection procedures, and new training guidelines to prevent infection.

Hampton VA also worked to keep in touch by phone or video conference with veterans who may be at risk of suicide. We believe these efforts have borne fruit, as we have not seen increases in VA documentation of suicide attempts.

VA employees across the country have won praise from President Donald Trump during the pandemic. But hundreds of our medical staff have also become victims of the virus, and many others fear the possibility of bringing COVID-19 back to their families at home.

In response, the Hampton VA deployed a Stress Management Response Team. This SMaRT team has worked with high-risk VA staff members, such as those who screen incoming patients, and has won rave reviews from staff members, including one who said, “This is so needed, thank you for doing this!”

Hampton VA leaders have also encouraged staff members to support each other during the pandemic. Even small steps such as having leaders welcome staff members to work each day have lifted spirits among employees.

These bright moments have contributed to an increase in veteran trust and satisfaction scores during this challenging period. Despite the challenges, wait times for primary care appointments have actually decreased.

Caring about the well-being of Hampton VA staff members has allowed them to pay it forward by contributing to VA’s Fourth Mission, which is to support the health and safety of all U.S. citizens in time of crisis.

VA’s Mid-Atlantic Health Care Network, of which Hampton VA is a part, dispatched 37 staff volunteers to long-term care, skilled nursing and assisted living facilities in Virginia to provide guidance on how to better protect their patients from COVID-19. Three of these volunteers came from Hampton VA.

COVID-19 has stressed health care systems around the world in ways few would have predicted just a few months ago. It has forced all of us to think on our feet and find new, creative ways to stay connected with our patients. Here in the Tidewater, Veterans can be assured that the staff of the Hampton VA is working to ensure veterans and their families are protected from this health threat.

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The Hampton VA rose admirably to this challenge and is prepared to keep fighting for this community for as long as it takes.

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1.2 - U.S. News & World Report (AP): Lawmakers: Postal Changes Delay Mail-Order Medicine for Vets (14 August, Hope Yen, 27.4M uvm; Washington, DC)

Policy changes that slow delivery at the U.S. Postal Service are taking a toll on military veterans, who are reporting much longer wait times to receive mail-order prescription drugs, according to Democratic senators.

In a letter Friday, the 31 senators take aim at new Postmaster General Louis DeJoy, a GOP fundraiser who took the post in June and has since imposed several operational changes that have led to mail backlogs across the United States. His cost-cutting measures have come as President Donald Trump rails against increases in mail-in voting and says he may hold up postal funding to impede the balloting in November.

The senators say they've heard from hundreds of veterans, as well as Department of Veterans Affairs staff, who cited weekslong mail delays, "causing veterans to miss doses of vital medications."

The VA website offers assurances that prescriptions typically arrive within three to five days.

The lawmakers called on DeJoy to reassess the impact of the postal changes on veterans and urged him to work with VA Secretary Robert Wilkie to reduce delays. Veterans are an important constituency for Trump, broadly supporting him in 2016 and during his presidency.

"Access to prescription medications is especially integral during the COVID-19 pandemic when routine health care appointments may be delayed or cancelled," according to the letter, which was led by Montana Sen. Jon Tester, the top Democrat on the Senate Veterans Affairs Committee. "No veteran should have to wonder when their antidepressant or blood pressure medication may arrive — and the effects can be devastating if doses are missed."

In a statement, VA disputed the notion that mail-order prescriptions were arriving weeks late and pointed to guidance on its website encouraging veterans to request refills at least 10 days before they need it.

"VA always encourages veterans to order routine prescriptions in advance," said VA spokeswoman Christina Noel. "When it comes to emergent prescriptions, VA either fills them onsite or uses commercial carriers to ensure timely delivery." She said prescriptions delivered by the Postal Service are averaging less than three days for delivery, while 95% of those sent by UPS next-day service have been on time.

VA fills about 80% of veteran prescriptions by mail. That translates to almost 120 million prescriptions a year, with deliveries arriving daily to about 330,000 veterans across the country.

Michigan Sen. Gary Peters, the top Democrat on the Senate Homeland Security Committee, has been investigating the postal delays after he said DeJoy failed to provide answers about why they were happening. Peters is asking a dozen veterans organizations to provide him with

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information about wait times for mail-order prescriptions or other problems. He says some veterans have reported to him financial harm caused by late fees after their bills and payments took much longer to arrive in July and August.

Memos from post office leadership, obtained earlier this month by The Associated Press, detailed an elimination of overtime and a halting of late delivery trips that are sometimes needed to make sure deliveries arrive on time. One document said if distribution centers are running behind, "they will keep the mail for the next day." Another said: "One aspect of these changes that may be difficult for employees is that — temporarily — we may see mail left behind or mail on the workroom floor or docks."

Additional records obtained by the AP outline upcoming reductions of hours at post offices, including closures during lunch and on Saturdays.

"Those who gave so much to serve this country should be able to count on the nation's Postal Service to deliver their medications in a timely manner," the lawmakers wrote Friday.

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1.3 - Stars and Stripes: Lawmakers urge postmaster general to fix 'troubling' delays of veterans' medication (14 August, Nikki Wentling, 1.7M uvm; Washington, DC)

Lawmakers urged Postmaster General Louis DeJoy on Friday to reverse disruptive changes at the U.S. Postal Service, voicing grave concerns about veterans whose mail-order medications are delayed.

President Donald Trump appointed DeJoy, a former fundraiser for the Republican National Convention, to the job this summer as the coronavirus pandemic threatened the Postal Service's financial viability. Staff hours have been cut and high-volume mail-processing machines were removed from post offices, according to multiple news outlets.

USPS union officials warned that the changes have led to many mail delays, raising concerns about the viability of mail-in voting. But changes also sparked concern among veterans and lawmakers about delays for mail-order prescriptions.

"We have received many troubling reports from veterans waiting weeks for their prescriptions to arrive," a group of 31 Senate Democrats wrote to DeJoy.

The Department of Veterans Affairs fills 80 percent of its prescriptions by mail — about 120 million prescriptions per year going to 330,000 veterans.

The senators, led by Jon Tester, D-Mont., and Gary Peters, D-Mich., asked DeJoy to examine how his changes have affected the mail-in prescriptions and to work with the VA to ensure there are no delays.

The VA insisted Friday that most orders were still arriving on time. Press Secretary Christina Noel said prescriptions shipped through USPS are taking an average of three days to be delivered, and more than 95% of mail-in prescriptions have been on time.

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The department is encouraging veterans to order routine refills 10 days in advance. Many, however, do not control their medication and rely on VA doctors to monitor them.

In cases of emergencies, the VA can fulfill those prescriptions in person, Noel said. Mail-in prescriptions are popular, though, in part because of veterans' mobility issues or distance from VA pharmacies. The VA can also use commercial carriers to deliver medication, Noel said.

Four House members wrote to DeJoy and VA Secretary Wilkie on Friday, claiming there was "a real threat to our veterans." The House members said they were alarmed and had "grave concerns" about prescription delays.

"The culmination of these major changes [at USPS], pursued in the heat of the brutal pandemic and economic crisis, is now impacting our veterans' access to prescriptions," the House members wrote. "This is completely unacceptable."

The letter was led by Rep. Mark Takano, D-Calif., chairman of the House Committee on Veterans' Affairs. It was signed by one Republican, Brian Fitzpatrick, R-Penn.

There are efforts in Congress to provide the Postal Service with enough money to cover its revenue losses and operational expenses stemming from the pandemic. Some senators are pushing for the measure to be included in the next coronavirus relief bill, but prospects of another relief package passing through Congress remained uncertain Friday.

Trump said Thursday that he opposed funding for the Postal Service because he doesn't want to see it used for mail-in voting in November. Trump has long criticized mail-in voting, alleging it leads to rampant voting fraud. Later Thursday, Trump downplayed his remarks and said he would not veto a relief bill just because it included funding for the USPS.

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1.4 - Government Executive: **VA Secretary: We're Preparing for Coronavirus 'Boomerang' in Fall** (14 August, Tom Shoop, 794k uvm; Washington DC)

The Veterans Affairs Department is planning for a potential wave of COVID-19 cases and other illnesses starting this fall, which could force it to play a bigger role in the national public health system.

"We are preparing in the event this boomerangs on the country in the fall and in the winter," said VA Secretary Robert Wilkie in an interview with Government Executive. "We are preparing for the eventuality of flu and COVID coming together."

As a result, the VA's "fourth mission" (in addition to providing health care for veterans, running the veterans' benefits program and managing national cemeteries) of supplementing the national health care system in times of emergency could become even more critical in the coming months.

"What we've been able to do is stockpile for what may come, and I think we're in an excellent place," Wilkie said. "We have months of supplies on hand."

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The department, which has significantly boosted hiring since the pandemic began, also has accelerated efforts to add even more personnel. "We've thrown out the old playbook on hiring," said Wilkie. "We've hired just in the last seven or eight weeks over 30,000 Americans."

The agency has streamlined its hiring process to bring on employees much more quickly. "That's one thing I don't want to go back to—a process where in many cases it took a year to onboard someone who wanted to work for the federal government," Wilkie said. "We've cut that down to seven to 10 days, and we're seeing thousands of Americans flock to us."

"We've been able to do some common-sense things that I think in the end will benefit the entire federal government."

In the early days of the pandemic, VA employees voiced concerns about inadequate supplies of personal protective equipment. Wilkie disputed the notion that employees were at risk.

"Not one person who was on the front lines, in a COVID ward, or an emergency ward, or any of our hospital wards, ever had a shortage of equipment," he said. "In fact, not one of our hospitals ever got below two weeks of supply. Now, what we did was to say that those people who work in our health care system who had no contact with patients—they were not going to get two or three changes of equipment. And I think that upset some people."

In April, Government Executive reported that some VA facilities had instituted policies under which employees who worked with COVID-19 positive patients before their status was known should continue to work until they developed symptoms, after which they could be tested for the virus.

"We test employees who need to be tested," Wilkie said. "We're not going to give everyone a test just to give a person a test. In our nursing homes we do test all of our employees, we test all of our patients." He said the department had conducted "hundreds of thousands of tests" of employees and veterans.

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2. Improving Customer Service

2.1 - Connecting Vets: Lawmakers demand USPS fix 'alarming' delays of veterans' mail-order prescriptions (14 August, Abbie Bennett, 10M; Washington, DC)

Capitol Hill lawmakers sent letters this week to U.S. Postal Service and Department of Veterans Affairs senior leaders, demanding they take immediate action to resolve "significant delays" in veterans' mail-order prescriptions.

In the Senate, Jon Tester, D-Mont., ranking member of the Senate Veterans Affairs Committee, and Gary Peters, D-Mich., ranking member of the Homeland Security and Governmental Affairs Committee, sent a letter to Postmaster General Louis DeJoy and VA Secretary Robert Wilkie, along with 29 other Democratic senators, urging USPS to "correct operational changes that are needlessly delaying veterans' access to life-saving prescriptions."

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On the House side, Veterans Affairs Committee Chairman Mark Takano, D-Calif., and Transportation and Infrastructure Chairman Peter DeFazio, D-Ore., led a similar letter, saying they were "gravely concerned" by the "alarming" delays and citing Connecting Vets' reporting.

Connecting Vets first reported the delays, according to dozens of veterans, VA pharmacy staff and pharmaceutical company leaders, on Aug. 5. By Aug. 14, nearly 200 veterans and caregivers, along with dozens of VA employees, pharmaceutical leaders and USPS staff confirmed that Postal Service issues are delaying veterans' medications, sometimes by weeks.

The vast majority of VA prescriptions are fulfilled by mail from a group of seven massive, automated hub pharmacies across the country, the Consolidated Mail Outpatient Pharmacy (CMOP) system. That centralized pharmacy system processes about 80% to 90% of all VA outpatient prescriptions and almost all (90%) of those are shipped through USPS. The other prescriptions are typically filled at local VA medical facilities.

VA's mail-order pharmacy system processes nearly half a million prescriptions daily and each working day, more than 330,000 veterans receive a package of prescriptions in the mail. Veterans who live further from VA medical facilities, especially in rural and remote areas of the country, often depend on mail-order prescriptions.

But recent policy changes at USPS issued by DeJoy have caused a slow-down of mail and package deliveries in some areas, leaving VA rushing to ensure veterans receive critical prescriptions on time.

“Veterans and the VA should be able to count on USPS for the timely delivery of essential prescription drugs,” the senators wrote in their letter. “No veteran should have to wonder when their antidepressant or blood pressure medication may arrive – and the effects can be devastating if doses are missed.

"USPS needs to immediately cease operational changes that are causing mail delays so that veterans do not needlessly suffer from illnesses exacerbated by delayed medication deliveries. Those who gave so much to serve this country should be able to count on the nation’s Postal Service to deliver their medications in a timely manner.”

House lawmakers echoed those concerns.

"We are particularly alarmed that these (reported delays) come in the wake of the implementation of USPS’s new operational standards. The reports offer evidence that the requirements have rendered postal workers unable to deliver mail in a timely manner," House lawmakers wrote. "The culmination of these major changes, pursued in the heat of a brutal pandemic and economic crisis, is now impacting our veterans’ access to prescriptions. This is completely unacceptable.”

USPS is now headed by a new Postmaster General, Louis DeJoy, who took over on June 15. DeJoy, a top donor to President Donald Trump, issued a memo during his first month leading USPS which mentioned the Post Office's continued financial struggles and announced new policies, including that the Post Office would now accept delayed mail to save costs.

"One aspect of these changes that may be difficult for employees is that — temporarily — we may see mail left behind or mail on the workroom floor or docks (in Processing and Distribution

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Centers), which is not typical," the memo reads, adding that USPS should avoid overtime payments caused by "late and extra trips."

The memo, first reported by The Washington Post, directed employees to leave mail behind at distribution centers if it would delay carriers on their routes. USPS warned customers months before DeJoy took over that the coronavirus pandemic could cause mail delays. USPS is one of the country's largest veteran employers, with nearly 100,000 veterans on staff (about 15% of the total USPS workforce). About 60% of the veterans working at USPS have a disability rating, the agency estimates.

Cole Butterfield, an Army veteran and American Postal Workers Union leader in Oregon, said postal workers nationwide tried to warn USPS leaders of the dangers of delaying mail, including prescriptions for veterans, seniors and people with disabilities. He said his wife is a disabled veteran who relies on USPS for her medication.

"That has now come to pass," he said. "Parcel volumes are at or above Christmas volumes. However, even first-class letter mail is being delayed in many installations ... The delaying of mail is troubling and borderline criminal. In the past, workers have been disciplined or fired for delaying mail. The USPS provides a vital service to all Americans, especially to our veterans.

"I assure you that postal workers nationwide are outraged. We care about the mail and we care about our customers."

Veterans and staff who reached out to Connecting Vets provided documents showing medication shipping delays, internal memos and more. Most said they had not yet heard from VA about delays. Some said healthcare providers warned them during recent telehealth appointments to order refills earlier and that mail-order was their only option, as some VA facilities are still limiting visitors because of the coronavirus pandemic.

Veterans and their caregivers told Connecting Vets they've faced wait times that have doubled, tripled or worse. Some reported wait times as long as three weeks or more for prescriptions that previously took a few days. Others said medical equipment deliveries were also delayed. Many expressed concerns about going to VA in person to retrieve medications during the pandemic.

VA's website says prescriptions "usually arrive within three to five days" of being ordered or even an average of "60 hours from filling to delivery," and advises veterans to request refills at least 10 days in advance of running out. That estimate appeared consistent with the normal wait times veterans described to Connecting Vets, and some vets said they have yet to see significant delays.

VA pharmacy staff said they had reports of veterans experiencing medication withdrawal or relapses as they waited for their prescriptions to arrive. Some veterans reported having to get emergency seven-day supplies of their medications while they waited.

"I have been experiencing medication delays with little to no assistance offered from the VA," a Florida veteran told Connecting Vets, adding that while VA advises veterans order refills before they run out, not all medications can be ordered early. She's gone without some of her critical medication for a week. "Currently, I am experiencing adverse side effects from not having my medication and I have only been offered reassurance that 'it's on the way.' This is unacceptable. Some veterans take life-saving medications. The VA needs a serious inquiry into how to prevent this issue from continuing."

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Another veteran said going without his prescription for a week because of USPS delays landed him in the hospital.

"They've never been late," he said of his mail-order prescriptions. "They often show up early ... This time, I had to wait and I thought I could make it through until they arrived but I was wrong."

A VA pharmacy chief, who spoke on condition of anonymity because they said they feared retaliation from the department, said some prescriptions authorized by their VA from July 29 still have not arrived, along with a large batch from Aug. 3.

"A neurology case manager called today about a vet picking up anti-seizure medication in the morning because he took his last dose today," the pharmacy chief said. "(The case manager(said her own meds -- she's a veteran -- took 11 days. It's not solved. We field many questions and problems daily ... We adjusted pull ahead times to the maximum setting allowed, which might help a little."

VA's online My HealtheVet tool allows veterans to track their mail-order prescriptions. For some veterans who spoke to Connecting Vets, their medications have been sitting at post office locations for weeks with no movement.

Last week, VA told Congress it plans to mitigate the medication delays by sending prescriptions earlier, according to sources with knowledge of those conversations. VA is developing a communications plan to inform veterans of the possibility of delays and that the department plans to send prescriptions out for delivery earlier than expected.

VA told Congress that USPS delays may be worse in some areas, including New York, New Jersey, Arizona and Michigan. In those areas, VA is converting its deliveries from USPS to UPS 2nd Day Air or FedEx temporarily.

VA also is setting up a new USPS code to help the Postal Service identify and prioritize veteran prescription deliveries. That code is already in place for first-class and priority mail packages, and the two agencies are working to expand it to other mail categories.

Connecting Vets tried multiple times to confirm with VA officials that the department is aware of delays for veterans' prescriptions.

VA Press Secretary Christina Noel refused to respond to those questions, saying only:

"VA always encourages veterans to order routine prescriptions in advance. When it comes to emergent prescriptions, VA fills them onsite or uses commercial carriers to ensure timely delivery."

Noel referred any other questions to USPS.

After Connecting Vets' first published stories detailing the delays, VA released guidance on prescription refills and announced the launch of a new prescription refill app.

The VA pharmacy chief said "it doesn't do the vet any good to have the tracking apps like they suggest when it just doesn't move."

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At the local level, VA facilities in states including Louisiana and Texas acknowledged the delays in emails to veterans this week, but blamed them on "increased package volume, election mail, hurricane season and the pandemic," and did not mention the recent policy changes at USPS.

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2.2 - American Thinker: At the VA, it's the coronavirus versus virtual reality (14 August, Joanna Rosamond, 1.2M uvm; El Cerrito, CA)

In his State of the V.A. speech (February 5, 2020), V.A. secretary Robert Wilkie announced that veterans will see further improvements in V.A. services. Mr. Wilkie spoke enthusiastically about modern technology, including 5G resolution that a V.A. hospital in Palo Alto will soon boast, and virtual reality therapy "to help veterans with PTSD and pain management."

Then coronavirus broke loose. Workers of V.A. facilities countrywide had to wear sweat-drenched, "one per week" masks, as the Veteran Health Administration implemented "crisis capacity strategies for mask and N95 respirator conservation." Staffing shortages that employees had been complaining about for years imposed "recycling" of COVID-19-positive doctors and nurses. Workers who should be protected due to their own underlying health problems were also forced back on forefront or penalized with unpaid AWOL status.

Traumatized staff faced helpless working conditions that were eerily reminiscent of precarious medical support on a battlefield. With little or no backup, slaloming among deficiencies, errors, and contradictory orders, there was no way to dodge deadly chaos; our veterans' lives were swept away as in a merciless avalanche. It's a far and desperate cry from "state-of-the-art care" that VHA crows about in a form entitled "Rights and Responsibilities of VA Patients and Residents of Community Living Centers."

An independent investigation conducted for the governor of Massachusetts (June 23, 2020, titled "The COVID-19 Outbreak at the Soldiers' Home in Holyoke") brought to light substantial errors such as "opposite of infection control" overcrowding and mixing asymptomatic population with patients "actively dying" from the coronavirus. Poignant testimonies exposed conditions offensive to the dignity of our veterans and an intolerable suffering of both the patients and staff members: "One nurse described the move as total pandemonium. A recreational therapist who was instructed to help with the move said that she felt like she was walking [the veterans] to their death, and that the veterans were terrified. A social worker felt it was like moving the concentration camp — we [were] moving these unknowing veterans off to die."

If the battlefield-like experience brought the V.A.'s compassionate "lowly" staff even closer to our veterans, the existence of an abyss between the V.A.'s upper crust and "the commoners" become just more notably evident. Even in a coronavirus-free environment, homeless veterans would wince at the V.A.'s new V.R. (virtual reality) craze, but according to the V.A. secretary, virtual reality will help our veterans "to process the emotions related to a traumatic experience in the field."

How do you "process" sleeping rough in a dangerous place? Rejoicing that the V.A. Palo Alto hospital is about to become "one of the first 5G enabled health facilities in the world" is at present simply indecent; in some state veterans' homes, there were no curtains to respect an agonizing death.

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The pampered Palo Alto facility must have been the apple of the eye of the previous V.A. secretary, too. As documented by Senator Mark Kirk in his oversight letter to V.A. secretary Robert McDonald (Jul. 26, 2016), in Palo Alto, the V.A. blew "$483,000 on a giant rock sculpture and $807,000 for site preparation for the giant rock, $365,000 for a sculpture at the aquatic center entrance, $305,000 for a sculpture in an exterior lobby, $330,000 for a half arc inside the mental health center, and $285,000 for art on the side of a parking garage[.]"

It looks as if anyone (even President Trump) who compliments the V.A. will learn the hard way that there's no trusting the V.A. without fact-checking.

In remarks at the announcement of the PREVENTS Task Force Roadmap (June 17, 2020), the president congratulated the V.A. on "unprecedented" ninety percent approval rating: "That's a number that has never — not even come close to attaining that number, so it's a tremendous job you're doing."

Sorry, Mr. President: déjà vu.

In his remarks (United Veterans Committee of Colorado, April 10, 2016), unfazed by the waiting list scandal, then–V.A. secretary McDonald announced that about 90 percent of veterans are either "completely satisfied" or "satisfied" with getting an appointment when they wanted. If "more of the same" is self-explanatory, it's difficult not to comment on V.A. secretary Wilkie's message to veterans: "Come see us. File the claims. Come speak to us. This is not your grandfather's V.A., where the paperwork is going to take ten years."

Tragically, this is still our grandfathers' V.A. Some have been homeless since the Vietnam era. Some have been fighting for Agent Orange claims approval for 40 years. Some have recently and prematurely died on the disgraceful coronavirus battlefield.

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2.3 - WTEN (ABC-10): Kingston CBOC set to move after Stratton VA win contract (14 August, 368k uvm; Albany, NY)

The Kingston Community Based Outpatient Clinic will be moving from Plaza Road to Frank Sottile Boulevard after Valor Healthcare was awarded the clinic's contract.

In a statement, the The Department of Veterans Affairs claimed that the new location will continue to utilize VA's Patient Aligned Care Teams (PACTs) while offering more space for enhance patient privacy and service capability, and expanded services through telemedicine.

The DVA also stressed that the relocation of the CBOC will, in no way, interfere with Veteran care.

"Relocating the CBOC provides us the ability to enhance, improve, and support health programs and initiatives for Veterans in the area, all while maximizing taxpayer funds. No matter the location, Veterans can be assured of the highest standard of care and safety available and we look forward to serving their needs."

-Darlene Delancey
Stratton VA Director

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The move is set to take place on Monday, August 17. Letters detailing the move have been sent to all veterans currently using the COBC.

Veterans and their families who require more information about the move should contact Stratton VAMC's Primary Care Administrative Officer Christopher Bender, at (518) 626-6561.

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2.4 - The Sumter Item: Housing nonprofit awarded funding for veteran homelessness prevention (15 August, 115k uvm; Sumter, SC)

Three South Carolina nonprofits, including one that serves Sumter, Clarendon and Lee counties, are among an annual distribution of grants to help fight veteran homelessness.

The Department of Veterans Affairs announced earlier this month it awarded more than $5.38 million under the Supportive Services for Veteran Families Program to the three nonprofits across the Palmetto State. Eastern Carolina Homelessness Organization, which serves 13 counties in northeastern South Carolina, was awarded $1.2 million.

Funding from SSVF provides thousands of low-income veteran families around the nation with access to case management and other assistance to prevent veterans from becoming homeless and re-house those who do.

"Ending veterans' homelessness remains one of our top priorities at the Columbia VA," said David Omura, director and CEO of the Columbia VA Health Care System. "Through clinical services and other programs like SSVF, we are working diligently to end veteran homelessness."

The SSVF program has proven to be remarkably effective in helping low-income veterans and their families overcome housing crises by offering temporary assistance.

This year, grants totaling about $400 million went to 266 nonprofits in all 50 states, the District of Columbia, Guam, Puerto Rico and the U.S. Virgin Islands.

Through SSVF, the VA served more than 105,156 individuals, including 70,524 veterans and 20,608 children, nationally in fiscal year 2019. As a result of these and other efforts, veteran homelessness has been cut in half since the launch of the Federal Strategic Plan to Prevent and End Homelessness in 2010.

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2.5 - WDAF (FOX-4, Video): FOX4 Investigates: Whistleblowers say VA is ignoring troubling allegations (14 August, Sharifa Jackson and Lisa McCormick, 1k uvm; Kansas City, MO)

FOX4 has learned of new developments and more troubling allegations at the Veterans Affairs Medical Center in Topeka and Leavenworth. These new claims come against the backdrop of similar and mounting complaints by employees at the VA hospital in Kansas City.

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FOX4 sat down exclusively with three high-ranking police officers from the VA police departments, all who have filed whistleblower and other complaints alleging misconduct, racial discrimination, and sexual harassment.

They say the VA continues to ignore their concerns.

“I’ve been in law enforcement a long time for one guy, and one department singularly having that many investigations by the same exact individual reporting it– in law enforcement, we’ll call that a clue,” said Alex Harris, a police major at the Topeka VA hospital.

Harris says at the VA hospitals in Leavenworth and Topeka, these new and troubling complaints focus on one person: Police Chief Andrew Denning.

Denning joined the department in 2016 and rose to the top in one year, despite repeated and documented complaints regarding mistreatment of minority officers, abuse of authority and unlawful investigations.

“I believed as a manager and as a police officer that there was clear, impartial mistreatment going on towards us. As I highlighted numerous issues and wrongdoing, I’ve continued to get penalized,” said Harris.

Harris currently holds the title of police major at the VA hospital in Topeka, but he hasn’t worked in the department for more than a year.

He believes he’s being retaliated against because he’s filed numerous complaints alleging ongoing harassment and mistreatment by Chief Denning.

Harris also filed a memo citing 27 deficiencies within the department. He’s since had his badge and credentials removed, been re-assigned to the engineering department and the focus of 14 investigations that to date have uncovered no wrong-doing.

“I’ve had my badge and credits removed a total of five times,” said Topeka VA Training Sergeant, Brian Jones.

In one instance, Jones said Chief Denning removed his badge and credentials, re-instated them for one day to do training, then pulled them again.

“It’s a very touchy, emotional pain for me because being with the VA for years, I’ve never had to deal with this,” said Sgt. Jones.

This is a similar sentiment shared by VA Police Captain Roberto Feliciano, who says Chief Denning re-assigned him to the basement of a building after he filed complaints of privacy violations and workplace harassment.

Feliciano’s wife, Angela, the chief’s secretary, also filed a sexual harassment complaint against the chief after she says he invited her to a strip club. FOX4 obtained documents where Denning admits he made the invitation and agreed it is not appropriate behavior.

The VA ruled her complaint was “unsubstantiated.”

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"If you look my paper it's 10 years of outstanding," said Feliciano. "I'm done. I'm tired of this going around and nobody doing nothing."

FOX4 reached out to Chief Denning for comment, but he never responded. We also reached out to the VA about the complaints numerous times over the course of a month.

A spokesperson declined to go on camera, but issued a statement saying: "The Eastern Kansas VA health care system has investigated these claims and to date, has found them to be unsubstantiated."

We also filed a federal open records request for complaints involving Denning. The department said it could "neither confirm nor deny" the existence of such records.

During the course of our investigation, we received documents from a VA source indicating Denning was terminated, effective August 15th.

The VA however, told us in a July 30th email that Denning remained a valuable member of its team.

"They do not want to acknowledge what he has done is at least reasonably wrong. That's the problem," said Harris.

According to Harris, since our interview with these whistleblowers, VA officials met with Harris.

He says they offered to clear his name and give him the equivalent of one paycheck, if he'd resign. He declined their offer.

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2.6 - KQEN (AM-1240): Defazio Urges Solution To Delayed Delivery Of Prescription Drugs
(14 August, 1k uvm; Roseburg, OR)

Transportation and Infrastructure Committee Chair Peter DeFazio and House Committee on Veteran's Affairs Chair Mark Takano, have urged Department of Veteran's Affairs Chair Secretary Robert Wilkie and United States Postmaster General Louis DeJoy, to rectify reported delayed deliveries of medication to veterans in the wake of operational changes at the United States Postal Service.

A release from DeFazio said the two House of Representative committee chairs are concerned by reports from veterans and VA staff indicating that wait times have doubled or even tripled in some cases, without explanation. They said that they are alarmed that these reports come in the wake of the implementation of USPS's new operational standards and said, "...this is completely unacceptable".

A release said approximately 80 percent of VA prescriptions are fulfilled by the mail. In fiscal year 2019 alone, the VA's mail order pharmacy processed 125.2 million outpatient prescriptions, according to the release.

The release said in July, PMG DeJoy enacted significant operational changes to the USPS that severely curtail measures local postmasters use to ensure consistent and prompt delivery

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assistance. In addition, last week DeJoy directed an organizational overhaul of USPS, displacing dozens of senior executives charged with the day-to-day operations of the agency. Since these changes took effect, significant delivery delays of veteran's medications have been reported by both veterans and VA staff, according to the release.

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3. Business Transformation

3.1 - WPTZ (NBC-5): New VA clinic facility opens in Plattsburgh (14 August; Burlington, VT)

Veterans in Plattsburgh can now receive health care in a brand new facility located on North Catherin Street.

Primary care, blood work, pre-op visits, and a new women's health suite are just some of the services being offered to veterans in the brand new VA clinic.

"We have an excellent mental health care staff here that really take good care of our veterans. The on-site lab is top notch and I know that we can only hope to grow from here and continue to offer more and more services," said Jennifer Ryan, of STG International, the health care company behind the new facility.

The new location has been in the works since December and the COVID-19 pandemic put some plans on pause, but staff and patients with urgent needs were welcomed through their new doors on Aug. 3.

"Veterans' health care is monumentally important because they sacrifice for us, they should be taken care of. In today's pandemic world and everything going on, having that guarantee of health care and a safety net is hugely important to our veterans," says Thomas Gibbons, a veteran and police chief under the Department of Veterans Affairs.

Because of COVID-19 concerns, they had to postpone their Thursday ribbon cutting, and 80% of their visits are via telehealth right now. But, the facility wants local veterans to know they're open and have twice the amount of exam rooms as the old Plattsburgh VA Clinic.

"It's essentially double the size of what they had before, and on top of that everything is top of the line. It's the best we could possibly give them," said Ryan.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

5. Suicide Prevention

6. Women Veterans / Homelessness / Benefits / Cemeteries

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6.1 - Connecting Vets: AI is helping the VBA speed up claims processes (14 August, Abbie Bennett, 10M; Washington, DC)

The Veterans Benefits Administration has cut the time it takes to process in-coming mail from 10 days to a single day.

According to a release, the improvement comes thanks to an artificial intelligence solution that the VBA is now using.

"Moving past manual mail processes to automation puts the emphasis on veterans," said Department of Veterans Affairs Secretary Robert Wilkie in a release. "This new capability allows VA to process veterans' claims quickly and efficiently."

The software reads the mail document contents and automatically routes it to VA employees working on the next step of the claims process, according to the release. That means faster processing of the information veterans send to VBA in support of their claims.

On average VBA receives more than 550,000 pieces of mail per month related to benefits and services. The mail often serves as the starting point in the claims process.

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6.2 - KLIX (FM-1310, Video): National Cemetery Dedicated In Buhl (14 August, Benito Baeza, 6k uvm; Twin Falls, ID)

The first national cemetery for United States veterans in Idaho was dedicated this week in Buhl.

According to the U.S. Department of Veterans Affairs the dedication ceremony was held on Wednesday at the Snake River Canyon National Cemetery with a small group of local, state and federal dignitaries that included Twin Falls City Mayor Suzanne Hawkins, Army Maj. Gen. Michael Garshak, Adjutant General of the Idaho National Guard, and VA Under Secretary for Memorial Affairs Randy Reeves.

The Snake River Canyon National Cemeery will serve more than 15,000 veterans, along with their spouses and eligible family members in a 75-mile radius of Twin Falls, according to the VA. The first construction phase of the cemetery is finished providing more than 900 casket and cremation burial sites for the next decade. Their is plans to expand the cemetery in the future. The first burials at the cemetery happened earlier this year.

All area veterans and certain family members are eligible to be buried at the Snake River Canyon National Cemetery at no cost and with headstone provided by the VA.

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7. Other

AMERICAN OVERSIGHT

From: Tucker, Brooks
Sent: Tue, 18 Aug 2020 16:45:52 +0000
To: (b)(6)
Cc: Cashour, Curtis;Hutton, James;(b)(6)
Subject: FW: NEW CONGRESSIONAL INCOMING HVAC LTR 20200814 ADDRESSED TO SECVA AND PM GENERAL REGARDING DELAYS IN VETERAN Rx USPS.pdf
Attachments: INCOMING HVAC LTR 20200814 ADDRESSED TO SECVA AND PM GENERAL REGARDING DELAYS IN VETERAN Rx USPS.pdf
Importance: High

(b)(6) This is what we need to respond to. Please send over your WP and TPs.

Brooks

From: McVicker, Carrie A.(b)(6)@va.gov>
Sent: Monday, August 17, 2020 11:28 AM
To: Tucker, Brooks (b)(6)@va.gov>; Syrek, Christopher D. (Chris)(b)(6)@va.gov>
Cc: (b)(6)@va.gov>(b)(6)@va.gov>(b)(6)
(b)(6) OGC) <(b)(6)@va.gov>
Subject: FW: NEW CONGRESSIONAL INCOMING HVAC LTR 20200814 ADDRESSED TO SECVA AND PM GENERAL REGARDING DELAYS IN VETERAN Rx USPS.pdf
Importance: High

Good afternoon Brooks / Chris.

New letter in focus on USPS and prescription delivery.

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V/R

Carrie A. McVicker
Senior Advisor, Acting
Office of the Deputy Secretary
Department of Veterans Affairs
(b)(6)@va.gov
(202) 461-(b)(6)

For scheduling, read ahead submissions, general questions, please email:(b)(6)@va.gov

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From:(b)(6)@va.gov>
Sent: Monday, August 17, 2020 10:54 AM
To: McVicker, Carrie A.(b)(6)@va.gov>;(b)(6)@va.gov>
Subject: NEW CONGRESSIONAL INCOMING HVAC LTR 20200814 ADDRESSED TO SECVA AND PM GENERAL REGARDING DELAYS IN VETERAN Rx USPS.pdf
Importance: High

AMERICAN OVERSIGHT

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Congress of the United States
Washington, DC 20515

August 14, 2020

The Honorable Robert Wilkie
Secretary
U.S. Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, D.C. 20420

The Honorable Louis DeJoy
Postmaster General
U.S. Postal Service
475 L'Enfant Plaza West, S.W.
Washington, D.C. 20260

Dear Secretary Wilkie and Postmaster General DeJoy,

We write with grave concern surrounding mounting reports of long wait times for veterans to receive critical prescription medications.

As you know, approximately 80 percent of Department of Veterans Affairs (VA) prescriptions are fulfilled by the mail. In Fiscal Year 2019 alone, VA's mail order pharmacy processed 125.2 million outpatient prescriptions. You are both well aware of the volume of prescriptions processed daily through the VA's mail-order pharmacy system, the Consolidated Mail Outpatient Pharmacy (CMOP).

VA and the United States Postal Service (USPS) typically provide speedy service, with prescriptions arriving within three to five days of being ordered, on average. However, we are concerned by reports from veterans and VA staff indicating that wait times have doubled, or even tripled in some cases, without explanation.[1] In fact, reports indicate that medications have been allegedly sitting at post office locations for nearly two weeks without movement.

We are particularly alarmed that these reports come in the wake of the implementation of USPS's new operational standards. The reports offer evidence that the requirements have rendered postal workers unable to deliver mail in a timely manner.[2] This is in addition to the overhaul of senior leadership at USPS, which has displaced dozens of senior executives charged with running the day to day operations of the agency.[3] The culmination of these major changes, pursued in the heat of a brutal pandemic and economic crisis, is now impacting our veterans'

[1] https://connectingvets.radio.com/articles/veterans-affairs-mail-order-prescription-usps-delays
[2] https://www.washingtonpost.com/politics/2020/08/05/senate-democrat-launches-inquiry-into-postal-service-delays/
[3] https://www.washingtonpost.com/business/2020/08/07/postal-service-investigation-dejoy/

AMERICAN OVERSIGHT

access to prescriptions. This is completely unacceptable.

Veterans need their medication to arrive without delay. Many depend on them for treating pain, depression, post-traumatic stress disorder (PTSD), and other mental and physical health issues. With local VA healthcare systems around the country experiencing medication shortages and switching to 30-day refills, which could cause additional delays and disruptions given the reliance on USPS, these delays are a real threat to our veterans, and your agencies must do everything possible to rectify the situation.

In addition to this, we request that you provide answers to the following questions:

1. Has VA experienced an influx of new mail-order prescription requests due to the COVID-19 pandemic? If so, by what percentage has the workload increased for each of VA's seven CMOPs, for the months of February, March, April, May, June, and July 2020?
2. For each of VA's seven CMOPs, how many days, on average, has it taken for veterans' prescriptions to be delivered by USPS (as measured from the date the CMOP sent the prescription until the date of delivery), for the months of February, March, April, May, June, and July 2020?
3. For each of VA's seven CMOPs, what percentage and how many prescription orders did not meet VA's 10-day delivery timeliness goal (as measured from the date the veteran requested the prescription until the date of receipt), for the months of February, March, April, May, June, and July 2020?
4. What steps have your agencies taken to enhance coordination to ensure prompt delivery of veterans' prescription drugs during the COVID-19 crisis?
5. How will you ensure that prescription drugs for veterans, and other high-priority parcels, are quickly processed, delivered, and not subject to further delay?

We appreciate your prompt attention and look forward to your response.

Sincerely,

Peter A. DeFazio
Member of Congress

Mark Takano
Member of Congress

Brian Fitzpatrick
Member of Congress

Alma S. Adams, Ph.D.
Member of Congress

AMERICAN OVERSIGHT

From: Tucker, Brooks
Sent: Tue, 18 Aug 2020 20:53:48 +0000
To: Hutton, James
Cc: Cashour, Curtis(b)(6) ;Syrek, Christopher D. (Chris);McVicker, Carrie A.;Haverstock, Cathy
Subject: RE: NEW CONGRESSIONAL INCOMING HVAC LTR 20200814 ADDRESSED TO SECVA AND PM GENERAL REGARDING DELAYS IN VETERAN Rx USPS.pdf
Attachments: CMOP Reply to Members .docx

First cut.

From: Hutton, James (b)(6) @va.gov>
Sent: Tuesday, August 18, 2020 4:47 PM
To: Tucker, Brooks (b)(6) @va.gov>
Cc: Cashour, Curtis @va.gov>
Subject: Re: NEW CONGRESSIONAL INCOMING HVAC LTR 20200814 ADDRESSED TO SECVA AND PM GENERAL REGARDING DELAYS IN VETERAN Rx USPS.pdf

Brooks - Is OCLA not writing the letter to respond to Congress? I've sent Cathy the TPs.

James

Get Outlook for iOS

From: Tucker, Brooks(b)(6) @va.gov>
Sent: Tuesday, August 18, 2020 4:02 PM
To: (b)(6) McVicker, Carrie A.
Cc: Cashour, Curtis; Hutton, James;(b)(6) Haverstock, Cathy
Subject: RE: NEW CONGRESSIONAL INCOMING HVAC LTR 20200814 ADDRESSED TO SECVA AND PM GENERAL REGARDING DELAYS IN VETERAN Rx USPS.pdf

Ok, will draft something shortly and send around.

(b)(6) Please run to ground the (b)(5)

Brooks

From: (b)(6) @va.gov>
Sent: Tuesday, August 18, 2020 3:55 PM
To: Tucker, Brooks(b)(6) @va.gov>; McVicker, Carrie A. (b)(6) @va.gov>
Cc: Cashour, Curtis @va.gov>; Hutton, James(b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; Haverstock, Cathy (b)(6) @va.gov>
Subject: RE: NEW CONGRESSIONAL INCOMING HVAC LTR 20200814 ADDRESSED TO SECVA AND PM GENERAL REGARDING DELAYS IN VETERAN Rx USPS.pdf

AMERICAN OVERSIGHT

Good with me

From: Tucker, Brooks (b)(6) @va.gov>
Sent: Tuesday, August 18, 2020 3:43 PM
To: (b)(6) @va.gov>; McVicker, Carrie A. (b)(6) @va.gov>
Cc: Cashour, Curtis (b)(6) @va.gov>; Hutton, James <James.Hutton@va.gov>; (b)(6) (b)(6) @va.gov>; Haverstock, Cathy (b)(6) @va.gov>
Subject: RE: NEW CONGRESSIONAL INCOMING HVAC LTR 20200814 ADDRESSED TO SECVA AND PM GENERAL REGARDING DELAYS IN VETERAN Rx USPS.pdf

(b)(6) and OPIA, Would it be acceptable if we used these TPs now to respond to the Members and said (b)(5)

From: (b)(6) @va.gov>
Sent: Tuesday, August 18, 2020 2:48 PM
To: Tucker, Brooks (b)(6) @va.gov>; McVicker, Carrie A. (b)(6) @va.gov>
Cc: Cashour, Curtis @va.gov>; Hutton, James (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Subject: RE: NEW CONGRESSIONAL INCOMING HVAC LTR 20200814 ADDRESSED TO SECVA AND PM GENERAL REGARDING DELAYS IN VETERAN Rx USPS.pdf

Brooks, please see attached.

Thank you
(b)(6)

From: Tucker, Brooks <(b)(6) @va.gov>
Sent: Tuesday, August 18, 2020 1:28 PM
To: (b)(6) @va.gov>; McVicker, Carrie A. <(b)(6) @va.gov>
Cc: Cashour, Curtis <(b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Subject: RE: NEW CONGRESSIONAL INCOMING HVAC LTR 20200814 ADDRESSED TO SECVA AND PM GENERAL REGARDING DELAYS IN VETERAN Rx USPS.pdf

(b)(6) I will relay the draft to Carrie once I have crafted it based on your (b)(5) inputs. Send when ready.

Brooks

From: (b)(6) @va.gov>
Sent: Tuesday, August 18, 2020 12:49 PM
To: Tucker, Brooks (b)(6) @va.gov>
Cc: Cashour, Curtis <(b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Subject: RE: NEW CONGRESSIONAL INCOMING HVAC LTR 20200814 ADDRESSED TO SECVA AND PM GENERAL REGARDING DELAYS IN VETERAN Rx USPS.pdf

AMERICAN OVERSIGHT

Got it, thank you

From: Tucker, Brooks (b)(6) va.gov>
Sent: Tuesday, August 18, 2020 12:46 PM
To: (b)(6) va.gov>
Cc: Cashour, Curtis (b)(6) @va.gov>; Hutton, James (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Subject: FW: NEW CONGRESSIONAL INCOMING HVAC LTR 20200814 ADDRESSED TO SECVA AND PM GENERAL REGARDING DELAYS IN VETERAN Rx USPS.pdf
Importance: High

(b)(6) This is what we need to respond to. Please send over your WP and TPs.

Brooks

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Sent: Monday, August 17, 2020 11:28 AM
To: Tucker, Brooks (b)(6) @va.gov>; Syrek, Christopher D. (Chris) <(b)(6) @va.gov>
Cc (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (b)(6) (OGC) (b)(6) @va.gov>
Subject: FW: NEW CONGRESSIONAL INCOMING HVAC LTR 20200814 ADDRESSED TO SECVA AND PM GENERAL REGARDING DELAYS IN VETERAN Rx USPS.pdf
Importance: High

Good afternoon Brooks / Chris.

New letter in focus on USPS and prescription delivery.

Recommend (b)(5) We drafted a response to something related recently. I think it is now in OSVA for review.

V/R

Carrie A. McVicker
Senior Advisor, Acting
Office of the Deputy Secretary
Department of Veterans Affairs
(b)(6) @va.gov
(202) 461-(b)(6)

For scheduling, read ahead submissions, general questions, please email: (b)(6) @va.gov

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From (b)(6) @va.gov>
Sent: Monday, August 17, 2020 10:54 AM
To: McVicker, Carrie A. (b)(6) @va.gov>; (b)(6) @va.gov>
Subject: NEW CONGRESSIONAL INCOMING HVAC LTR 20200814 ADDRESSED TO SECVA AND PM

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GENERAL REGARDING DELAYS IN VETERAN Rx USPS.pdf
Importance: High

AMERICAN OVERSIGHT

Dear Representative :

Thank you for your letter of August 14, 2020 requesting information on the Department of Veterans Affairs (VA) disbursement of prescription drugs to Veterans through the United States Postal Service (USPS). (b)(5)

(b)(5)

(b)(5) The following facts are provided to respond initially to your overall concerns. (b)(5)

(b)(5)

(b)(5)

(b)(5) . More than 95% of VA prescriptions delivered via UPS Next Day service have been on time. As of July 2020, VA prescriptions delivered via USPS were averaging 2.8 days delivery time, which is less than the 3 to 5 day delivery standard we've established. We are continually monitoring prescription delivery times throughout the nation and use a variety of publicly available methods to ensure timely delivery, including in-person pharmacies, USPS, and commercial carriers. When it comes to emergent prescriptions, VA either fills them onsite or uses commercial carriers to ensure timely delivery. In order to avoid delays, VA always encourages Veterans to reorder routine prescriptions ten days in advance of their prescription running out.

VA dispenses more than 100 million prescriptions via mail to Veterans each year. Given that volume,

(b)(5)

AMERICAN OVERSIGHT

From: RLW
Sent: Wed, 19 Aug 2020 11:20:24 +0000
To: (b)(6)
Subject: Fwd: Prescription Drug Delivery Talking Points.
Attachments: Mail Delivery of Prescription Drugs.docx

Would you print this out for my 9:15 interview
Get Outlook for iOS
From: Hutton, James (b)(6) @va.gov>
Sent: Tuesday, August 18, 2020 2:57:06 PM
To: RLW <(b)(@va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>;
Cashour, Curtis <(b)(6) @va.gov>
Subject: Prescription Drug Delivery Talking Points.

Mr. Secretary,
Attached are additional talking points focused on delivery of prescription drugs. This is obviously related to the ongoing controversy related to the USPS.
I know there are new developments with the Postmaster General's announcement that he's freezing his improvement initiatives until after the elections. It's too early to tell what impact that will have on media coverage.
Can discuss of necessary.
VR, James

AMERICAN OVERSIGHT

Talking Points
Mail Delivery of Prescription Drug

- It's unfortunate that **some are using Veterans as pawns to score political points against this administration**, which has made more progress for Veterans than any other in recent history.

Here are the facts:

- **We're delivering on-time.** VA prescriptions delivered via USPS orders are averaging less than three days delivery time, and more than 95 percent of VA prescriptions delivered via UPS next day service have been on time.

- **VA exceeds the standard.** VA delivery times have moved from about 2.3 days to 2.8 over the last year. That's still less than the 3-5 day delivery standard we've established.

- **VA closely watches the system and adjusts.** VA continually monitors prescription delivery times throughout the country and uses a variety of methods to ensure timely delivery, including in-person pharmacies, USPS, and commercial carriers (FedEx and UPS).

- **VA coaches Veterans to plan.** VA always encourages Veterans to order routine prescriptions ten days in advance.

- VA dispenses more than 100 million prescriptions via mail to Veterans each year. Given that volume, there are going to be isolated issues, but **the vast majority of Veterans are happy with our prescription services.**

- **That's why VA's Consolidated Mail Outpatient Pharmacy program has been rated highest** in overall customer service satisfaction from consumer group J.D. Power in nine out of the past 10 years

---

See below from VA's website:

AMERICAN OVERSIGHT

How long will my prescriptions take to arrive, and when should I reorder?

Prescriptions usually arrive within 3 to 5 days. But you'll be able to find specific information about your order on the website of the delivery service shown in your Rx Tracker.

To make sure you have your medicine in time, please request your refill at least **10 days** before you need it.

AMERICAN OVERSIGHT

From: Tucker, Brooks
Sent: Wed, 19 Aug 2020 20:20:46 +0000
To: Hutton, James
Cc: Cashour, Curtis;Noel (Mandreucci), Christina (b)(6)
Subject: Re: // for approval // FW: mail delivery

Now adding (b)(6)
Get Outlook for iOS
From: Tucker, Brooks (b)(6) @va.gov>
Sent: Wednesday, August 19, 2020 4:20:19 PM
To: Hutton, James (b)(6) @va.gov>
Cc: Cashour, Curtis @va.gov>; Noel (Mandreucci), Christina (b)(6) @va.gov>
Subject: Re: // for approval // FW: mail delivery

Approved
+ (b)(6) for awareness.
Get Outlook for iOS
From: Hutton, James (b)(6) @va.gov>
Sent: Wednesday, August 19, 2020 4:18:10 PM
To: Tucker, Brooks (b)(6) @va.gov>
Cc: Cashour, Curtis @va.gov>; Noel (Mandreucci), Christina (b)(6) va.gov>
Subject: RE: // for approval // FW: mail delivery

Please see our proposed response to USA Today about the USPS query (highlighted). We use harder language in this response.

Any issues?

James

James Hutton
Assistant Secretary
Office of Public and Intergovernmental Affairs
Department of Veterans Affairs
810 Vermont Ave, NW
Washington, D.C. 20420
Office: 202-461-(b)(6)
Email: (b)(6) @va.gov
Twitter: @jehutton
VA on Facebook . Twitter . YouTube . Flickr . Blog

From: Noel (Mandreucci), Christina (b)(6) @va.gov>
Sent: Wednesday, August 19, 2020 3:39 PM
To: Hutton, James (b)(6) @va.gov>
Cc: Cashour, Curtis @va.gov>
Subject: // for approval // FW: mail delivery

AMERICAN OVERSIGHT

James, the following is a recommended response to the below query. VHA cleared it.

Are you OK with this?

###
Q: DAV says VA said that average USPS delivery time increased slightly from 2.3 days in June of 2019 to 2.86 days in July
A: Historically, VA prescriptions delivered via USPS have always averaged around 3 to 5 days. That's why the VA tells Veterans on the department's website that prescriptions usually arrive in 3 to 5 days.

While the average number of days to deliver VA prescriptions via USPS has increased from 2.3 days in June of 2019 to 2.86 days in July of 2020, that timeframe is still faster than the delivery standard VA strives for, and the notion that this is somehow a problem is ridiculous.

VA continually monitors prescription delivery times throughout the country and the department has always used a variety of methods to ensure timely delivery, including in-person pharmacies, USPS, and commercial carriers.

The notion that using commercial carriers to deliver prescriptions in certain circumstances is new, unique or unacceptable is also ridiculous.

See below from VA's website:

How long will my prescriptions take to arrive, and when should I reorder?

Prescriptions usually arrive within 3 to 5 days. But you'll be able to find specific information about your order on the website of the delivery service shown in your Rx Tracker.

To make sure you have your medicine in time, please request your refill at least **10 days** before you need it.

There are currently no issues with VA prescriptions delivered via USPS in any of the areas you reference.

See this USPS announcement: https://about.usps.com/newsroom/national-releases/2020/0818-postmaster-general-louis-dejoy-statement.htm

For further questions about USPS, we refer you to USPS.
###

From: Slack, Donovan (b)(6) @usatoday.com>
Sent: Wednesday, August 19, 2020 1:47 PM
To: Noel (Mandreucci), Christina (b)(6) @va.gov>
Subject: [EXTERNAL] RE: mail delivery

AMERICAN OVERSIGHT

Follow-up questions on this: DAV says VA said that average USPS delivery time increased slightly from 2.3 days in June of 2019 to 2.86 days in July, that it had detected "hotspots" of delays in Detroit and parts of New Jersey and New York. The VA switched to United Parcel Service airmail temporarily in those areas. The VA told DAV it also had problems with UPS delays in Arizona, where it switched to Fed-Ex for five weeks.

-what were the timeframes and dates for each of the hotspots and how long were the delays?
-what were the dates and timeframe for the Arizona delays?

Thanks,
Donovan

Donovan Slack
National Correspondent

USA TODAY

Mobile: 202.415.(b)(6)
(b)(6) @usatoday.com

usatoday.com

From: Noel (Mandreucci), Christina (b)(6) @va.gov>
Sent: Tuesday, August 18, 2020 1:34 PM
To: Slack, Donovan (b)(6) @usatoday.com>
Subject: RE: mail delivery

Hi Donovan,

Currently, VA prescriptions delivered via USPS orders are averaging less than three days delivery time, that's less than the 3-5 day delivery timeline outlined on the department's website.

VA always encourages Veterans to order routine prescriptions in advance. VA continually monitors prescription delivery times throughout the country and uses a variety of methods to ensure timely delivery, including in-person pharmacies, USPS, and commercial carriers.

See below from VA's website:

AMERICAN OVERSIGHT

How long will my prescriptions take to arrive, and when should I reorder?

Prescriptions usually arrive within 3 to 5 days. But you'll be able to find specific information about your order on the website of the delivery service shown in your Rx Tracker.

To make sure you have your medicine in time, please request your refill at least **10 days** before you need it.

For further questions about USPS, we refer you to USPS.

Thanks,

Christina Noel
Press Secretary
Department of Veterans Affairs
202-461(b)(6)
(b)(6)@va.gov
@christinamnoel_

From: Slack, Donovan <(b)(6)@usatoday.com>
Sent: Tuesday, August 18, 2020 12:49 PM
To: Noel (Mandreucci), Christina (b)(6)@va.gov>
Subject: [EXTERNAL] mail delivery

Hi Christina,
I am following up on DAV's statement about mail delays and impacts on VA prescriptions so wanted to check in and see if there is data on current delays and what VA is doing to mitigate them?
DAV said 90% of VA mail-order prescriptions are mailed through USPS and VA detected delays in Detroit, Arizona and parts of New York and New Jersey. Is there info on those and other delays? Is there complaint info about delayed receipt of medications? Or other VA mail?
I am trying to put something together in the next few hours so let me know what you think…
Thanks,
Donovan

Donovan Slack
National Correspondent
USA TODAY

AMERICAN OVERSIGHT

Mobile: 202.415.(b)(6)
(b)(6)@usatoday.com

usatoday.com

AMERICAN OVERSIGHT

From: Tucker, Brooks
Sent: Fri, 21 Aug 2020 10:17:17 +0000
To: Hutton, James;Cashour, Curtis
Subject: Fwd: 21 August Veterans Affairs Media Summary and News Clips
Attachments: 200821_Veterans Affairs Media Summary and News Clips.docx, 200821_Veterans Affairs Media Summary and News Clips.pdf

Article 4 refers to Claymore Vets Home in OK as the "Claymore VA". Do we need to ask for a correction?
Get Outlook for iOS
From: VA Media Analysis <(b)(6)@aptiveresources.com>
Sent: Friday, August 21, 2020 5:02:18 AM
To: VA Media Analysis <(b)(6)@aptiveresources.com>
Subject: [EXTERNAL] 21 August Veterans Affairs Media Summary and News Clips

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

If you wish to be added to the distribution list, please reply to (b)(6)@aptiveresources.com and we will direct your request to the appropriate person. Thank you.

VA Media Analysis

www.aptiveresources.com

aptive

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AMERICAN OVERSIGHT

1. Top Stories

Coronavirus / COVID-19

1 - FOX News: GOP Sen. Bill Cassidy tests positive for coronavirus (20 August, Megan Henney, 72.4M uvm; New York, NY)
Sen. Bill Cassidy, a Louisiana Republican, has tested positive for the coronavirus, his office said Thursday. The senator plans to adhere to guidelines from the Centers for Disease Control Prevention, including self-quarantining for the next 14 days and alerting people with whom he may have come into contact about the diagnosis, he said.

Hyperlink to Above

2 - CBS News: GOP Senator Bill Cassidy, a doctor, tests positive for COVID-19 (20 August, Kathryn Watson, 28.2M uvm; New York, NY)
Republican Senator Bill Cassidy has tested positive for COVID-19, according to a news release from his office. Cassidy, a 62-year-old medical doctor who represents Louisiana, was tested after he was notified Wednesday night that he was exposed to someone with the virus.

Hyperlink to Above

3 - The Federalist (RealClearPolitics): Why Is The Media Suppressing Information About Hydroxychloroquine's Effectiveness Against COVID? (20 August, Steven Hatfill, 3.6M uvm; Alexandria, VA)
On July 31, in a column ostensibly dealing with health care "misinformation," Washington Post media critic Margaret Sullivan opened by lambasting "fringe doctors spouting dangerous falsehoods about hydroxychloroquine as a COVID-19 wonder cure."

Hyperlink to Above

4 - KOTV (CBS-6, Video): Oklahoma VA: Third Of Claremore Facility Residents Have Contracted COVID-19 (20 August, Chinh Doan, 1M uvm; Tulsa, OK)
New data from the Oklahoma Department of Veterans Affairs shows about third of the residents at the Claremore VA have been infected with COVID-19. Of those infected, 36 people have died of suspected complications from the virus. The VA said employees who did not show symptoms and came to work likely led to the outbreak. Now, the state health department is loaning this center a rapid test machine to use on employees every day.

Hyperlink to Above

5 - The Daily Progress: VA sends assistance to Claremore Veterans Center (20 August, 35k uvm; Claremore, OK)
As COVID-19 cases spread throughout Oklahoma, the Eastern Oklahoma VA Health Care system (EOVAHCS) continues to monitor and adjust plans as needed to care for our nation's heroes. In addition, the health care system has taken on some additional roles in response to the pandemic.

Hyperlink to Above

AMERICAN OVERSIGHT

1.1 - The New York Times: U.S. Mail Delays Slow Delivery of Medicines (20 August, Reed Abelson, 118.5M uvm; New York, NY)
To many people who rely on the mail to deliver their prescriptions, the latest political skirmishing over the U.S. Postal Service doesn't really matter. They've been dealing with delays for weeks, and while some are not urgent, others are more worrisome.

Hyperlink to Above

1.2 - The Hill: VA problems raise worries about mail slowdown, prescriptions (20 August, Nathaniel Weixel, 33.4M uvm; Washington, DC)
Concern is growing among Democrats and advocacy groups that slowdowns in the mail could leave millions of people without access to needed medications. The Department of Veterans Affairs (VA), which fills about 80 percent of prescriptions by mail, has already reported problems, and has been forced to use alternative methods of shipping prescriptions in certain areas of the country.

Hyperlink to Above

1.3 - U.S. News & World Report (AP): Sixth Lawsuit Filed in Deaths at West Virginia VA Hospital (20 August, John Raby, 27.4M uvm; Washington, DC)
A sixth lawsuit has been filed involving the sudden deaths of patients at a West Virginia veterans hospital where a former nursing assistant admitted to intentionally killing seven people with fatal doses of insulin. A federal lawsuit was filed Wednesday in the July 2018 death of Russell R. Posey Sr. at the Louis A. Johnson VA Medical Center in Clarksburg.

Hyperlink to Above

1.4 - U.S. News & World Report (AP): Pandemic Pushes Expansion of 'Hospital-At-Home' Treatment (20 August, Linda A. Johnson, 27.4M uvm; Washington, DC)
As hospitals care for people with COVID-19 and try to keep others from catching the virus, more patients are opting to be treated where they feel safest: at home. Across the U.S., "hospital at home" programs are taking off amid the pandemic, thanks to communications technology, portable medical equipment and teams of doctors, nurses, X-ray techs and paramedics.

Hyperlink to Above

2. Improving Customer Service

2.1 - Popular Science: The Postal Service helps keep millions of Americans alive and well (20 August, Kat Eschner, 6.1M uvm; New York, NY)
After recent attempts by the federal government to defund the United States Postal Service and make cuts to things like mail sorting and delivery frequency, the country's medical associations and health researchers have spoken out to raise awareness of the public health importance of our national postal system.

Hyperlink to Above

AMERICAN OVERSIGHT

2.2 - Becker's Hospital Review: How USPS changes are affecting prescription deliveries: 5 updates (20 August, Maia Anderson, 1.4M uvm; Chicago, IL)
Since Postmaster General Louis DeJoy said in early August that he would make changes to the organizational structure of the United States Postal Service, concerns have grown that slowdowns in mail delivery are leaving some Americans without their prescriptions.

Hyperlink to Above

2.3 - The Buffalo News: Ex-federal employee pleads guilty to threatening another federal worker (20 August, Harold McNeil, 1.4M uvm; Buffalo, NY)
A former U.S. Department of Veterans Affairs employee has pleaded guilty before U.S. Magistrate Judge Michael J. Roemer to threatening a federal employee, according to the U.S. Attorney's Office.

Hyperlink to Above

2.4 - WHBQ (FOX-13): Telehealth services for vets ramped up during pandemic (20 August, Samantha Manning, 649k uvm; Memphis, TN)
More veterans are getting their health care services by video, phone, or through the click of a mouse during the pandemic. The U.S. Department of Veterans Affairs ramped up its telehealth services over the last several months. The VA said the number of vets using virtual care jumped more than 800 percent in just a matter of weeks during the pandemic and more than 11 million virtual prescription refill requests have been filled.

Hyperlink to Above

2.5 - WMAZ (CBS-13, Video): Carl Vinson VA Medical Center reactivating volunteer program (20 August, Wanya Reese, 631k uvm; Macon, GA)
The Carl Vinson VA Medical Center in Dublin is allowing some volunteers back into the building starting August 31st. In early March, the VA stop letting volunteers in the building to help limit the spread of COVID-19. A spokesperson with the VA says they are "gradually" and safely bringing in some volunteers back.

Hyperlink to Above

2.6 - WFXR (FOX-27, WBOY/NBC-12, Video): Another lawsuit filed in death of WWII veteran at Clarksburg VAMC (20 August, 250k uvm; Roanoke, VA)
Another lawsuit has been filed against the Louis A. Johnson Veterans Affairs Medical Center (VAMC) in Clarksburg regarding the death of a patient. The law firm of Tiano O'Dell says they've filed the suit on behalf of Russell Posey, II and Kristina Hinzman, the son and daughter of 92-year-old Ret. Chief Petty Officer Russell R. Posey, Sr., a World War II veteran.

Hyperlink to Above

2.7 - Spectrum News 1 (Video): Photographer Shares Emotional Pictures Taken at Milwaukee VA Medical Center (20 August, Megan Carpenter, 14k uvm; Milwaukee, WI)
Benjamin Slane has been working in public affairs for the Milwaukee VA Medical Center for six years. Part of his job is to tell stories through pictures and video. The journalism major is good at it. "Everyone has a story," he said. "At the VA, we're in a unique position where we have 70,000 stories to tell and they're all good stories."

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Hyperlink to Above

3. **Business Transformation**

4. **DOD Cooperation / Electronic Health Records / MISSION Act Implementation**

5. **Suicide Prevention**

5.1 - inewsource: **Kiaya Bender: 'Things just felt meaningless'** (20 August, Zoe Meyers, San Diego, CA)
Kiaya Bender is one of the dozens of veterans who the San Diego VA sent to Kadima Neuropsychiatry Institute in La Jolla to receive ketamine treatments for depression. For Bender and others, the treatments have been "life-saving." In October, the VA notified staff at Kadima that it would no longer authorize ketamine treatments outside of the VA Medical Center, sending a ripple of fear through Kadima's office and its patients.

Hyperlink to Above

6. **Women Veterans / Homelessness / Benefits / Cemeteries**

6.1 - The Washington Times: **Georgia man sentenced after falsely claiming PTSD for VA benefits** (20 August, Mike Glenn, 6.3M uvm; Washington, DC)
A Georgia man received $76,000 in benefits from the government after saying he had witnessed horrible atrocities during a six-month combat deployment to Afghanistan in 2008-2009. Gregg Ramsdell, 61, told the U.S. Department of Veterans Affairs he had seen explosions that ripped apart the bodies of U.S. military personnel; the executions of men, women and children and women who detonated themselves while holding babies.

Hyperlink to Above

6.2 - Military Times: **Advocates warn GI Bill students of shady college recruiting amid coronavirus pandemic** (20 August, Leo Shane III, 2.3M uvm; Vienna, VA)
Veterans education advocates are cautioning students to be wary of schools capitalizing on pandemic uncertainty to pitch new and sometimes questionable education opportunities. A new report released Wednesday from Veterans Education Success found a significant increase in college advertising related to the coronavirus pandemic, encouraging students to reconsider their short-term learning plans given many school's decisions to shift to online-only classes.

Hyperlink to Above

6.3 - Stars and Stripes: **Advocates begin 'final push' to get benefits for Vietnam War veterans** (20 August, Nikki Wentling, 1.7M uvm; Washington, DC)
National veterans organizations launched a "final push" Thursday for Congress to grant Department of Veterans Affairs benefits to tens of thousands of Vietnam War veterans believed to be suffering the effects of Agent Orange.

Hyperlink to Above

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6.4 - KGTV (ABC-10, CNS): Plans for Miramar Cemetery amphitheater revealed (20 August, 1.1M uvm; San Diego, CA)
The Miramar National Cemetery Support Foundation launched a project Thursday to build an Armed Forces Memorial Amphitheater with permanent seating in the cemetery's assembly area. The foundation, which sponsors the Avenue of Flags as well as the Veterans Tribute Tower & Carillon and the annual veterans' services at the cemetery, is working with cemetery leadership and the VA's National Cemetery Administration on the design of the amphitheater.

Hyperlink to Above

6.5 - Florida Today (Video): Brevard Habitat for Humanity gives new homes to homeless female veterans (20 August, Bailey Gallion, 769k uvm; Melbourne, FL)
Veteran Lisa Stinson received keys to her new home Thursday. As she, community members and Habitat for Humanity volunteers placed their hands on the house to silently bless it, she held her daughter close and cried.

Hyperlink to Above

6.6 - Inman: VA loan activity swells during coronavirus pandemic (20 August, Jim Dalrymple II, 449k uvm; Emeryville, CA)
The number of Americans applying for home loans through the U.S. Department of Veterans Affairs (VA) has skyrocketed during the coronavirus, according to new data from the agency, adding more evidence that real estate has had an unprecedented run of late.

Hyperlink to Above

6.7 - WDTN (ABC-2, Video): Dayton VA delivers free groceries to nearly 250 veterans in need (20 August, Caroline Morse, 347k uvm; Moraine, OH)
Nearly 250 veterans drove through the Dayton VA Thursday morning with a special mission in mind. "We just started going to the VA pantry and it helps because paying the bills and everything, getting what food you can get, really does help," said Navy Veteran Bob Barkelay.

Hyperlink to Above

6.8 - U.S. Medicine: Maher Seeks to Convince Women Veterans That VA Can Meet Their Needs (10 August, Stephen Spotswood, Lambertville, NJ)
Currently, women make up 10% of U.S. veterans, and that percentage grows higher with each new generation of veterans. Yet, there has historically been in enrollment between men and women in VA services, and it has become more apparent as the number of women veterans grows.

Hyperlink to Above

7. Other

7.1 - The Washington Post: Senate Democrats investigating whether USPS changes held up prescription drug deliveries (20 August, Tony Romm, 84.9M uvm; Washington, DC)
Two top Senate Democrats are opening their own investigation of the U.S. Postal Service, aiming to explore whether changes to mail processing and delivery have prevented seniors, veterans and other patients from receiving their prescription drugs on time.

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Hyperlink to Above

7.2 - USA Today: Empty mailboxes, missed rent: US Postal Service's struggles have real-world impacts (20 August, Joel Shannon, Donovan Slack, and Kevin McCoy, 74.5M uvm; McLean, VA)
Empty mailboxes, uncounted ballots, late medication, missed rent payments – those are among the real-world impacts of the struggles of the U.S. Postal Service. Many of those issues, documented this summer across the USA TODAY Network, predate the feverish debate about whether mail is delayed by the Postal Service's efforts to cut overtime, remove mail processing equipment and even move blue collection boxes.

Hyperlink to Above

7.3 - NPR: Why Rural America Is Fighting The Trump Administration On The Post Office (20 August, Kirk Siegler, 45.3M uvm; Washington, DC)
Todd Troyer retired as an ironworker in Milwaukee and moved to rural Wisconsin 15 years ago. The Vietnam veteran has diabetes and heart conditions and gets his prescriptions and insulin through the mail. When his supply runs low, Troyer, 69, phones in an order to the pharmacy at the nearest VA hospital, in Madison more than an hour's drive away. He depends on the mail especially now during the pandemic, as cases in his region are continuing to rise.

Hyperlink to Above

7.4 - U.S. News & World Report (AP): Massachusetts Man Pleads Guilty to Defrauding VA Facilities (20 August, 27.4M uvm; Washington, DC)
A Massachusetts man contracted by several U.S. Department of Veterans Affairs facilities to inspect medical gas systems pleaded guilty Thursday to billing for inspections that neither he nor his company performed, federal prosecutors said. Chester Wojcik, 49, of Agawam, went so far as to create false invoices and reports for inspections that never took place, according to the U.S. attorney's office in Boston.

Hyperlink to Above

7.5 - WGHP (FOX-8, Video): One of America's oldest WWII veterans wants to meet you (20 August, Ronnie Das, 1.7M uvm; High Point, NC)
At 101-years-young, Sidney Walton is still a man on a mission. Sidney joined the Army at 21 to fight Hitler nine months before Pearl Harbor, according to the "Go Sidney Go" website. He missed a chance when he was young to meet Civil War veterans, an opportunity he regrets, but now he wants to give all Americans an opportunity to meet a WWII vet before it's too late.

Hyperlink to Above

AMERICAN OVERSIGHT

Back to Top

1. **Top Stories**

Coronavirus / COVID-19

1 - FOX News: **GOP Sen. Bill Cassidy tests positive for coronavirus** (20 August, Megan Henney, 72.4M uvm; New York, NY)

Sen. Bill Cassidy, a Louisiana Republican, has tested positive for the coronavirus, his office said Thursday.

The senator plans to adhere to guidelines from the Centers for Disease Control Prevention, including self-quarantining for the next 14 days and alerting people with whom he may have come into contact about the diagnosis, he said.

Cassidy, 62, was tested for COVID-19 after he was informed on Wednesday that he had been exposed to an individual with the virus.

"I am strictly following the direction of our medical experts and strongly encourage others to do the same," Cassidy said in a statement.

The Senate is on recess and is not slated to return to Washington until Sept. 8.

On Wednesday, the same day he was alerted of his potential exposure to the virus, Cassidy was visiting a veterans hospital in Shreveport, Louisiana, according to his Twitter.

Cassidy is the latest congressional lawmaker to test positive for the virus and the second U.S. senator.

So far, at least 11 members of Congress have been infected with COVID-19, according to data compiled by GovTrack.us, an organization monitoring lawmakers and their voting records.

That includes Reps. Louie Gohmert, R-Texas; Mike Kelly, R-Penn.; Mario Diaz Balart, R-Fla.; Morgan Griffith, R-Va., and Ben McAdams, D-Utah.

In late March, Kentucky Sen. Rand Paul, a Republican, became the first senator to announce that he had tested positive for the coronavirus.

A medical doctor, Cassidy was elected to the Senate in 2014.

Back to Top

2 - CBS News: **GOP Senator Bill Cassidy, a doctor, tests positive for COVID-19** (20 August, Kathryn Watson, 28.2M uvm; New York, NY)

Republican Senator Bill Cassidy has tested positive for COVID-19, according to a news release from his office. Cassidy, a 62-year-old medical doctor who represents Louisiana, was tested after he was notified Wednesday night that he was exposed to someone with the virus.

AMERICAN OVERSIGHT

According to his office, the Louisiana senator contacted his doctor and is sticking to Centers for Disease Control (CDC) recommendations, including quarantining for 14 days and telling people he's interacted with recently.

"I am strictly following the direction of our medical experts and strongly encourage others to do the same," Cassidy said.

Cassidy's office did not say whether he has any symptoms at this time.

According to his Twitter feed, Cassidy visited Overton Brooks VA Medical Center in Shreveport, Louisiana, this week to discuss veteran suicide. A video posted to his Twitter showed him wearing a face covering, although it slipped below his nose as he spoke alongside someone.

"Had a great visit and discussion at the Overton Brooks VA Medical Center in Shreveport regarding veterans' suicide. I'm impressed by the outreach by Mr. Richard Crockett and his staff to support veterans as they reenter civilian life after proudly serving our nation," Cassidy tweeted.

Cassidy also promoted in-person voting in a video he posted to his Twitter account Wednesday.

"If you can go to the grocery store safely and practice social distancing, then you can safely go to the voting booth. We shouldn't federalize elections like Democrats are attempting to do by making mail-in voting mandatory. Let state & local govts decide their voting procedures," he tweeted.

Senator Rand Paul, Republican of Kentucky, contracted COVID-19 earlier this year, and Senators Tim Kaine, of Virginia, and Bob Casey, of Pennsylvania, both Democrats, have tested positive for antibodies.

Back to Top

3 - The Federalist (RealClearPolitics): Why Is The Media Suppressing Information About Hydroxychloroquine's Effectiveness Against COVID? (20 August, Steven Hatfill, 3.6M uvm; Alexandria, VA)

On July 31, in a column ostensibly dealing with health care "misinformation," Washington Post media critic Margaret Sullivan opened by lambasting "fringe doctors spouting dangerous falsehoods about hydroxychloroquine as a COVID-19 wonder cure."

Actually, it was Sullivan who was spouting dangerous falsehoods about this drug, something the Washington Post and much of the rest of the media have been doing for months. On May 15, the Post offered a stark warning to any Americans who may have taken hope in a possible therapy for COVID-19. In the newspaper's telling, there was nothing unambiguous about the science — or the politics — of hydroxychloroquine: "Drug promoted by Trump as coronavirus game-changer increasingly linked to deaths," blared the headline.

Written by three Post staff writers, the story asserted that the effectiveness of hydroxychloroquine in treating COVID-19 is scant and that the drug is inherently unsafe. This claim is nonsense.

AMERICAN OVERSIGHT

The Media's Silence on Hydroxychloroquine
Biased against the use of hydroxychloroquine for COVID-19 — and the Washington Post is hardly alone — the paper described an April 21, 2020, drug study on U.S. Veterans Affairs patients hospitalized with the illness. It found a high death rate in patients taking the drug hydroxychloroquine.

But this was a flawed study with a small sample, the main flaw being that the drug was given to the sickest patients who were already dying because of their age and severe pre-existing conditions. This study was quickly debunked. It had been posted on a non-peer-reviewed medical archive that specifically warns that studies posted on its website should not be reported in the media as established information.

Yet the Post and countless other news outlets did just the opposite, making repeated claims that hydroxychloroquine was ineffective and caused serious cardiac problems. Nowhere was there any mention of the fact that COVID-19 damages the heart during infection, sometimes causing irregular and sometimes fatal heart rhythms in patients not taking the drug.

To a media unrelentingly hostile to Donald Trump, this meant that the president could be portrayed as recklessly promoting the use of a "dangerous" drug. Ignoring the refutation of the VA study in its May 15 article, the Washington Post cited a Brazil study published on April 24 in which a COVID trial using chloroquine (a related but different drug than hydroxychloroquine) was stopped because 11 patients treated with it died. The reporters never mentioned another problem with that study: The Brazilian doctors were giving their patients lethal cumulative doses of the drug.

On and on it has gone since then, in a circle of self-reinforcing commentary. Following the news that Trump was taking the drug himself, opinion hosts on cable news channels launched continual attacks on both hydroxychloroquine and the president. "This will kill you!" Fox News Channel's Neil Cavuto exclaimed. "The president of the United States just acknowledged that he is taking hydroxychloroquine, a drug that [was] meant really to treat malaria and lupus."

Washington Post reporters Ariana Cha and Laurie McGinley were back again on May 22, with a new article shouting out the new supposed news: "Antimalarial drug touted by President Trump is linked to increased risk of death in coronavirus patients, study says." The media uproar this time was based on a large study just published in The Lancet. There was just one problem. The Lancet paper was fraudulent and it was quickly retracted.

However, the damage from the biased media storm was done and it was long-lasting. Continuing patient enrollment needed for early-use clinical trials of hydroxychloroquine dried up within a week. Patients were afraid to take the drug, doctors became afraid to prescribe it, pharmacies refused to fill prescriptions, and in a rush of incompetent analysis and non-existent senior leadership, the FDA revoked its Emergency Use Authorization for the drug.

So what is the real story on hydroxychloroquine? Here, briefly, is what we know.

When the COVID-19 pandemic began, a search was made for suitable antiviral therapies to use as treatment until a vaccine could be produced. One drug, hydroxychloroquine, was found to be the most effective and safe for use against the virus.

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Federal funds were used for clinical trials of it, but there was no guidance from Dr. Anthony Fauci or the NIH Treatment Guidelines Panel on what role the drug would play in the national pandemic response. Fauci seemed to be unaware that there actually was a national pandemic plan for respiratory viruses.

Timing Appears to be Important

Following a careful regimen developed by doctors in France, some knowledgeable practicing U.S. physicians began prescribing hydroxychloroquine to patients still in the early phase of COVID infection. Its effects seemed dramatic. Patients still became sick, but for the most part, they avoided hospitalization.

In contrast — and in error — the NIH-funded studies somehow became focused on giving hydroxychloroquine to late-presenting hospitalized patients. This was in spite of the fact that unlike the drug's early use in ambulatory patients, there was no real data to support the drug's use in more severe hospitalized patients.

By April, it was clear that roughly seven days from the time of the first onset of symptoms, a COVID-19 infection could sometimes progress into a more radical late phase of severe disease with inflammation of the blood vessels in the body and immune system over-reactions. Many patients developed blood clots in their lungs and needed mechanical ventilation. Some needed kidney dialysis. In light of this pathological carnage, no antiviral drug could be expected to show much of an effect during this severe second stage of COVID.

On April 6, 2020, an international team of medical experts published an extensive study of hydroxychloroquine in more than 130,000 patients with connective tissue disorders. They reaffirmed that hydroxychloroquine was a safe drug with no serious side effects. The drug could safely be given to pregnant women and breastfeeding mothers.

Consequently, countries such as China, Turkey, South Korea, India, Morocco, Algeria, and others began to use hydroxychloroquine widely and early in their national pandemic response. Doctors overseas were safely prescribing the drug based on clinical signs and symptoms because widespread testing was not available.

However, the NIH promoted a much different strategy for the United States. The "Fauci Strategy" was to keep early infected patients quarantined at home without treatment until they developed shortness of breath and had to be admitted to a hospital. Then they would be given hydroxychloroquine. The Food and Drug Administration cluelessly agreed to this doctrine and it stated in its hydroxychloroquine Emergency Use Authorization (EUA) that "hospitalized patients were likely to have a greater prospect of benefit (compared to ambulatory patients with mild illness)."

In reality, just the opposite was true. This was a tragic mistake by Fauci and FDA Commissioner Dr. Stephen Hahn and it was a mistake that would cost the lives of thousands of Americans in the days to come.

At the same time, accumulating data showed remarkable results if hydroxychloroquine were given to patients early, during a seven-day window from the time of first symptom onset. If given during this window, most infections did not progress into the severe, lethal second stage of the disease. Patients still got sick, but they avoided hospitalization or the later transfer to an intensive care unit.

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In mid-April, a high-level memo was sent to the FDA alerting them to the fact that the best use for hydroxychloroquine was for its early use in still ambulatory COVID patients. These patients were quarantined at home but were not short of breath and did not yet require supplemental oxygen and hospitalization.

The Complexities of COVID-19

Failing to understand that COVID-19 could be a two-stage disease process, the FDA ignored the memo and, as previously mentioned, it withdrew its EUA for hydroxychloroquine based on flawed studies and clinical trials that were applicable only to late-stage COVID patients.

By now, however, some countries had already implemented early, aggressive, outpatient community treatment with hydroxychloroquine and within weeks were able to minimize their COVID deaths and bring their national pandemic under some degree of control.

In countries such as Great Britain and the United States, where the “Fauci-Hahn Strategy” was followed, there was a much higher death rate and an ever-increasing number of cases. COVID patients in the United States would continue to be quarantined at home and left untreated until they developed shortness of breath. Then they would be admitted to the hospital and given hydroxychloroquine outside the narrow window for the drug’s maximum effectiveness.

In further contrast, countries that started out with the “Fauci-Hahn Doctrine” and then later shifted their policy towards aggressive outpatient hydroxychloroquine use, after a brief lag period also saw a stunning rapid reduction in COVID mortality and hospital admissions.

Finally, several nations that had started using an aggressive early-use outpatient policy for hydroxychloroquine, including France and Switzerland, stopped this practice when the WHO temporarily withdrew its support for the drug. Five days after the publication of the fake Lancet study and the resulting media onslaught, Swiss politicians banned hydroxychloroquine use in the country from May 27 until June 11, when it was quickly reinstated.

The consequences of suddenly stopping hydroxychloroquine can be seen by examining a graph of the Case Fatality Ratio Index (nrCFR) for Switzerland. This is derived by dividing the number of daily new COVID fatalities by the new cases resolved over a period with a seven-day moving average. Looking at the evolution curve of the CFR it can be seen that during the weeks preceding the ban on hydroxychloroquine, the nrCFR index fluctuated between 3 percent and 5 percent.

Following a lag of 13 days after stopping outpatient hydroxychloroquine use, the country’s COVID-19 deaths increased four-fold and the nrCFR index stayed elevated at the highest level it had been since early in the COVID pandemic, oscillating at over 10 percent to 15 percent. Early outpatient hydroxychloroquine was restarted June 11 but the four-fold “wave of excess lethality” lasted until June 22, after which the nrCFR rapidly returned to its background value.

Ignoring the Data

Here in our country, Fauci continued to ignore the ever-accumulating and remarkable early-use data on hydroxychloroquine and he became focused on a new antiviral compound named remdesivir. This was an experimental drug that had to be given intravenously every day for five days. It was never suitable for major widespread outpatient or at-home use as part of a national pandemic plan. We now know that remdesivir has no effect on overall COVID patient mortality and it costs thousands of dollars per patient.

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Hydroxychloroquine, by contrast, costs 60 cents a tablet, it can be taken at home, it fits in with the national pandemic plan for respiratory viruses, and a course of therapy simply requires swallowing three tablets in the first 24 hours followed by one tablet every 12 hours for five days.

There are now 53 studies that show positive results of hydroxychloroquine in COVID infections. There are 14 global studies that show neutral or negative results — and 10 of them were of patients in very late stages of COVID-19, where no antiviral drug can be expected to have much effect. Of the remaining four studies, two come from the same University of Minnesota author. The other two are from the faulty Brazil paper, which should be retracted, and the fake Lancet paper, which was.

Millions of people are taking or have taken hydroxychloroquine in nations that have managed to get their national pandemic under some degree of control. Two recent, large, early-use clinical trials have been conducted by the Henry Ford Health System and at Mount Sinai showing a 51 percent and 47 percent lower mortality, respectively, in hospitalized patients given hydroxychloroquine.

A recent study from Spain published on July 29, two days before Margaret Sullivan's strafing of "fringe doctors," shows a 66 percent reduction in COVID mortality in patients taking hydroxychloroquine. No serious side effects were reported in these studies and no epidemic of heartbeat abnormalities.

This is ground-shaking news. Why is it not being widely reported? Why is the American media trying to run the U.S. pandemic response with misinformation?

Steven Hatfill is a veteran virologist who helped establish the Rapid Hemorrhagic Fever Response Teams for the National Medical Disaster Unit in Kenya, Africa. He is an adjunct assistant professor in two departments at the George Washington University Medical Center where he teaches mass casualty medicine. He is the principal author of the prophetic book "Three Seconds Until Midnight — Preparing for the Next Pandemic," published by Amazon in 2019.

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4 - KOTV (CBS-6, Video): Oklahoma VA: Third Of Claremore Facility Residents Have Contracted COVID-19 (20 August, Chinh Doan, 1M uvm; Tulsa, OK)

CLAREMORE, Okla. - New data from the Oklahoma Department of Veterans Affairs shows about third of the residents at the Claremore VA have been infected with COVID-19.
Of those infected, 36 people have died of suspected complications from the virus.

The VA said employees who did not show symptoms and came to work likely led to the outbreak. Now, the state health department is loaning this center a rapid test machine to use on employees every day.

Oklahoma's largest veterans center is in Claremore. Since July 1, 129 residents have tested positive for COVID-19 and of those, 36 have died and 11 have recovered. 61 employees have also tested positive and 33 of those have recovered.

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Joel Kintsel, executive director of the Oklahoma Department of Veteran's Affairs, said the center is making changes to stop the spread.

"One bit of good news is that over last six days, we've only had one new positive resident so it does appear that this is slowing down," Kintsel said.

Kintsel said the federal VA helped move infected residents to the V-A hospitals in Oklahoma City and Muskogee.

Residents without symptoms and those with mild symptoms stayed at the Claremore Center in the recently-installed negative pressure area.

"I know this has been a tremendously difficult and challenging times for our veterans and for their family members and we appreciate their understanding, their patience as we work through this difficult time," Kintsel said.

The President of Oklahoma State Medical Association, Dr. George Monks said the outbreak is a prime example of the need for a statewide mask mandate.

"As a former soldier myself, I know the sacrifice these veterans have made for their country and for our freedom," Monks said. "As a state we have to work harder to guard not only the veterans but also the people taking care of them."

Data from the other six veterans centers in Oklahoma show no COVID-19 related deaths. The other centers combined have 8 positive tests from residents and 22 from employees.

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5 - The Daily Progress: **VA sends assistance to Claremore Veterans Center** (20 August, 35k uvm; Claremore, OK)

As COVID-19 cases spread throughout Oklahoma, the Eastern Oklahoma VA Health Care system (EOVAHCS) continues to monitor and adjust plans as needed to care for our nation's heroes. In addition, the health care system has taken on some additional roles in response to the pandemic.

In July, the Claremore State Veterans Center began to see a spike in COVID-19 cases for both Veterans and staff. Due to the surge, EOVAHCS Engineering staff converted the third floor of the facility to a negative pressure COVID-only ward.

Rising COVID-positive cases then prompted the need for both Eastern Oklahoma and Oklahoma City VA Health Care Systems to provide hospitalized care for Veterans from the Claremore facility in order to prevent further spread.

Recently, due to many Claremore staff being unable to work because they either tested positive or were awaiting results, EOVAHCS deployed over 30 employees from various services to assist in providing a safe environment for Veterans.

"I am so proud of our employees who volunteered to serve alongside the Claremore State Veterans Center staff to meet the healthcare needs of our most vulnerable Veterans," said Mark

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Morgan, director, EOVAHCS. "My team brings a higher level of nursing care than is required in a nursing home setting but, in this situation, it is warranted as our Veterans need more attention while they combat the COVID-19 virus."

The teams deployed are providing around the clock care for Veterans on the COVID-19 ward for up to four weeks or until the facility's staffing situation improves. EOVAHCS staff also tested more than 40 Claremore employees to help clear those who could return to work.

Ross Foote, chief of Inpatient Nursing at EOVAHCS, is one of the employees currently working at the State Home and says they are proud to be able to serve Veterans anywhere they can.

"The Veterans are appreciative of us being here for them to help provide care," said Foote. "Most of them came from Muskogee so they already know a lot of us. Claremore Vet Center staff have also been grateful for the assistance. They are going through a crisis and recognize we are here to help."

The partnership with the Claremore State Veterans Center represents VA's "Fourth Mission," which takes measures to assist local communities during a national emergency by developing plans and taking actions to ensure continued service to Veterans.

"Working alongside Claremore staff, our nurses, along with staff from Engineering and Environmental Management Service, are able to share best practices in the care and treatment of COVID-19 patients before they need hospital-level care." said Morgan. "This has given us the opportunity to demonstrate to the entire country how caring for Veterans is truly a community-wide team effort."

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1.1 - The New York Times: U.S. Mail Delays Slow Delivery of Medicines (20 August, Reed Abelson, 118.5M uvm; New York, NY)

To many people who rely on the mail to deliver their prescriptions, the latest political skirmishing over the U.S. Postal Service doesn't really matter. They've been dealing with delays for weeks, and while some are not urgent, others are more worrisome.

Dr. Toula Milios Guilfoyle, a retired physician in Jefferson, N.H., is among those who say their mail-order prescriptions have become dangerously late. Dr. Guilfoyle, who is 62 and disabled, needs antibiotics for a chronic infection. While her prescriptions from the Dartmouth-Hitchcock Medical Center usually arrive a few days after they are sent, last month she had to wait two weeks to receive them, and subsequent prescriptions have also been delayed.

Without the antibiotics she needed, her infection spread. "I got worse and worse," she said.

She initially thought the first delay was "a fluke," but her prescriptions have been late two more times. "Everything has slowed down," Dr. Guilfoyle said. She worries that the reports of the removal of mailboxes and postal equipment that have already taken place will continue to make the delivery of mail sluggish.

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Most of the criticism over the cost-cutting actions taken by Postmaster General Louis DeJoy, a major donor to President Trump, has focused on whether the measures could jeopardize mail-in voting for the upcoming election. But there is increasing recognition of the effect the cutbacks would have on consumers who receive their medicines via the mail.

Nearly one in five Americans said they received medications through the mail last week, according to an Axios-Ipsos poll released Aug. 18. Of those, a quarter said they experienced some delay or lack of delivery.

Although only 5 percent of the nation's retail prescriptions were delivered to consumers by mail last year, the Postal Service handled perhaps half of the volume, some 100 million prescriptions, by one estimate.

But use of mail order for prescriptions rose by 20 percent when the U.S. outbreaks spread in March, compared with the previous year, as people stockpiled medications during lockdown.

In addition, many of the drugs shipped are critical medicines for people with chronic conditions like diabetes or high blood pressure.

"It's just unacceptable for the Senate to be in recess while prescriptions continue to sit in sorting facilities," said Senator Jeanne Shaheen, a New Hampshire Democrat and one of the lawmakers Dr. Guilfoyle contacted. "More than 3,000 constituents have contacted my office recently about Postal Service delays, and they can't afford to have the Trump administration playing politics with their mail and their medications."

Doctors and pharmacists also expressed their apprehension about patients not getting their prescriptions in a timely manner, especially when many are advised to stay at home during the coronavirus pandemic.

"Any disruption in the U.S. mail is of concern," said Dr. Jacqueline Fincher, the president of the American College of Physicians, which represents internists. "Patients are being put at risk for no good reason, it would seem," she said.

Missed doses could cause adverse health issues.

"If they go without for several days, the concern is always 'Are you going to have a bad outcome?'" said Dr. Fincher, who warned patients might need to go to the hospital if their conditions significantly worsened. "This is not the time you want to be in the hospital for one of your chronic conditions that is out of whack."

Even though Mr. DeJoy announced earlier this week that he would suspend some of the changes, Senator Gary Peters, a Michigan Democrat, plans to hold an oversight hearing on Friday to question the postmaster general.

"It's clear that the policies directed by Postmaster General DeJoy have hurt people who use the Postal Service as a lifeline for everyday needs, including Michigan seniors and veterans and people in rural communities who rely on live-saving prescriptions they receive in the mail," Mr. Peters said.

House Democrats are also scheduling a vote on Saturday on legislation that would revoke changes Mr. DeJoy has already made, and include $25 billion in funding for the agency.

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Veterans have been particularly affected by mail delays because the Department of Veterans Affairs relies on the Postal Service for delivery. Jan Stowe, 74, of Traverse City, Mich., said that in July, for the first time, she did not get her prescription before she ran out of the Valium she takes for chronic muscle spasms. She suffered acute pain for four days, she said. “This medicine is to me lifesaving because it keeps me upright and mobile,” Ms. Stowe said.

Exactly how many people are being affected is unclear. The major pharmacy benefit managers, including CVS Health, Express Scripts and OptumRx, will only say they are closely watching the situation.

Some pharmacies say they are seeing some delays, like AllianceRX Walgreens Prime, which is operated by Walgreens, the drugstore chain, and Prime Therapeutics, a pharmacy benefit manager. Delays of three or more days have been reported, although the partnership said their customers were not suffering from any disruption in treatment.

“There has now been a noticeable difference,” said Dr. Jessica Nouhavandi, a pharmacist and a founder of an online pharmacy, Honeybee Health, which says it has 50,000 customers. While there are competing services like UPS or FedEx, the Postal Service “is by far the most cost-effective option for our patients,” she said, and other shipping companies depend on the U.S. mail service for the last leg of a delivery.

Honeybee’s rate of lost packages rose to about 5 percent in July from an average of less than 1 percent in February, Dr. Nouhavandi said. Prescription packages shipped via first-class mail took an average of 11 days, compared with just four or five before.

“Once it leaves our facility, it really is out of our control,” she said. The pharmacy is considering recommending that patients pay more for two-day delivery to ensure they get their medications on time.

While the number of patients relying on their mail “is not trivial,” a vast majority of patients are likely to be unaffected because they get their prescriptions through retail pharmacies, said Adam Fein, the chief executive of the Drug Channels Institute, which analyzes the distribution of medicines. He calculates that of the 5 percent of prescriptions in 2019 that were delivered by mail, 55 percent used the U.S. mail because the type of medicine did not need special handling.

Although some patients turned to mail order because of the pandemic and the concern about leaving their home to go to a pharmacy, Mr. Fein said these delays were not likely to have a widespread effect on patients because most health plans allow people to refill a prescription early or go to a pharmacy if they run out. “There’s really very little likelihood that people would not get access to prescriptions,” he said.

The Medicare Rights Center, a consumer group, suggests people who switch should still try to reduce their risk of exposure to the virus by choosing a retail pharmacy that offers home delivery or curbside pickup. It also recommends people check their health plan to make sure they have the option of a retail pharmacy and to see how much their medications will cost if they make the change.

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And not everyone has easy access to a pharmacy, said Dr. Scott J. Knoer, a pharmacist who is the chief executive of the American Pharmacists Association. Many urban and rural areas have "pharmacy deserts," he said, where residents do not live near a drugstore.

All of this makes patients and their families anxious, said Laura Hatcher, the director of communications for the Little Lobbyists, a group representing children with complex medical needs. "We're just starting to see people have real issues with the mail," she said.

Many of the medications these children need may not be available at the local drugstore, because they are a controlled substance or must be individually compounded. If there are delays at the Postal Service "then it will be an enormous problem," Ms. Hatcher said.

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1.2 - The Hill: **VA problems raise worries about mail slowdown, prescriptions** (20 August, Nathaniel Weixel, 33.4M uvm; Washington, DC)

Concern is growing among Democrats and advocacy groups that slowdowns in the mail could leave millions of people without access to needed medications.

The Department of Veterans Affairs (VA), which fills about 80 percent of prescriptions by mail, has already reported problems, and has been forced to use alternative methods of shipping prescriptions in certain areas of the country.

While only about 5 percent of all prescription drugs are delivered in the mail, pharmacies and pharmacy benefit managers are increasingly using the mail to fill prescriptions for the most expensive drugs.

The coronavirus pandemic has likely increased those numbers, as people opt for a safer option than visiting pharmacies in person.

The Postal Service is a critical part of the pharmacy distribution system, and a delivery delay could be catastrophic for patients.

"My patients who rely on their insulin, or their inhalers, or any other type of medication can't wait weeks to see whether or not their prescription will be delivered," Jacqueline Fincher, president of the American College of Physicians, said in a statement.

"Any prescription medication can only be as effective as a patient's ability to access it. We need to ensure that patients can continue to rely on the U.S. Postal Service to receive their critical medications," Fincher said.

Democrats are using that concern to hammer the Trump administration's handling of the Postal Service.

"Now [Trump] is putting the lives of Nevada's seniors at risk by trying to defund the post office," Sen. Catherine Cortez Masto (D-Nev.) said in her Democratic National Convention address Monday. "Here's what that means: They won't be able to get their prescriptions, because he wants to win an election."

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In the House, the Energy and Commerce Committee this week launched an investigation into how the Postal Service's organizational and operational changes are impacting the delivery of prescription drugs.

According to the committee, 1.2 billion prescriptions were delivered through the Postal Service in 2019.

While there are anecdotal stories of people's medication being delayed, major pharmacies and pharmacy groups said they have not yet been impacted.

A Rite Aid spokesman said the company "uses multiple vendor delivery partners and we are not experiencing delays."

An ExpressScripts spokeswoman also said the company was "not currently experiencing any unusual delays in deliveries."

A CVS spokesman said the company is "closely monitoring the current situation," and will "continue to do everything in our power to ensure deliveries are made on time."

OptumRx, which primarily uses the Postal Service to fill its 500 million mail-order prescriptions a year, said it will "make adjustments as needed."

B. Douglas Hoey, CEO of the National Community Pharmacists Association, said community pharmacies have not seen any recent increases in people coming into the pharmacies for emergency prescriptions due to a delayed mail order.

"There has not been an avalanche of complaints ... over the last month or so," Hoey said.

Hoey said mail order prescriptions have been unpredictable since before the post office said they were going to be making changes.

"At this point it probably is more of a political issue," he said.

Concerns over postal delays stem from changes instituted by Postmaster General Louis DeJoy, a longtime supporter and fundraiser for President Trump, who took over the role in June.

DeJoy reversed course Tuesday, saying that all changes being made to the Postal Service would be paused until after the Nov.3 election.

However, Speaker Nancy Pelosi (D-Calif.) on Wednesday said DeJoy does not intend to roll back any of the changes he has already instituted.

Trump said he would block emergency funding to the financially gutted agency, while acknowledging that it needs the money in order to function properly.

While the changes may impact the delivery of ballots in November, it is already taking a toll on veterans. According to the group Disabled American Veterans, medications from the VA have been delayed by an average of 25 percent over the past year.

In an email to the organization reviewed by The Hill, VA officials said they detected "hot spots" with delivery delays in Detroit as well as parts of New York and New Jersey, and "proactively

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converted from USPS to United Parcel Service (UPS) 2nd day air for those areas until service levels could be returned."

The agency said it also identified a delivery service issue with UPS in the Arizona area and converted to FedEx for roughly five weeks until service levels were restored with UPS.

"It is simply unacceptable that America's veterans, particularly those who were injured or made ill in defense of this country, should face the prospect of not receiving necessary medications in a timely manner considering such delays can be the difference between health and sickness, or even worse," Disabled American Veterans National Commander Stephen Whitehead said in a statement.

VA spokesperson Christina Noel said the agency "has always used a variety of prescription delivery methods to ensure timely delivery, including in-person pharmacies, USPS, and commercial carriers."

Prescriptions delivered through the Postal Service "are averaging less than three days delivery time," Noel said. The VA website offers assurances that prescriptions typically arrive within three to five days.

But Whitehead said the concern was about more than just prescriptions.

"Millions of veterans also rely on the post office to deliver claims decisions, hearing notifications and other critical messages from the VA, all of which must be timely to ensure veterans receive the benefits they have earned through their service and sacrifice," Whitehead said.

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1.3 - U.S. News & World Report (AP): Sixth Lawsuit Filed in Deaths at West Virginia VA Hospital (20 August, John Raby, 27.4M uvm; Washington, DC)

CHARLESTON, W.Va. (AP) — A sixth lawsuit has been filed involving the sudden deaths of patients at a West Virginia veterans hospital where a former nursing assistant admitted to intentionally killing seven people with fatal doses of insulin.

A federal lawsuit was filed Wednesday in the July 2018 death of Russell R. Posey Sr. at the Louis A. Johnson VA Medical Center in Clarksburg.

Charleston attorney Tony O'Dell filed the lawsuit on behalf of Posey's son and daughter, who are co-executors of his estate. The elder Posey, 92, served as a chief petty officer in the U.S. Navy during World War II.

The lawsuit, which seeks unspecified damages, is the latest to allege a widespread system of failures at the hospital. Similar lawsuits have been filed in the deaths of five other veterans at the hospital in January, March, April and June of 2018.

The lawsuit said the onset of Posey's severe, unexplained hypoglycemia was "similar to the pattern of events" that occurred with other patients.

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Fired hospital nursing assistant Reta Mays pleaded guilty last month to intentionally killing seven patients with wrongful insulin injections. Mays, 46, faces up to life in prison for each of seven counts of second-degree murder. No sentencing date has been set.

Mays admitted at a plea hearing to purposely killing the veterans, injecting them with unprescribed insulin while she worked overnight shifts at the hospital in northern West Virginia between 2017 and 2018. Her motive is still unclear. U.S. Attorney Bill Powell said authorities did not receive a "satisfactory response" to questions about the reasoning behind her actions.

It is not clear whether Mays admitted a connection to Posey's death. But in addition to her second-degree murder pleas, she also pleaded guilty to one count of assault with intent to commit murder involving the death of "veteran R.R.P." — Posey's initials.

Assistant U.S. Attorney Fred B. Westfall Jr. has said in court filings in response to some of the lawsuits that Mays acted outside the scope of her employment, the federal government should not liable for her criminal conduct and that the suits should be dismissed.

The VA is the government's second-largest department, responsible for 9 million military veterans. The agency's former director was fired in 2018 in the wake of a bruising ethics scandal and a mounting rebellion within the agency. Robert Wilkie took over as Veterans Affairs secretary in July 2018.

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1.4 - U.S. News & World Report (AP): Pandemic Pushes Expansion of 'Hospital-At-Home' Treatment (20 August, Linda A. Johnson, 27.4M uvm; Washington, DC)

As hospitals care for people with COVID-19 and try to keep others from catching the virus, more patients are opting to be treated where they feel safest: at home.

Across the U.S., "hospital at home" programs are taking off amid the pandemic, thanks to communications technology, portable medical equipment and teams of doctors, nurses, X-ray techs and paramedics. That's reducing strains on medical centers and easing patients' fears.

The programs represent a small slice of the roughly 35 million U.S. hospitalizations each year, but they are growing fast with boosts from Medicare and private health insurers. Like telemedicine, the concept stands to become more popular with consumers hooked on home delivery and other Internet-connected conveniences.

Eligible patients typically are acutely ill with — but don't need round-the-clock intensive care for — common conditions including chronic heart failure, respiratory ailments, diabetes complications, infections and even COVID-19.

They are linked to 24/7 command centers via video and monitoring devices that send their vital signs. They get several daily home visits from a dedicated medical team. Just like in a hospital, they can press an emergency button any time for instant help.

Research on such programs around the world over the past 25 years shows patients recover faster, have fewer complications and are more satisfied, while costs can be a third lower.

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Doctors, hospital officials and patients tout other advantages: People get more rest sleeping in their own bed. They can eat what they want, start moving around quicker and go outside for fresh air. They're less likely to fall in their familiar surroundings, where they have support from family and even pets.

"I would recommend it in a heartbeat for anybody to be able to stay at home," said William Merry, who received care for pneumonia in July at his Ipswich, Massachusetts, home. "There was never any problem. Never."

Merry, who had endured an uncomfortable hospital stay six years ago, refused another one when antibiotic pills didn't help and his temperature hit 103. So his doctor arranged care through Boston-based Medically Home.

Merry and wife Linda, a retired nurse, said they were amazed at how quickly the service transformed their dining room into a mini-hospital room. Technicians set up medical equipment, gave them supplies and oxygen tanks, then explained how everything worked.

That eased their stress, as did regular video calls with a doctor. They got daily schedules listing planned medical staff visits, blood draws, tests, IV medicine administration and other care, she said.

"I think it's really important," she cautioned, "that the person has somebody that's able to be at home."

Dr. Bruce Leff, a geriatrics professor at Johns Hopkins School of Medicine and a home hospital pioneer, did pilot studies years ago. He found benefits for elderly patients who, as he said, were otherwise "basically going to get crushed by the hospital" due to risks of developing blood clots and infections, losing mobility and developing delirium.

Even before the coronavirus pandemic emerged earlier this year, some hospitals were considering at-home-care programs to absorb temporary patient spikes — and avoid the high cost of new buildings.

It's unknown exactly how many U.S. programs exist, but when COVID-19 struck, some institutions rushed to sign up with Medically Home and similar services.

Nashville, Tennessee-based Contessa Health, which serves 14 hospitals in six states, says it's adding two more hospitals shortly and is negotiating potential contracts for about 20 more. Patient volume has jumped 140% since last year and it's added care for patients "admitted" from urgent care and cancer clinics.

Another company, DispatchHealth, previously focused mainly on preventing ER visits by rushing paramedics to provide diagnostic testing, medication and other care at patients' homes or elsewhere. The Denver-based company says it has 200-plus contracts with insurers in 19 U.S. markets to treat seriously ill and injured people at home. It piloted a hospital-at-home program in November, already has programs running in three cities and plans rapid expansion.

Some hospitals have mounted their own at-home programs. In late March, eight of the Atrium Health system's 36 hospitals in the Carolinas and Georgia began one for COVID-19 patients who don't need intensive care. It's already treated about 11,000 people.

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Meanwhile, hospitals with existing programs are seeing far more patients choose at-home care.

In New York, the Mount Sinai at Home program went from handling 10 patients a month to up to 30, said its director, Dr. Linda DeCherrie. The program has since added a twist in which patients start care inside the hospital, then finish at home.

"Everybody we offered it to said yes," said DeCherrie.

DeCherrie said the hospital-at-home model has been used on a small scale in the U.S. since the mid-1990s, but it was held back because traditional Medicare and some insurance plans either didn't cover such treatment at all or didn't reimburse for the full cost of care.

But when the pandemic struck, the Centers for Medicare and Medicaid Services temporarily let hospitals bill for care outside their walls, including in patients' homes. Many private insurers also are covering in-home hospital care during the pandemic. Hospital groups and others want Congress to make those changes permanent, at the same rates as in-hospital care.

Raphael Rakowski, co-founder of 4-year-old Medically Home, said the number of patients treated this July is up tenfold from July 2019.

"Our business is exploding because of COVID," he said.

It now treats patients for 10 hospitals and one physicians' group in five states, including two that were set up soon after the pandemic hit: Boston's Tufts Medical Center and Adventist Health's West Coast hospitals. Two Mayo Clinic hospitals joined this summer. Medically Home should be operating in 12 states by early 2021, Rakowski predicts.

He says some patients are offered at-home care after being examined in an emergency room. In other cases, doctors arrange the care for patients getting cancer treatment, those with a sudden illness, some about to get surgery, or homebound patients with dangerous complications.

The Veterans Health Administration operates 12 hospital-at-home programs. Last year, they served 1,120 veterans.

More vets are using the program during the pandemic, said Dayna Cooper, head of agency's home-based programs. One of the busiest, in San Antonio, saw a 90% jump in veterans treated this March through June versus last year.

Another four of the agency's 170 hospitals are working to start programs. Cooper said studies of the programs in Cincinnati and Honolulu found they cut costs by 29% to 38%, without differences in survival or hospital readmissions.

While interest in the programs has skyrocketed, whether in-home hospital care blossoms after the pandemic largely depends on whether government and private insurers continue to cover it at profitable prices.

If they don't, Johns Hopkins' Leff said: "I think most hospitals will go back to normal."

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2. Improving Customer Service

2.1 - Popular Science: The Postal Service helps keep millions of Americans alive and well (20 August, Kat Eschner, 6.1M uvm; New York, NY)

After recent attempts by the federal government to defund the United States Postal Service and make cuts to things like mail sorting and delivery frequency, the country's medical associations and health researchers have spoken out to raise awareness of the public health importance of our national postal system.

The USPS does a lot more than just deliver letters, says Michael Pignone, a doctor in the Department of Internal Medicine at the University of Texas's Dell Medical School. It allows for the delivery of prescription medication and helps doctors do testing and notify patients—it's part of the healthcare system, Pignone says, and not only is the mail system crucial at present, but its healthcare roles have the potential to be expanded as America's population ages and the pandemic rages on.

"You can think of the post office as just this incredibly well-distributed last-mile logistics network," Pignone says. "There are all kinds of possibilities of what the postal service can do."

While you might associate the post with mail from elderly relatives and regular fliers, the post office already plays important roles in the health system, especially in rural areas. 80 percent of prescriptions filled to veterans by the Department of Veterans Affairs are delivered by USPS, according to a recent letter sent to Postmaster Louis DeJoy by a number of concerned United States Senators, serving more than 300,000 patients.

Since restrictions slowed the movement of mail, "we have received many troubling reports from veterans waiting weeks for their prescriptions to arrive due to delays at USPS," the letter reads. Prescriptions expected to arrive in three to five days are taking weeks. Some of the most common medications dispensed by the Veteran's Affairs pharmacies, according to a 2013 government study, are intended to treat chronic conditions and should not be taken erratically. For example, Clopidogrel reduces the risk of heart disease and stroke in high-risk patients, and Gabapentin, an anticonvulsant, is used to treat nerve pain and PTSD. Then there's Metformin to treat Type 2 diabetes, and Tramadol, an opioid pain medication. If these prescription drugs arrive late, or even not at all, it puts patients' health at risk.

In the general population, 20 percent of US residents over the age of 40 get prescriptions delivered by mail. They are also seeing delays because of mail slowdowns, reports National Nurses United, the largest union and professional association of registered nurses in the U.S. The American College of Physicians has also expressed concern about these delays, noting in a press release that mail-order prescriptions are particularly important during the pandemic for people with chronic conditions like diabetes or asthma, who are already disproportionately vulnerable to COVID-19.

"Any prescription medication can only be as effective as a patient's ability to access it. We need to ensure that patients can continue to rely on the U.S. Postal Service to receive their critical medications," the ACP release states.

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The postal service also sends and returns numerous medical testing kits for many deadly conditions each year. In a recent opinion article, Pignone highlighted his institution's use of mailed fecal immunochemical tests for colorectal cancer. Mailing these tests increases efficiency all around—it decreases the use of nurse and doctor time for routine screenings as well as reduces travel needs for treatment, which is particularly important for rural patients, he writes. And because of the USPS's high penetration of the country and the relatively low cost of sending and receiving tests via this national body, it's far preferable to using private couriers, he says.

Similar initiatives exist elsewhere in the country, usually focusing on fecal tests. The FDA has also designed a protocol for mail-in COVID-19 tests.

But beyond these interactions with the health system, the USPS also plays a role in shaping the social determinants of health. A recent brief from the Institute for Policy Studies identifies that 14.5 million people living in rural areas don't have access to broadband internet, which seriously limits their ability to communicate without the mail. "This suggests that rural residents make up a disproportionate share of the estimated 18 percent of all Americans who pay their bills by the mail," the IPS writes.

If people can't receive and pay bills on time because of delays in the mail service, access to essential resources like housing, electricity, and telephones becomes unstable. Cuts to the mail service "[threaten] the public with more stress," says Jean Ross, president of National Nurses United, "which leaves them a sitting duck for illness."

Rather than defunding the Post Office, we should focus on what new roles it can play, says Pignone—for aging Americans, those suffering from chronic conditions or getting tested for COVID-19, and for better serving the rural U.S. "This is a really rich resource that we need to preserve."

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2.2 - Becker's Hospital Review: How USPS changes are affecting prescription deliveries: 5 updates (20 August, Maia Anderson, 1.4M uvm; Chicago, IL)

Since Postmaster General Louis DeJoy said in early August that he would make changes to the organizational structure of the United States Postal Service, concerns have grown that slowdowns in mail delivery are leaving some Americans without their prescriptions.

The National Association of Letter Carriers said the postal service handles about 1.2 billion prescription shipments annually and delivers hundreds of millions of lab tests and medical supply shipments.

The Department of Veterans Affairs fills about 80 percent of prescriptions by mail and has been forced to use alternative methods of shipping in some areas of the country due to mail slowdowns caused by the postmaster's changes, according to The Hill.

The COVID-19 pandemic also likely has increased the number of people using mail-order prescriptions instead of going to pharmacies in person.

Five updates on how changes to USPS are affecting prescription deliveries:

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1. Mr. DeJoy said Aug. 18 that all changes being made to postal services would be suspended until after the Nov. 3 election, CNN reported. But House Speaker Nancy Pelosi, D-Calif., said Mr. DeJoy doesn't plan to roll back any of the changes already instituted, according to The Hill. The postmaster general's decision to delay the changes means that retail hours at post offices will not change and mail-processing equipment and blue collection boxes will remain in place with no mail processing facilities being closed. But some mail-processing machines already have been removed. USPS officials told KSHB, a Kansas City NBC affiliate, that four mail-processing machines have been removed in Kansas City, Mo.

2. Senate Minority Leader Chuck Schumer, D-N.Y., urged the USPS Board of Directors Aug. 19 to disclose more information about the selection of Mr. DeJoy as the postmaster general, Politico reported. The government has said it used Russell Reynolds Association, a management consulting firm, to select Mr. DeJoy, but Russell Reynolds refused to release any information on the selection, citing a nondisclosure agreement. Mr. Schumer asked the board to release Rusell Reynolds from the nondisclosure agreement so Congress can obtain the full story behind Mr. DeJoy's selection.

3. The House Committee on Energy and Commerce is investigating the impact of postal services changes on the delivery of prescription drugs. The committee said abrupt and sweeping operational changes at the postal service have been "severely delaying" mail around the country. The committee plans to ask online pharmacies, pharmacy benefit managers and relevant trade organizations about the effect the delays are having on mail-order prescriptions.

4. Thirty-one senators sent a letter to Mr. Dejoy saying they've heard from hundreds of veterans and staff from the Veterans Affairs Department that there have been weekslong mail delays causing veterans to miss doses of critical medications, ABC News reported. The VA disputed the claim that mail-order prescription arrived weeks late and encouraged people to request refills at least 10 days before they need them. The VA fills about 80 percent of veteran prescriptions by mail, adding up to about 120 million prescriptions per year for about 330,000 people.

5. The American Pharmacists Association released a statement Aug. 18 that mandatory mail-order prescriptions are dangerous and that it's vital to let patients choose the way they obtain their medications. The association said it opposes healthcare benefit plans and pharmacy benefit managers that require patients to participate in mandatory mail order for medications.

   "Any patient that goes without one prescription is too many," the association wrote.

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2.3 - The Buffalo News: **Ex-federal employee pleads guilty to threatening another federal worker** (20 August, Harold McNeil, 1.4M uvm; Buffalo, NY)

A former U.S. Department of Veterans Affairs employee has pleaded guilty before U.S. Magistrate Judge Michael J. Roemer to threatening a federal employee, according to the U.S. Attorney's Office.

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Prosecutors said that, during his tenure as a veterans claims examiner at the Veterans Administration, 49-year old Michael F. Hanley, of Clearwater, Fla., became acquainted with another Veterans Administration employee and the two had a history of contentious interactions.

Between Oct. 15, 2018, and Nov. 12, 2019, Hanley left a series of similar voicemails on the victim's phone in which he threatened to kill the victim and the victim's family, prosecutors said.

Hanley faces a maximum penalty of one year in prison and a $100,000 fine when he is sentenced before Roemer on Nov. 18.

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2.4 - WHBQ (FOX-13): Telehealth services for vets ramped up during pandemic (20 August, Samantha Manning, 649k uvm; Memphis, TN)

WASHINGTON, D.C. — More veterans are getting their health care services by video, phone, or through the click of a mouse during the pandemic.

The U.S. Department of Veterans Affairs ramped up its telehealth services over the last several months.

The VA said the number of vets using virtual care jumped more than 800 percent in just a matter of weeks during the pandemic and more than 11 million virtual prescription refill requests have been filled.

"I think the telehealth access is a big success story coming out of the pandemic," said Jeremy Butler, CEO of Iraq and Afghanistan Veterans of America (IAVA).

Butler said the virtual medical visits have been especially helpful for vets seeking mental health care services.

"If you could take that first step from home, with the comfort or maybe help from your family, a spouse or something like that around you, have a telehealth appointment and say this isn't so bad maybe this is helping," Butler said.

But Butler said more still needs to be done to make sure vets aren't being left behind when it comes to mental health care.

Too many are struggling with coping with isolation while battling invisible wounds from their military service.

"Raising awareness and reducing the stigma are two big pieces to that but a lot more needs to be done in terms of providing actual care," Butler said.

The Senate passed the Commander John Scott Hannon Veterans Mental Health Care Improvement Act which invests in partnerships between the VA and local resources to provide more mental health care treatment to vets.

It still needs to pass the House.

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Butler also cautioned that while the VA has ramped up its virtual health care services, there are many vets who do not get their care through the VA.

"My concern is for the vets that don't get their health care from the VA or maybe are a little bit further downstream such as veterans at state run veteran nursing homes where nursing homes in general have seen a really large spike in deaths and infections," Butler said.

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2.5 - WMAZ (CBS-13, Video): Carl Vinson VA Medical Center reactivating volunteer program (20 August, Wanya Reese, 631k uvm; Macon, GA)

DUBLIN, Ga. — The Carl Vinson VA Medical Center in Dublin is allowing some volunteers back into the building starting August 31st.

In early March, the VA stop letting volunteers in the building to help limit the spread of COVID-19. A spokesperson with the VA says they are "gradually" and safely bringing in some volunteers back. Volunteers will maintain social distancing, wear face masks, retrain on the VA policies, and consent to health screenings. Volunteer Bill Vaught says he is already looking forward to helping vets.

"Well, I'm looking forward to getting back out here and being able to walk around and visit with these guys, so it is important that veterans come out and help out other veterans, because we've been there, and we understand a lot of what they are going through," Vaught said.

You can learn more about the VA's plan to reopen by following this link.

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2.6 - WFXR (FOX-27, WBOY/NBC-12, Video): Another lawsuit filed in death of WWII veteran at Clarksburg VAMC (20 August, 250k uvm; Roanoke, VA)

CLARKSBURG, WV, (WBOY) – Another lawsuit has been filed against the Louis A. Johnson Veterans Affairs Medical Center (VAMC) in Clarksburg regarding the death of a patient.

The law firm of Tiano O'Dell says they've filed the suit on behalf of Russell Posey, II and Kristina Hinzman, the son and daughter of 92-year-old Ret. Chief Petty Officer Russell R. Posey, Sr., a World War II veteran.

On June 15, 2018, Posey was admitted to the VAMC's ICU for pneumonia. Two days later, after improving, he was moved to floor 3A. Despite not being diabetic or having insulin prescribed to him, Posey suffered a hypoglycemic event around 5:30 a.m. on June 18, with a blood glucose level of 14 mg/dl, the lawsuit says.

Posey's last recorded interaction with a health care worker was with Reta Mays at 4:00 a.m., according to the suit. Mays wrote that she offered him breakfast and a bath, which he declined because he was sleeping, it says. The lawsuit points out that "it is highly irregular to offer a

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patient breakfast and a bath at 4:00 a.m. when no order has been placed for the patient to eat at that time for a specific reason."

In July 2020, Mays pleaded guilty in the deaths of seven VAMC patients, including Posey, who was listed only by his initials.

After Posey's hypoglycemic event, doctors did not order tests to determine the cause and failed to "communicate the unexpected nature of the events surrounding Mr. Posey's change in medical status," the lawsuit alleges. Posey was placed on hospice care and died on July 3, 2018.

Posey's body was disinterred and autopsied twice as part of the investigation, due to "incomplete testing, sampling and examination methods," the suit says.

Posey was first identified as a victim in November 2019. Lawyers filed an administrative claim with the Department of Affairs in December 2019, but six months later have not gotten a response, lawyers said.

View the suit below:

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2.7 - Spectrum News 1 (Video): Photographer Shares Emotional Pictures Taken at Milwaukee VA Medical Center (20 August, Megan Carpenter, 14k uvm; Milwaukee, WI)

FOND DU LAC, Wis. (SPECTRUM NEWS) — Benjamin Slane has been working in public affairs for the Milwaukee VA Medical Center for six years.

Part of his job is to tell stories through pictures and video. The journalism major is good at it.

"Everyone has a story," he said. "At the VA, we're in a unique position where we have 70,000 stories to tell and they're all good stories."

Slane has captured images no words could describe. He has shadowed a veteran on an honor flight to Washington D.C. One of his most treasured stories is showcasing Wisconsinites on Independence Day last year.

"This is my favorite story," he said. "I love it because I didn't do any interviews."

Slane's reason for becoming involved with the VA is an emotional one. It begins and ends with his brother.

"My brother was in the army and he ended up committing suicide and I didn't have any photos of him at all, so I ended up up taking a photo of a hotel room that he committed suicide in," Slane said. "I took pictures of this door and it was symbolic in a lot of ways like this is the door and this was his way out."

He said he realized the importance and necessity of capturing moments. That picture of a door will forever been ingrained in his memory.

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"That was the last image I had of my brother, so that still sticks with me even now."

One of his most recent photos happened at Kelley's Country Creamery in Fond Du Lac. Benjamin took on a night out with family, at the farm's Sunflowers Taking Flight event. Visitors can take a walk through hundreds of sunflowers.

Donations go to the Old Glory Honor Flight of Northeast Wisconsin.

"We have lots of friends that are servicemen and women and they do so much," said owner Karen Kelley.

Kelley saw Slane's photo of the sunflowers for the first time Wednesday. In the foreground, a cutout of that iconic image of U.S. marines raising the flag at Iwo Jima. Kelley had a flood of emotions.

"My husband and I got to be guardians on an honor flight last September and it reminds me of being there actually with the veterans," she said. "It's just something that you can't get from any history book."

There's another reason why Slane's photo is so special to her.

"That picture was extra special this year because the actual Iwo Jima, my son and daughter-in-law built this last winter to use in the sunflower maze just so people understand why we're doing this," Karen said.

If you want to see more of Benjamin's work, click here.

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3. **Business Transformation**

4. **DOD Cooperation / Electronic Health Records / MISSION Act Implementation**

5. **Suicide Prevention**

5.1 - inewsource: **Kiaya Bender: 'Things just felt meaningless'** (20 August, Zoe Meyers, San Diego, CA)

Kiaya Bender is one of the dozens of veterans who the San Diego VA sent to Kadima Neuropsychiatry Institute in La Jolla to receive ketamine treatments for depression. For Bender and others, the treatments have been "life-saving." In October, the VA notified staff at Kadima that it would no longer authorize ketamine treatments outside of the VA Medical Center, sending a ripple of fear through Kadima's office and its patients.

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Bender's treatments are scheduled to end in November. In this video, the first in a series about the Marine veteran, he discusses his history with depression and how ketamine has affected his life.

This video includes accounts from a veteran who has suffered from suicidal thoughts. Those who watch it should know that help is available. Call the National Suicide Prevention Lifeline at (800) 273-8255 or the San Diego Access and Crisis Line at (888) 724-7240.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - The Washington Times: **Georgia man sentenced after falsely claiming PTSD for VA benefits** (20 August, Mike Glenn, 6.3M uvm; Washington, DC)

A Georgia man received $76,000 in benefits from the government after saying he had witnessed horrible atrocities during a six-month combat deployment to Afghanistan in 2008-2009.

Gregg Ramsdell, 61, told the U.S. Department of Veterans Affairs he had seen explosions that ripped apart the bodies of U.S. military personnel; the executions of men, women and children and women who detonated themselves while holding babies. It had caused him to suffer from post-traumatic stress disorder.

But, it was all a lie, according to the Department of Justice.

Ramsdell was a veteran but wasn't in Afghanistan during the time he claimed. He also lied while applying for a civilian position at Fort Benning in Georgia by claiming to have received a Silver Star and Purple Heart. He was given credit for the decorations on his successful job application.

"Ramsdell admitted that he falsely claimed to have suffered post-traumatic stress disorder when he applied for disability benefits," according to the U.S. attorney for the Middle District of Georgia. "He also falsely claimed that these experiences made him 'unable to live a normal life.'"

He pleaded guilty to one count of making false statements and one could of violating the Stolen Valor Act, federal prosecutors said.

Ramsdell was sentenced this week to 12 months in prison followed by three years supervised release. It's the maximum term he can serve for the offense. There is no parole in the federal system. He was also ordered to pay $76,000 restitution to the VA.

"Ramsdell's conduct does a disservice to all of those who exhibit true valor, serving honorably and courageously in our nation's armed forces," said U.S. Attorney Charlie Peeler.

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6.2 - Military Times: **Advocates warn GI Bill students of shady college recruiting amid coronavirus pandemic** (20 August, Leo Shane III, 2.3M uvm; Vienna, VA)

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Veterans education advocates are cautioning students to be wary of schools capitalizing on pandemic uncertainty to pitch new and sometimes questionable education opportunities.

A new report released Wednesday from Veterans Education Success found a significant increase in college advertising related to the coronavirus pandemic, encouraging students to reconsider their short-term learning plans given many school's decisions to shift to online-only classes.

A number of the schools studied by the group have faced penalties in the past for misleading recruiting tactics and questionable practices targeting military and veteran students, whose GI Bill benefits can provide a stable source of revenue for the institutions.

Advocates said students and lawmakers need to keep a close watch on "schools with a history of predatory and aggressive recruiting" using the pandemic to mislead students into poor decisions.

"We have been here before and need to be vigilant to ensure that history doesn't repeat itself," said Carrie Wofford, president of VES. "During the last recession, many proprietary schools targeted veterans and underserved minorities, encouraging them to enroll with the promise of a high-quality education and great job prospects.

"In reality, many students were saddled with worthless degrees and mountains of student loan debt."

The group also noted a rise in advertisements this spring for health care degree programs in conjunction with the coronavirus outbreak, but warns that students should research those types of courses to ensure they are worth the cost.

"Many of these schools' healthcare programs charged students a hefty tuition for careers that required only a high school diploma," Wofford said. "Oversight by policymakers is warranted."

Earlier this week, a new poll conducted by College Reaction and Axios found that 22 percent of students enrolled in college classes last spring do not plan to continue their studies this fall, as schools scramble to deal with new social distancing and virus mitigation rules.

Lawmakers this spring passed several measures designed to ensure student veterans' tuition payments and housing stipends were not disrupted by changes in campus class plans, but most of those protections are set to expire at the end of 2020. Congress is likely to revisit those issues later this fall.

Nearly one million individuals received some type of education benefits from the VA last school year.

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6.3 - Stars and Stripes: **Advocates begin 'final push' to get benefits for Vietnam War veterans** (20 August, Nikki Wentling, 1.7M uvm; Washington, DC)

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National veterans organizations launched a “final push” Thursday for Congress to grant Department of Veterans Affairs benefits to tens of thousands of Vietnam War veterans believed to be suffering the effects of Agent Orange.

The effort, led by Rep. Josh Harder, D-Calif., is designed to put pressure on lawmakers to publicly support the Fair Care for Vietnam Veterans Act. The measure was added to the Senate’s annual defense bill last month but didn’t make it into the House’s version because of cost concerns, Harder said. It must survive negotiations between House and Senate lawmakers before becoming law.

“People on the other side of this issue, their position is so indefensible that they don’t want to be seen fighting against this,” Harder said Thursday on a call with veterans groups. “Our job is to draw them out and shine sunlight on this issue.”

The bill would approve benefits for Vietnam War veterans suffering from bladder cancer, hypothyroidism and Parkinson’s-like symptoms — conditions thought to be caused by exposure to the chemical herbicide Agent Orange. The bill would add the diseases to the VA presumptive list, which lowers the amount of proof veterans must provide in order to receive VA benefits.

Navy veteran Lyle Ducheneaux, who spoke on the call Thursday, served as a machinist mate aboard the USS Blue Ridge during the Vietnam War. He was diagnosed with bladder cancer in 2015, making him one of five veterans from his division that have the disease, he said. Ducheneaux has undergone two operations and multiple treatments. He’s relapsed twice.

Ducheneaux applied for VA benefits but was rejected. He’s appealed that decision multiple times and is now waiting for his case to be heard by the Board of Veterans’ Appeals.

“I’m now on my third or fourth denial,” he said. “I lost track of how many times at this point. Last time I checked, I’m number 125,800 on the docket to be reevaluated again. If I’m not dead by that time, well… something might come of it.”

Harder said he wants Ducheneaux’s story – and others like it – to get the attention of lawmakers who are against the measure.

“I want to make sure everybody understands what’s at stake here,” Harder said. “Everybody talks a big game about helping veterans, but congressmen and senators of both parties have failed to provide the support our veterans deserve.”

Harder plans to send a letter this week to the House lawmakers who were selected to negotiate on the fiscal 2021 National Defense Authorization Act. The letter asks them to include the measure in the final version of the defense bill.

Further, the Veterans of Foreign Wars, American Legion, Vietnam Veterans of America and Military Officers Association of America tasked their members with calling their representatives and urging their support.

“With this NDAA, we have an incredible opportunity to make things right,” said retired Lt. Col. Dana Atkins, CEO of Military Officers Association of America. “Veterans suffering now can’t wait for further studies like the VA has proposed, nor should they have to.”

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While the VA secretary has the power to add the conditions to the presumptive list, Robert Wilkie said earlier this year that he wouldn't make a decision about the conditions until at least the end of 2020, , when results of two more scientific studies on the issue are expected to be published.

Advocates, however, think there is already enough evidence.

In 2018, researchers with the National Academies of Sciences, Engineering and Medicine determined there was "suggestive" evidence linking Agent Orange exposure to hypothyroidism.

A 2016 report from the academies determined that there was "limited" or "suggestive" evidence linking Agent Orange to bladder cancer. That year, the academies also clarified that Parkinson-like symptoms should be considered as part of Parkinson's disease, which is on the list of presumptive diseases.

Previous efforts were made by former VA secretaries to add the conditions. Under former VA Secretary David Shulkin, the agency recommended in 2016 the addition of bladder cancer, hypothyroidism and Parkinson's-like tremors to the presumptive list. Shulkin's recommendation never made it past OMB. Lawmakers were told at the time that OMB was waiting on the results of more scientific studies.

OMB and Mick Mulvaney, its director at the time, objected to the recommendation. In addition to a lack of scientific evidence, OMB had concerns about the budget implications of expanding access to VA benefits to the thousands of veterans diagnosed with the conditions, Military Times reported, citing emails between Shulkin and OMB.

Seven national veterans groups wrote to President Donald Trump in February and asked him to intervene. They criticized the VA for dragging its feet.

It's uncertain when negotiations on the annual defense measure will be finalized, but it's likely to happen around the end of the year, Harder said. Trump has threatened to veto the bill if it includes language that would remove Confederate names from military installations.

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6.4 - KGTV (ABC-10, CNS): Plans for Miramar Cemetery amphitheater revealed (20 August, 1.1M uvm; San Diego, CA)

The Miramar National Cemetery Support Foundation launched a project Thursday to build an Armed Forces Memorial Amphitheater with permanent seating in the cemetery's assembly area.

The foundation, which sponsors the Avenue of Flags as well as the Veterans Tribute Tower & Carillon and the annual veterans' services at the cemetery, is working with cemetery leadership and the VA's National Cemetery Administration on the design of the amphitheater.

The VA-required construction of the amphitheater and maintenance endowment are expected to cost between $450,000 and $500,000 -- the largest project the Support Foundation has yet undertaken at Miramar National Cemetery. No federal funds will be expended for the project.

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"We're dedicating our fifth Annual "Virtual Gala" fund-raiser to the Armed Forces Memorial Amphitheater, said Charlie Inot, Support Foundation president and CEO. "We're asking corporations, members of veterans' organizations and civic groups, as well as the public, to help make this vision for Miramar a reality through their generous contributions."

The plan for the amphitheater includes long concrete benches arranged in a semi-circle within the existing flag assembly area. The benches would be fronted with stone, matching that used throughout the cemetery. Landscaping plans include artificial turf areas between the seating and around the amphitheater perimeter. The seating area is designed to comply with Americans with Disabilities Act requirements by providing handicapped access and wheelchair spaces.

"To accommodate guests at our veterans services in the past, we've had to set up folding chairs in the flag assembly area," said Sallay Kim, Support Foundation vice president and chair of the Virtual Gala. "That's not really satisfactory or comfortable for our guests, especially if the ground is too soft to properly support the chairs. Permanent seating would remedy that situation."

Renderings of the amphitheater and information on contributing to the project can be found at www.gala.miramarcemetery.org.

"The successful addition of amphitheater seating at Miramar National Cemetery will benefit tens of thousand of veterans, their families, friends and the general public in future years. Hopefully, in gratitude for the service of all veterans, we will receive strong public support," said Denny Schoville, Support Foundation chairman.

The fund drive will continue through the end of 2020.

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6.5 - Florida Today (Video): Brevard Habitat for Humanity gives new homes to homeless female veterans (20 August, Bailey Gallion, 769k uvm; Melbourne, FL)

Veteran Lisa Stinson received keys to her new home Thursday. As she, community members and Habitat for Humanity volunteers placed their hands on the house to silently bless it, she held her daughter close and cried.

Brevard Habitat for Humanity constructed six houses in a “women veteran’s village” with the intention of providing housing to homeless female veterans. The houses were built by volunteers in Diamond Square in Cocoa on the site of a former trailer park.

The home is the second of six homes that will house female veterans. Army veteran Karla Griggs closed on her house June 30. Griggs, 49, left the military after 18 months to raise her daughter and had never owned a house before moving into her new house. After leaving the Army, she spent time sleeping in her car and in friends' houses.

A ceremony Thursday morning welcomed Stinson and Griggs into the neighborhood. In attendance were Habitat for Humanity volunteers and executives, city officials and law enforcement.

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"This has been a long time coming," Stinson said after being presented with the keys to her home. "But the reason I am so happy, so joyful, is not only because I get these keys, but because of what these keys mean. It was a long journey, yes, but it was a journey worthwhile."

Before moving to Cocoa, Stinson lived out of her car for three years. She said she and her sons would watch over each other in shifts to sleep safely and that she used drugs. She said she received treatment and now is in recovery. The Brevard County Veteran's Association helped connect her with resources so that she could receive disability benefits.

"I lived a street life. I was trying to be something I was wasn't. It was for survival. By the grace of God, I didn't go to jail or anything, but God put me in a way that saved me without me knowing. He sent me to the VA, where I was treated."

The home isn't a free handout, she said, and she's glad. House recipients pay mortgages with 0% interest rates. The mortgages she pays could go toward a home for someone else in need.

"I thought I was all that and a peanut butter jelly sandwich, because they were giving me my pride back," Stinson said. "My work is not yet finished. … With every month I pay my mortgage, that might put a kitchen in someone's home. It might build a foundation for another family's home, veteran or not."

The house came with a gift basket, a Habitat for Humanity flag to hang outside and a supply of cleaning products — "gold" in these times.

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6.6 - Inman: **VA loan activity swells during coronavirus pandemic** (20 August, Jim Dalrymple II, 449k uvm; Emeryville, CA)

The number of Americans applying for home loans through the U.S. Department of Veterans Affairs (VA) has skyrocketed during the coronavirus, according to new data from the agency, adding more evidence that real estate has had an unprecedented run of late.

The data shows that during the third quarter of of 2020 — which includes the pandemic-plagued months of April, May and June — the VA issued 331,071 loans. That's up from just 155,685 during the same period in 2019, meaning the agency's loan activity rose by nearly 113 percent year over year.

Broken down by generation, the number of VA loans made to millennials jumped by more than 95 percent year over year between April and June, and loans to baby boomers rose more than 120 percent. Loans to members of Generation X rose by more than 125 percent during that same period, while loans to members of Generation Z rose by nearly 178 percent.

Refinancing loans made up a significant portion of that growth; according to the new data, the VA saw a 296 percent year-over-year increase in loans for refinancing during the third quarter of fiscal 2020. Millennials were apparently the most interested in refinancing, with loans issued to members of that demographic growing by 463 percent year over year.

The top metro areas for VA loan growth during the pandemic have been Honolulu, San Diego, Baltimore, Los Angeles and Washington, D.C.

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6.7 - WDTN (ABC-2, Video): Dayton VA delivers free groceries to nearly 250 veterans in need (20 August, Caroline Morse, 347k uvm; Moraine, OH)

DAYTON, Ohio (WDTN)– Nearly 250 veterans drove through the Dayton VA Thursday morning with a special mission in mind.

"We just started going to the VA pantry and it helps because paying the bills and everything, getting what food you can get, really does help," said Navy Veteran Bob Barkelay.

Volunteers and staff filled each veteran's car trunk with fruit, proteins and non-perishable items to ensure their needs are met, even in the pandemic. "It makes me feel wonderful and I share it with my son, his family and my mom," said Army Veteran Ryann Scmelzer. "My mom is much older, maybe 76 so I share it with her so she doesn't have to go out."

When a veteran rolls up, staff members ask that they open their trunk open and drive through their set course to the delivery areas. The volunteers and staff members will then load grocery items in two different stations wearing personal protective equipment and try their best to not make contact with the vehicles until it's time to close their trunks.

"We have a variety of programs for our veterans that don't have their needs being met," said Chief of Volunteer Service Ryan Pleasants. "The last thing we wanted was to close the Food Pantry for good, but we had to ensure everyone's health that's involved."

Protocols and procedures were changed to ensure health-related safety measures are met– but Dayton VA staff members say they wanted to keep serving the veterans through the pandemic to thank them for their service.

"I'm not afraid of getting the virus, if I lived through the Korean War, I sure as heck can live through the virus," said Barkelay.

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6.8 - U.S. Medicine: Maher Seeks to Convince Women Veterans That VA Can Meet Their Needs (10 August, Stephen Spotswood, Lambertville, NJ)

WASHINGTON — Currently, women make up 10% of U.S. veterans, and that percentage grows higher with each new generation of veterans.

Yet, there has historically been in enrollment between men and women in VA services, and it has become more apparent as the number of women veterans grows. Much of that has to do with the way VA is perceived by women and the outreach, or lack of it, that has occurred in the past.

"If you look at the market penetration rate, it's higher in male veterans than female veterans," explained Nancy Maher, PhD, program manager of VA's Women's Health Transition Training (WWHT) Program. "[Research has found] that a lot of women veterans don't identify as

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veterans and that they didn't really think that VA was a place where women could get a high quality of care. They thought of it as a place where older men got their care. There are misperceptions about eligibility and misperceptions about VA as a hospital system that could care for women."

That misperception is something that Maher is hoping to combat with the WWHT, a program that she helped develop within VA's Women Health Services Office.

The development of the WWHT began two years ago with a report that showed suicide rates among women veterans was nearly three times higher than their male counterparts. It also showed that women had much poorer outcomes in the areas of musculoskeletal injuries, chronic pain and depression. The period of time immediately following discharge was identified as being a particularly high-risk time for suicide.

"The whole idea started with a policy meeting that VA's Women's Health Services put together with our counterparts in DoD, bringing all the experts in women's health together from across the services," Maher said. "We started brainstorming ideas that we could do together that would address some of these concerns."

It's long been recognized that the transition experience can be a difficult one for a servicemember, and that the sheer amount of information given as part of the Transition Assistance Program (TAP), including information about VA benefits, can be overwhelming.

"It's a jam-packed training. It's so much information," Maher declared. "We went to a TAP session at a local Army base and sat through the VA portion. Of course they talk about the health benefits, but they spent maybe five minutes on women's health."

Maher and her colleagues felt that those five minutes were being lost in the deluge and so created WHTT as a way to provide more comprehensive information about VA to transitioning women servicemembers.

A typical WHTT class includes between 20-25 women who are about to transition out of the military and back into civilian life. During the session, a woman veteran gives detailed information on what benefits are available and what VA can provide for women in terms of healthcare.

"We talk about the VA system as a whole. It's very complex, but we try to break that all down and make it more navigable and understandable," Maher explained. "Then we get into a very detailed discussion of all the women's health services that are available. Ninety-nine percent of our participants had no idea what the VA offers and that it is very high-quality care. There are a lot of misperceptions about the VA in the media. We wanted to correct that."

The class dives into the specifics of eligibility and how to enroll, as well as what transition resources are available. In locations where it's possible, the WHTT class arranges field trips to the nearest VA facility to tour that facility's women's health services.

Perhaps most importantly, the class gives women the chance to ask questions in a way they might not have the opportunity to in the more rushed TAP environment.

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"It's a great place for women to be open and share and ask very personal questions. They feel comfortable doing that, especially around mental healthcare issues," Maher said. "It's women-only and taught by a woman veteran that uses VA healthcare."

Though it was piloted through the Air Force in 2017, the WHTT Program has included servicemembers from all of the services since its inception and has since been rolled out throughout DoD. Outcome data from the pilot project found that women who went through the program were 85% more likely to enroll in VA compared to a control group."

While the program has had to transition during the pandemic to purely online courses, it had a head start.

"We developed a virtual classroom version during the pilot project," Maher said. "We were interested in seeing if the women had the same level of engagement. Do they like it just as well? Are they learning as much? And we've really found no difference."

While the field trips to VA facilities have needed to be cut, the WHTT Program is working to create a virtual experience that allows participants to tour different VA women's healthcare centers.

As for how the WHTT will grow in the future, Maher said that's informed in part by the participants themselves.

"We always get participant feedback," she explained. "We look at what they enjoyed and what they want to hear more of. That's helping the program evolve. While we certainly update our curriculum every year as policy changes and new programs come about, we rely on these women to guide us."

Women can register for a WHTT class and learn more about what the program has to offer at www.va.gov/womenvet/whtt .

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7. Other

7.1 - The Washington Post: Senate Democrats investigating whether USPS changes held up prescription drug deliveries (20 August, Tony Romm, 84.9M uvm; Washington, DC)

Two top Senate Democrats are opening their own investigation of the U.S. Postal Service, aiming to explore whether changes to mail processing and delivery have prevented seniors, veterans and other patients from receiving their prescription drugs on time.

The new inquiry is the work of Sens. Elizabeth Warren (D-Mass.) and Robert P. Casey Jr. (D-Pa.), who issued a battery of letters to CVS, Walgreens and other top providers on Thursday to determine whether their customers had experienced delays in recent weeks. They cited public reporting and private correspondence with their constituents as they raised concerns that patients may have been forced to go without medication for weeks as a result of policies enacted under the watch of the Trump administration.

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"Millions of Americans with diabetes, high blood pressure and heart disease, asthma, and other chronic conditions, illnesses or health care needs rely on the USPS for delivery of their prescription drugs and are at grave risks if President Trump's efforts to degrade mail service results in delays and disruptions," they wrote. "These health threats are magnified by the ongoing pandemic."

The two Democrats directed their letters to Cigna Corp., which owns Express Scripts; CVS Health; UnitedHealth Group, which owns OptumHealth; Humana; and the parent company for Walgreens and Duane Reade. They asked them to supply information about the number of customers receiving their prescriptions by mail, the average time it takes for them to be shipped and the extent to which recent Postal Service policy changes have introduced new delays for customers or costs to the companies.

The Postal Service declined a request for comment.

The lawmakers' missive Thursday reflects the mounting frustration among Democrats with the USPS and its leader, Postmaster General Louis DeJoy, a fury likely to be laid bare when he and Robert M. Duncan, the leader of the Board of Governors that oversees the Postal Service, testify in front of lawmakers at hearings that will begin Friday.

DeJoy, who has led the agency since mid-June, enacted broad operational changes to return the Postal Service to solvency — it's carrying $160.9 billion in debt, most of which is connected to retiree obligations — amid declines in mail volume. But his cost-cutting campaign ultimately reduced postal workers' hours and overtime and in some cases resulted in the removal of mail-sorting machines at post offices nationwide, sparking a political outcry.

Democrats in particular see the potential for a catastrophic logjam that could undermine the 2020 presidential election, when millions of Americans are expected to mail their ballots — as opposed to casting them in person — as a result of the coronavirus pandemic. The withering public pressure ultimately forced DeJoy this week to announce that he would suspend some of his measures, but many congressional Democrats say they remain unconvinced.

On Thursday, Warren and Casey called DeJoy's commitments "vague" and fretted that the potential disruption to mail-order prescriptions comes at a time when the pandemic is forcing patients to take advantage of such deliveries instead of visiting their doctor's offices or pharmacies in person.

Some national pharmacy chains have signaled that they have not actually been affected by some of the Postal Service's new policies. Representatives for RiteAid, Express Scripts, CVS and Walgreens each said they have not experienced unusual disruptions, The Post reported earlier this week.

But their statements still contrast with the stories that have flooded social media in recent days from seniors and veterans nationwide. Casey in particular said his office has collected more than 15,000 messages about mail-delivery concerns, and he and Warren added in their letters Thursday that they had received additional reports about the effect on prescription drugs.

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7.2 - USA Today: Empty mailboxes, missed rent: US Postal Service's struggles have real-world impacts (20 August, Joel Shannon, Donovan Slack, and Kevin McCoy, 74.5M uvm; McLean, VA)

Empty mailboxes, uncounted ballots, late medication, missed rent payments – those are among the real-world impacts of the struggles of the U.S. Postal Service.

Many of those issues, documented this summer across the USA TODAY Network, predate the feverish debate about whether mail is delayed by the Postal Service's efforts to cut overtime, remove mail processing equipment and even move blue collection boxes.

Top Democrats allege the Trump administration is kneecapping the Postal Service to hamper mail-in and absentee voting, which surged this spring amid the coronavirus pandemic. In November, more supporters of Democratic presidential candidate Joe Biden are likely to vote by mail.

The Postal Service's long-standing financial issues have been worsened by the pandemic.

"The U.S. Postal Service, like other delivery companies, has experienced some temporary service disruptions in a few locations domestically due to the COVID-19 pandemic," spokesman Dave Partenheimer acknowledged in an email to USA TODAY.

Postmaster General Louis DeJoy said he will pause – but not roll back – cost-cutting moves until after the election. He is scheduled to testify about the issue before the Senate Homeland Security and Governmental Affairs Committee on Friday.

What problems with mail service are people complaining about?
Accounts of mail delays have been documented across the country in recent weeks by the USA TODAY Network. One of the most common complaints: Mail is simply not delivered for days on end.

In Louisville, Kentucky, Caleb Jenkins said he did not receive anything for six days straight in July. "With medical bills and all those type of things coming in the mail, it's been really frustrating," he said.

In rural California, Tracey Legate-Dumke said in a Facebook group that she went about a month without mail this summer.

Dianna Burns wrote in the same group that her rent was late in June because her mail carrier didn't pick up her mail for four days. She took the envelope to the post office and complained. "I also complained that I don't get my mail, or it gets to me two weeks after it was sent out," she wrote.

Business owners and people who rely on mail-order medications raised similar issues.

For about a decade, Nashville small business owner Cybelle Elena has depended on the Postal Service to deliver her products – clothing and accessories. Usually, it's "extremely reliable," she said, but during the pandemic, packages have been delayed days or even weeks. Some never arrive.

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Business is way up after she began producing masks, but she spends more time and money helping customers who haven't received their orders.

In California, Richard Valdez – a Vietnam veteran and former state commander of Disabled American Veterans – said he's still waitingfor medications he ordered from the Department of Veterans Affairs on July 25. They typically arrive within three or four days, he said.

Delays in some areas spurred the VA to switch to other carriers, said Randy Reese, executive director of Disabled American Veterans' Washington headquarters. The VA detected delays in Detroit and parts of New Jersey and New York, and it temporarily switched to UPS in those places.

The VA told the veterans group that average delivery time increased from 2.3 days in June 2019 to about 2.9 days in July.

A spokeswoman for the VA, Christina Noel, declined to say whether the VA received complaints, when the delays were detected or how long they lasted. Prescriptions sent by U.S. mail arrive within three days on average, she said, “less than the 3-5 day delivery timeline outlined on the department’s website.”

It's unclear how widespread delivery problems are, but USPS data shows deliveries are taking longer than they did last year. On-time first-class deliveries dropped from 93.4% in the second quarter of 2019 to 90.8% for the same period this year. The goal was 96%.

In New York City, a USA TODAY reporter did not receive absentee primary ballots until two days after the primary in June, even though an email from the Postal Service's Informed Delivery indicated they would be delivered several days before the election.

Concerns over mail-in voting problems have fueled a firestorm over the Postal Service's performance and cost-cutting. Even routine maintenance of mailboxes has been labeled voter suppression. A group of 14 Democratic attorneys general sued the Trump administration over the changes.

The impact of those changes on mail delivery is unclear to Stephen Kearney, a former senior executive with the Postal Service who serves as the executive directer for the Alliance of Nonprofit Mailers, which says its members are responsible for about 10% of all USPS mail volume.

Though mail delays tied to the pandemic are well-documented from April to June, delays since the Postal Service cut expenses in July are not, he said.

Anecdotally, "any variations seem to be within normal ranges," he told USA TODAY by email.

How pandemic has affected USPS
Partenheimer said delivery service is "slowly getting back to normal" after problems. Private shipping companies also struggled in the early months of the pandemic.

Augustine Ruiz, a spokesman for the Bay Area Postal Service, said a backlog documented by The Californian, part of the USA TODAY Network, is due to low staff numbers and high parcel volumes.

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"More people are sheltering at home, and they need essentials, so they're buying everything online," Ruiz said told The Californian in mid-July.

Post offices struggle to handle the flood of packages because of staffing issues caused by the coronavirus pandemic and personnel cuts over the past few years, said Cassie Williams, a steward of the American Postal Workers Union local in Nashville, Tennessee.

USPS spokeswoman Martha Johnson told USA TODAY on Wednesday that 8,789 postal employees have tested positive for COVID-19 – slightly more than 1% of its workforce.

A history of financial problems
The U.S. Postal Service has touched nearly every American household during its more than 200 years of service, delivering letters, birthday cards, medicine, Social Security checks, packages and magazines.

But if the trusted institution were a hospital patient, it would probably be in the intensive care unit.

An audit issued in September 2019 by the Postal Service's Office of Inspector General said mail handling and delivery costs increased by roughly $5 billion or 13% over five years when adjusted for inflation. Total mail volume carried dropped by 5.7%, the audit said.

Though package volume has increased during the pandemic, that's not expected to offset losses in marketing and first-class mail, which generated more revenue in 2019.

A 2006 federal law requires the Postal Service to pre-fund retiree health benefits, even though the money won't be paid until well in the future. The provision has cost billions.

The Postal Service reported a loss of nearly $9 billion last year.

A Government Accountability Office report issued in May said congressional action is "essential to enable a sustainable business model" that would keep the Postal Service running. Congress and other stakeholders haven't reached an agreement on a road forward.

Union officials said cost-cutting and staff cuts contributed to the delays reported across the nation.

"You can't blame (all of) this on the pandemic," Williams said. "They were setting this up from years ago. They have cut it down to a minimum."

USPS enacted rules to limit overtime this summer
In July, a month after DeJoy took over, the Postal Service outlined a number of measures to cut costs, including overtime. Extra delivery trips were to be eliminated, and shifts would start and end on time.

Because of the changes, "we may see mail left behind or mail on the workroom floor or docks," said a memo, which the American Postal Workers Union shared with USA TODAY. The causes would be investigated and fixed the following day, the memo said.

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In a letter to lawmakers this month, Postal Service CEO David Williams said the agency is trying to increase the efficiency of mail sorting and processing, which may include removing machines and running them for shorter periods, depending on volume.

He acknowledged that “temporary service impacts” may occur but pledged they would be monitored and corrected.

Are there more complaints about delivery times than usual?
Union officials criticized those decisions, saying they would cause delivery delays.

Des Moines Local 44 American Postal Workers Union President Mike Bates said a supervisor ordered a carrier to halt his route at the scheduled end of his shift, even though he had not finished deliveries.

Bates said management carried out the removal of mail-sorting machines at the Des Moines distribution center. That caused a backlog at some post offices in August, Bates said.

"We've been programmed that it's, 'Every piece (of mail), every day,' " he said. "When you see stuff left behind, it hits you in the core. You take a lot of pride in just moving the mail."

The Alliance of Nonprofit Mailers said it's too soon to know what effect cost-cutting measures are having, if any: "Seven weeks into the new leadership of USPS, we believe it is near-impossible to sort out whether a mail delivery problem is business as usual, related to the pandemic, an adjustment to the new operational policies, or something else. Time and real data will tell, hopefully."

What was the impact on primary voting?
Reports of mail-related problems during this year's primary elections fuel concerns heading into the general election.

More than 6,400 Michigan voters did not have their absentee ballots counted for the primary elections because clerks received them after polls closed on Election Day, Aug. 4.

In New Jersey, a postal worker left ballots on a hallway floor in May instead of putting them in mailboxes because he said his access key wasn’t working, according to a report issued by the post office inspector general.

The Postal Service identified hundreds of Wisconsin absentee ballots for the election in April that never made it to voters or couldn't be counted because of postmark problems, according to the inspector general.

Two sweeping federal court lawsuits filed this week suggest cost-cutting measures could affect the general election.

A lawsuit filed by attorneys general in 14 states said the Postal Service changes would require states to pay first-class rates if they didn't want voters to put a stamp on ballots. That would raise the cost from 20 cents to 55 cents per ballot, costing states “tens of millions of dollars," the lawsuit charged.

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A lawsuit filed by the National Urban League, the League of Women Voters and Common Cause alleges the Postal Service took out of service one of every seven of its Delivery Barcode Sorter Machines, used to sort letters, postcards and ballots.

By the time DeJoy called a temporary halt to the process, the Postal Service had decommissioned 95% of the sorting machines scheduled to be removed, the lawsuit alleges, citing media reports.

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7.3 - NPR: Why Rural America Is Fighting The Trump Administration On The Post Office
(20 August, Kirk Siegler, 45.3M uvm; Washington, DC)

Todd Troyer retired as an ironworker in Milwaukee and moved to rural Wisconsin 15 years ago. The Vietnam veteran has diabetes and heart conditions and gets his prescriptions and insulin through the mail.

When his supply runs low, Troyer, 69, phones in an order to the pharmacy at the nearest VA hospital, in Madison more than an hour's drive away. He depends on the mail especially now during the pandemic, as cases in his region are continuing to rise.

"That's the thing I'm worried about: Is it going to make it here or isn't it? I don't know," Troyer says.

As if things weren't already stressful enough, he says, now mail deliveries could be further delayed amid a standoff over the Postal Service's future.

"What's the deal with screwing over the mail?" Troyer says. "I mean, mail has been running since we had horse riders bringing it."

In fact, you can trace the agency's roots back some 245 years, when Benjamin Franklin became the country's first postmaster general.

A lot of people in rural areas, who were key to electing President Trump, are angry and organizing to save the Postal Service. The agency overseen by the president is mandated to deliver to all of America, especially remote ZIP codes where private carriers won't go because it's not profitable.

Amid a growing outcry from rural leaders, the Postal Service director recently backed down from planned broad cuts to overtime for mail carriers and office hours and vowed not to shut down anymore facilities.

In many small towns, the post office isn't just a lifeline, it's also a community hub, where folks meet their neighbors and catch up on local news and gossip.

"More importantly for many folks who live in rural areas, their only daily contact may be the mail carrier," says Lois Davis, senior policy researcher at the Rand Corporation.

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A recent study she led at the California-based security think tank showed that the Postal Service ranks high in terms of federal institutions that the public has trust in. In an era when, generally, faith in institutions seems to be eroding, this doesn't go unnoticed.

The post office's revenue comes from all of us mailing stuff, which was on the decline even before the lockdown. But Davis says the government has put a lot of restrictions on its ability to raise new funds.

"We've hamstrung their ability to turn a profit, but at the same time, we require them to do this universal service obligation that no other carrier has that requirement of," Davis says.

There was a push by some conservative lawmakers to privatize all mail deliveries long before the recent political battle over mail-in voting. But there has been a bipartisan backlash to the Trump administration's recent cuts, even in red states that the president carried easily.

"If our mail isn't right, what other connections are we going to lose?" says Rich Judge, an organizer with the newly formed left-leaning group Rural America 2020.

His group is fighting everything from the recent tariffs facing farmers to threatened shutdowns of post offices and routes in Iowa, Michigan, Minnesota and Wisconsin.

Judge runs a small communications business from his home in rural Sauk County, Wis., where, he says, small businesses and family dairy farmers are getting squeezed, working longer hours while also seeing their profits and savings decline.

"You're telling people who already have to work harder than they did 20 years ago, 'By the way, we're going to impede your progress even more by hamstringing the Postal Service,' " Judge says.

Judge sees the fight over the post office not unlike what is going on with the lack of high-speed Internet here and says rural America stands to keep falling further behind.

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7.4 - U.S. News & World Report (AP): Massachusetts Man Pleads Guilty to Defrauding VA Facilities (20 August, 27.4M uvm; Washington, DC)

SPRINGFIELD, MASS. (AP) — A Massachusetts man contracted by several U.S. Department of Veterans Affairs facilities to inspect medical gas systems pleaded guilty Thursday to billing for inspections that neither he nor his company performed, federal prosecutors said.

Chester Wojcik, 49, of Agawam, went so far as to create false invoices and reports for inspections that never took place, according to the U.S. attorney's office in Boston.

Medical gas supply systems deliver compressed air, oxygen, nitrous oxide, nitrogen and carbon dioxide to operating rooms, recovery rooms and patient rooms and must be inspected and maintained regularly to ensure the safety of patients and medical professionals, authorities said.

Wojcik, the owner of Alliance Medical Gas Corp., failed to perform inspections of gas systems at VA facilities in Sioux Falls, South Dakota; Tuskegee, Alabama; and Montgomery, Alabama, in

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2014 and 2015, federal prosecutors said. He was paid almost $9,000 for services his company did not perform.

Wojcik pleaded guilty to wire fraud. He faces up to 20 years in prison at sentencing scheduled for Nov. 19.

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7.5 - WGHP (FOX-8, Video): One of America's oldest WWII veterans wants to meet you (20 August, Ronnie Das, 1.7M uvm; High Point, NC)

At 101-years-young, Sidney Walton is still a man on a mission.

Sidney joined the Army at 21 to fight Hitler nine months before Pearl Harbor, according to the "Go Sidney Go" website.

He missed a chance when he was young to meet Civil War veterans, an opportunity he regrets, but now he wants to give all Americans an opportunity to meet a WWII vet before it's too late.

In 2019, The Department of Veterans Affairs reported that only 389,292 of the 16 million Americans who served in World War II were still alive.

In April 2018, at the age of 99, Walton set off to visit all 50 U.S. states, naming his journey the "No Regrets Tour."

As a Corporal, Sidney Walton fought in the China, Burma, India Theater (CBI) in the 34th Infantry, 8th Division.

After the war ended, Walton studied at Yale University for graduate school and met his wife through a blind date.

He taught geology at Duke University and North Carolina State University.

Walton then worked as a civilian for an Air Force base in Maine before his job in pollution control for a Naval Air Station in San Diego, eventually retiring in the early 1980s.

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1. Top Stories

Coronavirus / COVID-19

1 - FOX News: GOP Sen. Bill Cassidy tests positive for coronavirus (20 August, Megan Henney, 72.4M uvm; New York, NY)
Sen. Bill Cassidy, a Louisiana Republican, has tested positive for the coronavirus, his office said Thursday. The senator plans to adhere to guidelines from the Centers for Disease Control Prevention, including self-quarantining for the next 14 days and alerting people with whom he may have come into contact about the diagnosis, he said.

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2 - CBS News: GOP Senator Bill Cassidy, a doctor, tests positive for COVID-19 (20 August, Kathryn Watson, 28.2M uvm; New York, NY)
Republican Senator Bill Cassidy has tested positive for COVID-19, according to a news release from his office. Cassidy, a 62-year-old medical doctor who represents Louisiana, was tested after he was notified Wednesday night that he was exposed to someone with the virus.

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3 - The Federalist (RealClearPolitics): Why Is The Media Suppressing Information About Hydroxychloroquine's Effectiveness Against COVID? (20 August, Steven Hatfill, 3.6M uvm; Alexandria, VA)
On July 31, in a column ostensibly dealing with health care "misinformation," Washington Post media critic Margaret Sullivan opened by lambasting "fringe doctors spouting dangerous falsehoods about hydroxychloroquine as a COVID-19 wonder cure."

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4 - KOTV (CBS-6, Video): Oklahoma VA: Third Of Claremore Facility Residents Have Contracted COVID-19 (20 August, Chinh Doan, 1M uvm; Tulsa, OK)
New data from the Oklahoma Department of Veterans Affairs shows about third of the residents at the Claremore VA have been infected with COVID-19. Of those infected, 36 people have died of suspected complications from the virus. The VA said employees who did not show symptoms and came to work likely led to the outbreak. Now, the state health department is loaning this center a rapid test machine to use on employees every day.

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5 - The Daily Progress: VA sends assistance to Claremore Veterans Center (20 August, 35k uvm; Claremore, OK)
As COVID-19 cases spread throughout Oklahoma, the Eastern Oklahoma VA Health Care system (EOVAHCS) continues to monitor and adjust plans as needed to care for our nation's heroes. In addition, the health care system has taken on some additional roles in response to the pandemic.

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1.1 - The New York Times: U.S. Mail Delays Slow Delivery of Medicines (20 August, Reed Abelson, 118.5M uvm; New York, NY)
To many people who rely on the mail to deliver their prescriptions, the latest political skirmishing over the U.S. Postal Service doesn't really matter. They've been dealing with delays for weeks, and while some are not urgent, others are more worrisome.

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1.2 - The Hill: VA problems raise worries about mail slowdown, prescriptions (20 August, Nathaniel Weixel, 33.4M uvm; Washington, DC)
Concern is growing among Democrats and advocacy groups that slowdowns in the mail could leave millions of people without access to needed medications. The Department of Veterans Affairs (VA), which fills about 80 percent of prescriptions by mail, has already reported problems, and has been forced to use alternative methods of shipping prescriptions in certain areas of the country.

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1.3 - U.S. News & World Report (AP): Sixth Lawsuit Filed in Deaths at West Virginia VA Hospital (20 August, John Raby, 27.4M uvm; Washington, DC)
A sixth lawsuit has been filed involving the sudden deaths of patients at a West Virginia veterans hospital where a former nursing assistant admitted to intentionally killing seven people with fatal doses of insulin. A federal lawsuit was filed Wednesday in the July 2018 death of Russell R. Posey Sr. at the Louis A. Johnson VA Medical Center in Clarksburg.

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1.4 - U.S. News & World Report (AP): Pandemic Pushes Expansion of 'Hospital-At-Home' Treatment (20 August, Linda A. Johnson, 27.4M uvm; Washington, DC)
As hospitals care for people with COVID-19 and try to keep others from catching the virus, more patients are opting to be treated where they feel safest: at home. Across the U.S., "hospital at home" programs are taking off amid the pandemic, thanks to communications technology, portable medical equipment and teams of doctors, nurses, X-ray techs and paramedics.

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2. Improving Customer Service

2.1 - Popular Science: The Postal Service helps keep millions of Americans alive and well (20 August, Kat Eschner, 6.1M uvm; New York, NY)
After recent attempts by the federal government to defund the United States Postal Service and make cuts to things like mail sorting and delivery frequency, the country's medical associations and health researchers have spoken out to raise awareness of the public health importance of our national postal system.

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2.2 - Becker's Hospital Review: How USPS changes are affecting prescription deliveries: 5 updates (20 August, Maia Anderson, 1.4M uvm; Chicago, IL)
Since Postmaster General Louis DeJoy said in early August that he would make changes to the organizational structure of the United States Postal Service, concerns have grown that slowdowns in mail delivery are leaving some Americans without their prescriptions.

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2.3 - The Buffalo News: Ex-federal employee pleads guilty to threatening another federal worker (20 August, Harold McNeil, 1.4M uvm; Buffalo, NY)
A former U.S. Department of Veterans Affairs employee has pleaded guilty before U.S. Magistrate Judge Michael J. Roemer to threatening a federal employee, according to the U.S. Attorney's Office.

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2.4 - WHBQ (FOX-13): Telehealth services for vets ramped up during pandemic (20 August, Samantha Manning, 649k uvm; Memphis, TN)
More veterans are getting their health care services by video, phone, or through the click of a mouse during the pandemic. The U.S. Department of Veterans Affairs ramped up its telehealth services over the last several months. The VA said the number of vets using virtual care jumped more than 800 percent in just a matter of weeks during the pandemic and more than 11 million virtual prescription refill requests have been filled.

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2.5 - WMAZ (CBS-13, Video): Carl Vinson VA Medical Center reactivating volunteer program (20 August, Wanya Reese, 631k uvm; Macon, GA)
The Carl Vinson VA Medical Center in Dublin is allowing some volunteers back into the building starting August 31st. In early March, the VA stop letting volunteers in the building to help limit the spread of COVID-19. A spokesperson with the VA says they are "gradually" and safely bringing in some volunteers back.

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2.6 - WFXR (FOX-27, WBOY/NBC-12, Video): Another lawsuit filed in death of WWII veteran at Clarksburg VAMC (20 August, 250k uvm; Roanoke, VA)
Another lawsuit has been filed against the Louis A. Johnson Veterans Affairs Medical Center (VAMC) in Clarksburg regarding the death of a patient. The law firm of Tiano O'Dell says they've filed the suit on behalf of Russell Posey, II and Kristina Hinzman, the son and daughter of 92-year-old Ret. Chief Petty Officer Russell R. Posey, Sr., a World War II veteran.

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2.7 - Spectrum News 1 (Video): Photographer Shares Emotional Pictures Taken at Milwaukee VA Medical Center (20 August, Megan Carpenter, 14k uvm; Milwaukee, WI)
Benjamin Slane has been working in public affairs for the Milwaukee VA Medical Center for six years. Part of his job is to tell stories through pictures and video. The journalism major is good at it. “Everyone has a story,” he said. “At the VA, we’re in a unique position where we have 70,000 stories to tell and they’re all good stories.”

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3. **Business Transformation**

4. **DOD Cooperation / Electronic Health Records / MISSION Act Implementation**

5. **Suicide Prevention**

5.1 - inewsource: **Kiaya Bender: 'Things just felt meaningless'** (20 August, Zoe Meyers, San Diego, CA)
Kiaya Bender is one of the dozens of veterans who the San Diego VA sent to Kadima Neuropsychiatry Institute in La Jolla to receive ketamine treatments for depression. For Bender and others, the treatments have been "life-saving." In October, the VA notified staff at Kadima that it would no longer authorize ketamine treatments outside of the VA Medical Center, sending a ripple of fear through Kadima's office and its patients.

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6. **Women Veterans / Homelessness / Benefits / Cemeteries**

6.1 - The Washington Times: **Georgia man sentenced after falsely claiming PTSD for VA benefits** (20 August, Mike Glenn, 6.3M uvm; Washington, DC)
A Georgia man received $76,000 in benefits from the government after saying he had witnessed horrible atrocities during a six-month combat deployment to Afghanistan in 2008-2009. Gregg Ramsdell, 61, told the U.S. Department of Veterans Affairs he had seen explosions that ripped apart the bodies of U.S. military personnel; the executions of men, women and children and women who detonated themselves while holding babies.

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6.2 - Military Times: **Advocates warn GI Bill students of shady college recruiting amid coronavirus pandemic** (20 August, Leo Shane III, 2.3M uvm; Vienna, VA)
Veterans education advocates are cautioning students to be wary of schools capitalizing on pandemic uncertainty to pitch new and sometimes questionable education opportunities. A new report released Wednesday from Veterans Education Success found a significant increase in college advertising related to the coronavirus pandemic, encouraging students to reconsider their short-term learning plans given many school's decisions to shift to online-only classes.

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6.3 - Stars and Stripes: **Advocates begin 'final push' to get benefits for Vietnam War veterans** (20 August, Nikki Wentling, 1.7M uvm; Washington, DC)
National veterans organizations launched a "final push" Thursday for Congress to grant Department of Veterans Affairs benefits to tens of thousands of Vietnam War veterans believed to be suffering the effects of Agent Orange.

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6.4 - KGTV (ABC-10, CNS): Plans for Miramar Cemetery amphitheater revealed (20 August, 1.1M uvm; San Diego, CA)
The Miramar National Cemetery Support Foundation launched a project Thursday to build an Armed Forces Memorial Amphitheater with permanent seating in the cemetery's assembly area. The foundation, which sponsors the Avenue of Flags as well as the Veterans Tribute Tower & Carillon and the annual veterans' services at the cemetery, is working with cemetery leadership and the VA's National Cemetery Administration on the design of the amphitheater.

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6.5 - Florida Today (Video): Brevard Habitat for Humanity gives new homes to homeless female veterans (20 August, Bailey Gallion, 769k uvm; Melbourne, FL)
Veteran Lisa Stinson received keys to her new home Thursday. As she, community members and Habitat for Humanity volunteers placed their hands on the house to silently bless it, she held her daughter close and cried.

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6.6 - Inman: VA loan activity swells during coronavirus pandemic (20 August, Jim Dalrymple II, 449k uvm; Emeryville, CA)
The number of Americans applying for home loans through the U.S. Department of Veterans Affairs (VA) has skyrocketed during the coronavirus, according to new data from the agency, adding more evidence that real estate has had an unprecedented run of late.

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6.7 - WDTN (ABC-2, Video): Dayton VA delivers free groceries to nearly 250 veterans in need (20 August, Caroline Morse, 347k uvm; Moraine, OH)
Nearly 250 veterans drove through the Dayton VA Thursday morning with a special mission in mind. "We just started going to the VA pantry and it helps because paying the bills and everything, getting what food you can get, really does help," said Navy Veteran Bob Barkelay.

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6.8 - U.S. Medicine: Maher Seeks to Convince Women Veterans That VA Can Meet Their Needs (10 August, Stephen Spotswood, Lambertville, NJ)
Currently, women make up 10% of U.S. veterans, and that percentage grows higher with each new generation of veterans. Yet, there has historically been in enrollment between men and women in VA services, and it has become more apparent as the number of women veterans grows.

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7. Other

7.1 - The Washington Post: Senate Democrats investigating whether USPS changes held up prescription drug deliveries (20 August, Tony Romm, 84.9M uvm; Washington, DC)
Two top Senate Democrats are opening their own investigation of the U.S. Postal Service, aiming to explore whether changes to mail processing and delivery have prevented seniors, veterans and other patients from receiving their prescription drugs on time.

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7.2 - USA Today: Empty mailboxes, missed rent: US Postal Service's struggles have real-world impacts (20 August, Joel Shannon, Donovan Slack, and Kevin McCoy, 74.5M uvm; McLean, VA)
Empty mailboxes, uncounted ballots, late medication, missed rent payments – those are among the real-world impacts of the struggles of the U.S. Postal Service. Many of those issues, documented this summer across the USA TODAY Network, predate the feverish debate about whether mail is delayed by the Postal Service's efforts to cut overtime, remove mail processing equipment and even move blue collection boxes.

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7.3 - NPR: Why Rural America Is Fighting The Trump Administration On The Post Office (20 August, Kirk Siegler, 45.3M uvm; Washington, DC)
Todd Troyer retired as an ironworker in Milwaukee and moved to rural Wisconsin 15 years ago. The Vietnam veteran has diabetes and heart conditions and gets his prescriptions and insulin through the mail. When his supply runs low, Troyer, 69, phones in an order to the pharmacy at the nearest VA hospital, in Madison more than an hour's drive away. He depends on the mail especially now during the pandemic, as cases in his region are continuing to rise.

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7.4 - U.S. News & World Report (AP): Massachusetts Man Pleads Guilty to Defrauding VA Facilities (20 August, 27.4M uvm; Washington, DC)
A Massachusetts man contracted by several U.S. Department of Veterans Affairs facilities to inspect medical gas systems pleaded guilty Thursday to billing for inspections that neither he nor his company performed, federal prosecutors said. Chester Wojcik, 49, of Agawam, went so far as to create false invoices and reports for inspections that never took place, according to the U.S. attorney's office in Boston.

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7.5 - WGHP (FOX-8, Video): One of America's oldest WWII veterans wants to meet you (20 August, Ronnie Das, 1.7M uvm; High Point, NC)
At 101-years-young, Sidney Walton is still a man on a mission. Sidney joined the Army at 21 to fight Hitler nine months before Pearl Harbor, according to the "Go Sidney Go" website. He missed a chance when he was young to meet Civil War veterans, an opportunity he regrets, but now he wants to give all Americans an opportunity to meet a WWII vet before it's too late.

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1. Top Stories

Coronavirus / COVID-19

1 - FOX News: GOP Sen. Bill Cassidy tests positive for coronavirus (20 August, Megan Henney, 72.4M uvm; New York, NY)

Sen. Bill Cassidy, a Louisiana Republican, has tested positive for the coronavirus, his office said Thursday.

The senator plans to adhere to guidelines from the Centers for Disease Control Prevention, including self-quarantining for the next 14 days and alerting people with whom he may have come into contact about the diagnosis, he said.

Cassidy, 62, was tested for COVID-19 after he was informed on Wednesday that he had been exposed to an individual with the virus.

"I am strictly following the direction of our medical experts and strongly encourage others to do the same," Cassidy said in a statement.

The Senate is on recess and is not slated to return to Washington until Sept. 8.

On Wednesday, the same day he was alerted of his potential exposure to the virus, Cassidy was visiting a veterans hospital in Shreveport, Louisiana, according to his Twitter.

Cassidy is the latest congressional lawmaker to test positive for the virus and the second U.S. senator.

So far, at least 11 members of Congress have been infected with COVID-19, according to data compiled by GovTrack.us, an organization monitoring lawmakers and their voting records.

That includes Reps. Louie Gohmert, R-Texas; Mike Kelly, R-Penn.; Mario Diaz Balart, R-Fla.; Morgan Griffith, R-Va., and Ben McAdams, D-Utah.

In late March, Kentucky Sen. Rand Paul, a Republican, became the first senator to announce that he had tested positive for the coronavirus.

A medical doctor, Cassidy was elected to the Senate in 2014.

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2 - CBS News: GOP Senator Bill Cassidy, a doctor, tests positive for COVID-19 (20 August, Kathryn Watson, 28.2M uvm; New York, NY)

Republican Senator Bill Cassidy has tested positive for COVID-19, according to a news release from his office. Cassidy, a 62-year-old medical doctor who represents Louisiana, was tested after he was notified Wednesday night that he was exposed to someone with the virus.

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According to his office, the Louisiana senator contacted his doctor and is sticking to Centers for Disease Control (CDC) recommendations, including quarantining for 14 days and telling people he's interacted with recently.

"I am strictly following the direction of our medical experts and strongly encourage others to do the same," Cassidy said.

Cassidy's office did not say whether he has any symptoms at this time.

According to his Twitter feed, Cassidy visited Overton Brooks VA Medical Center in Shreveport, Louisiana, this week to discuss veteran suicide. A video posted to his Twitter showed him wearing a face covering, although it slipped below his nose as he spoke alongside someone.

"Had a great visit and discussion at the Overton Brooks VA Medical Center in Shreveport regarding veterans' suicide. I'm impressed by the outreach by Mr. Richard Crockett and his staff to support veterans as they reenter civilian life after proudly serving our nation," Cassidy tweeted.

Cassidy also promoted in-person voting in a video he posted to his Twitter account Wednesday.

"If you can go to the grocery store safely and practice social distancing, then you can safely go to the voting booth. We shouldn't federalize elections like Democrats are attempting to do by making mail-in voting mandatory. Let state & local govts decide their voting procedures," he tweeted.

Senator Rand Paul, Republican of Kentucky, contracted COVID-19 earlier this year, and Senators Tim Kaine, of Virginia, and Bob Casey, of Pennsylvania, both Democrats, have tested positive for antibodies.

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3 - The Federalist (RealClearPolitics): Why Is The Media Suppressing Information About Hydroxychloroquine's Effectiveness Against COVID? (20 August, Steven Hatfill, 3.6M uvm; Alexandria, VA)

On July 31, in a column ostensibly dealing with health care "misinformation," Washington Post media critic Margaret Sullivan opened by lambasting "fringe doctors spouting dangerous falsehoods about hydroxychloroquine as a COVID-19 wonder cure."

Actually, it was Sullivan who was spouting dangerous falsehoods about this drug, something the Washington Post and much of the rest of the media have been doing for months. On May 15, the Post offered a stark warning to any Americans who may have taken hope in a possible therapy for COVID-19. In the newspaper's telling, there was nothing unambiguous about the science — or the politics — of hydroxychloroquine: "Drug promoted by Trump as coronavirus game-changer increasingly linked to deaths," blared the headline.

Written by three Post staff writers, the story asserted that the effectiveness of hydroxychloroquine in treating COVID-19 is scant and that the drug is inherently unsafe. This claim is nonsense.

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The Media's Silence on Hydroxychloroquine
Biased against the use of hydroxychloroquine for COVID-19 — and the Washington Post is hardly alone — the paper described an April 21, 2020, drug study on U.S. Veterans Affairs patients hospitalized with the illness. It found a high death rate in patients taking the drug hydroxychloroquine.

But this was a flawed study with a small sample, the main flaw being that the drug was given to the sickest patients who were already dying because of their age and severe pre-existing conditions. This study was quickly debunked. It had been posted on a non-peer-reviewed medical archive that specifically warns that studies posted on its website should not be reported in the media as established information.

Yet the Post and countless other news outlets did just the opposite, making repeated claims that hydroxychloroquine was ineffective and caused serious cardiac problems. Nowhere was there any mention of the fact that COVID-19 damages the heart during infection, sometimes causing irregular and sometimes fatal heart rhythms in patients not taking the drug.

To a media unrelentingly hostile to Donald Trump, this meant that the president could be portrayed as recklessly promoting the use of a "dangerous" drug. Ignoring the refutation of the VA study in its May 15 article, the Washington Post cited a Brazil study published on April 24 in which a COVID trial using chloroquine (a related but different drug than hydroxychloroquine) was stopped because 11 patients treated with it died. The reporters never mentioned another problem with that study: The Brazilian doctors were giving their patients lethal cumulative doses of the drug.

On and on it has gone since then, in a circle of self-reinforcing commentary. Following the news that Trump was taking the drug himself, opinion hosts on cable news channels launched continual attacks on both hydroxychloroquine and the president. "This will kill you!" Fox News Channel's Neil Cavuto exclaimed. "The president of the United States just acknowledged that he is taking hydroxychloroquine, a drug that [was] meant really to treat malaria and lupus."

Washington Post reporters Ariana Cha and Laurie McGinley were back again on May 22, with a new article shouting out the new supposed news: "Antimalarial drug touted by President Trump is linked to increased risk of death in coronavirus patients, study says." The media uproar this time was based on a large study just published in The Lancet. There was just one problem. The Lancet paper was fraudulent and it was quickly retracted.

However, the damage from the biased media storm was done and it was long-lasting. Continuing patient enrollment needed for early-use clinical trials of hydroxychloroquine dried up within a week. Patients were afraid to take the drug, doctors became afraid to prescribe it, pharmacies refused to fill prescriptions, and in a rush of incompetent analysis and non-existent senior leadership, the FDA revoked its Emergency Use Authorization for the drug.

So what is the real story on hydroxychloroquine? Here, briefly, is what we know.

When the COVID-19 pandemic began, a search was made for suitable antiviral therapies to use as treatment until a vaccine could be produced. One drug, hydroxychloroquine, was found to be the most effective and safe for use against the virus.

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Federal funds were used for clinical trials of it, but there was no guidance from Dr. Anthony Fauci or the NIH Treatment Guidelines Panel on what role the drug would play in the national pandemic response. Fauci seemed to be unaware that there actually was a national pandemic plan for respiratory viruses.

Timing Appears to be Important

Following a careful regimen developed by doctors in France, some knowledgeable practicing U.S. physicians began prescribing hydroxychloroquine to patients still in the early phase of COVID infection. Its effects seemed dramatic. Patients still became sick, but for the most part, they avoided hospitalization.

In contrast — and in error — the NIH-funded studies somehow became focused on giving hydroxychloroquine to late-presenting hospitalized patients. This was in spite of the fact that unlike the drug's early use in ambulatory patients, there was no real data to support the drug's use in more severe hospitalized patients.

By April, it was clear that roughly seven days from the time of the first onset of symptoms, a COVID-19 infection could sometimes progress into a more radical late phase of severe disease with inflammation of the blood vessels in the body and immune system over-reactions. Many patients developed blood clots in their lungs and needed mechanical ventilation. Some needed kidney dialysis. In light of this pathological carnage, no antiviral drug could be expected to show much of an effect during this severe second stage of COVID.

On April 6, 2020, an international team of medical experts published an extensive study of hydroxychloroquine in more than 130,000 patients with connective tissue disorders. They reaffirmed that hydroxychloroquine was a safe drug with no serious side effects. The drug could safely be given to pregnant women and breastfeeding mothers.

Consequently, countries such as China, Turkey, South Korea, India, Morocco, Algeria, and others began to use hydroxychloroquine widely and early in their national pandemic response. Doctors overseas were safely prescribing the drug based on clinical signs and symptoms because widespread testing was not available.

However, the NIH promoted a much different strategy for the United States. The "Fauci Strategy" was to keep early infected patients quarantined at home without treatment until they developed shortness of breath and had to be admitted to a hospital. Then they would be given hydroxychloroquine. The Food and Drug Administration cluelessly agreed to this doctrine and it stated in its hydroxychloroquine Emergency Use Authorization (EUA) that "hospitalized patients were likely to have a greater prospect of benefit (compared to ambulatory patients with mild illness)."

In reality, just the opposite was true. This was a tragic mistake by Fauci and FDA Commissioner Dr. Stephen Hahn and it was a mistake that would cost the lives of thousands of Americans in the days to come.

At the same time, accumulating data showed remarkable results if hydroxychloroquine were given to patients early, during a seven-day window from the time of first symptom onset. If given during this window, most infections did not progress into the severe, lethal second stage of the disease. Patients still got sick, but they avoided hospitalization or the later transfer to an intensive care unit.

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In mid-April, a high-level memo was sent to the FDA alerting them to the fact that the best use for hydroxychloroquine was for its early use in still ambulatory COVID patients. These patients were quarantined at home but were not short of breath and did not yet require supplemental oxygen and hospitalization.

The Complexities of COVID-19

Failing to understand that COVID-19 could be a two-stage disease process, the FDA ignored the memo and, as previously mentioned, it withdrew its EUA for hydroxychloroquine based on flawed studies and clinical trials that were applicable only to late-stage COVID patients.

By now, however, some countries had already implemented early, aggressive, outpatient community treatment with hydroxychloroquine and within weeks were able to minimize their COVID deaths and bring their national pandemic under some degree of control.

In countries such as Great Britain and the United States, where the “Fauci-Hahn Strategy” was followed, there was a much higher death rate and an ever-increasing number of cases. COVID patients in the United States would continue to be quarantined at home and left untreated until they developed shortness of breath. Then they would be admitted to the hospital and given hydroxychloroquine outside the narrow window for the drug’s maximum effectiveness.

In further contrast, countries that started out with the “Fauci-Hahn Doctrine” and then later shifted their policy towards aggressive outpatient hydroxychloroquine use, after a brief lag period also saw a stunning rapid reduction in COVID mortality and hospital admissions.

Finally, several nations that had started using an aggressive early-use outpatient policy for hydroxychloroquine, including France and Switzerland, stopped this practice when the WHO temporarily withdrew its support for the drug. Five days after the publication of the fake Lancet study and the resulting media onslaught, Swiss politicians banned hydroxychloroquine use in the country from May 27 until June 11, when it was quickly reinstated.

The consequences of suddenly stopping hydroxychloroquine can be seen by examining a graph of the Case Fatality Ratio Index (nrCFR) for Switzerland. This is derived by dividing the number of daily new COVID fatalities by the new cases resolved over a period with a seven-day moving average. Looking at the evolution curve of the CFR it can be seen that during the weeks preceding the ban on hydroxychloroquine, the nrCFR index fluctuated between 3 percent and 5 percent.

Following a lag of 13 days after stopping outpatient hydroxychloroquine use, the country’s COVID-19 deaths increased four-fold and the nrCFR index stayed elevated at the highest level it had been since early in the COVID pandemic, oscillating at over 10 percent to 15 percent. Early outpatient hydroxychloroquine was restarted June 11 but the four-fold “wave of excess lethality” lasted until June 22, after which the nrCFR rapidly returned to its background value.

Ignoring the Data

Here in our country, Fauci continued to ignore the ever-accumulating and remarkable early-use data on hydroxychloroquine and he became focused on a new antiviral compound named remdesivir. This was an experimental drug that had to be given intravenously every day for five days. It was never suitable for major widespread outpatient or at-home use as part of a national pandemic plan. We now know that remdesivir has no effect on overall COVID patient mortality and it costs thousands of dollars per patient.

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Hydroxychloroquine, by contrast, costs 60 cents a tablet, it can be taken at home, it fits in with the national pandemic plan for respiratory viruses, and a course of therapy simply requires swallowing three tablets in the first 24 hours followed by one tablet every 12 hours for five days.

There are now 53 studies that show positive results of hydroxychloroquine in COVID infections. There are 14 global studies that show neutral or negative results — and 10 of them were of patients in very late stages of COVID-19, where no antiviral drug can be expected to have much effect. Of the remaining four studies, two come from the same University of Minnesota author. The other two are from the faulty Brazil paper, which should be retracted, and the fake Lancet paper, which was.

Millions of people are taking or have taken hydroxychloroquine in nations that have managed to get their national pandemic under some degree of control. Two recent, large, early-use clinical trials have been conducted by the Henry Ford Health System and at Mount Sinai showing a 51 percent and 47 percent lower mortality, respectively, in hospitalized patients given hydroxychloroquine.

A recent study from Spain published on July 29, two days before Margaret Sullivan's strafing of "fringe doctors," shows a 66 percent reduction in COVID mortality in patients taking hydroxychloroquine. No serious side effects were reported in these studies and no epidemic of heartbeat abnormalities.

This is ground-shaking news. Why is it not being widely reported? Why is the American media trying to run the U.S. pandemic response with misinformation?

Steven Hatfill is a veteran virologist who helped establish the Rapid Hemorrhagic Fever Response Teams for the National Medical Disaster Unit in Kenya, Africa. He is an adjunct assistant professor in two departments at the George Washington University Medical Center where he teaches mass casualty medicine. He is the principal author of the prophetic book "Three Seconds Until Midnight — Preparing for the Next Pandemic," published by Amazon in 2019.

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4 - KOTV (CBS-6, Video): Oklahoma VA: Third Of Claremore Facility Residents Have Contracted COVID-19 (20 August, Chinh Doan, 1M uvm; Tulsa, OK)

CLAREMORE, Okla. - New data from the Oklahoma Department of Veterans Affairs shows about third of the residents at the Claremore VA have been infected with COVID-19.
Of those infected, 36 people have died of suspected complications from the virus.

The VA said employees who did not show symptoms and came to work likely led to the outbreak. Now, the state health department is loaning this center a rapid test machine to use on employees every day.

Oklahoma's largest veterans center is in Claremore. Since July 1, 129 residents have tested positive for COVID-19 and of those, 36 have died and 11 have recovered. 61 employees have also tested positive and 33 of those have recovered.

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Joel Kintsel, executive director of the Oklahoma Department of Veteran's Affairs, said the center is making changes to stop the spread.

"One bit of good news is that over last six days, we've only had one new positive resident so it does appear that this is slowing down," Kintsel said.

Kintsel said the federal VA helped move infected residents to the V-A hospitals in Oklahoma City and Muskogee.

Residents without symptoms and those with mild symptoms stayed at the Claremore Center in the recently-installed negative pressure area.

"I know this has been a tremendously difficult and challenging times for our veterans and for their family members and we appreciate their understanding, their patience as we work through this difficult time," Kintsel said.

The President of Oklahoma State Medical Association, Dr. George Monks said the outbreak is a prime example of the need for a statewide mask mandate.

"As a former soldier myself, I know the sacrifice these veterans have made for their country and for our freedom," Monks said. "As a state we have to work harder to guard not only the veterans but also the people taking care of them."

Data from the other six veterans centers in Oklahoma show no COVID-19 related deaths. The other centers combined have 8 positive tests from residents and 22 from employees.

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5 - The Daily Progress: **VA sends assistance to Claremore Veterans Center** (20 August, 35k uvm; Claremore, OK)

As COVID-19 cases spread throughout Oklahoma, the Eastern Oklahoma VA Health Care system (EOVAHCS) continues to monitor and adjust plans as needed to care for our nation's heroes. In addition, the health care system has taken on some additional roles in response to the pandemic.

In July, the Claremore State Veterans Center began to see a spike in COVID-19 cases for both Veterans and staff. Due to the surge, EOVAHCS Engineering staff converted the third floor of the facility to a negative pressure COVID-only ward.

Rising COVID-positive cases then prompted the need for both Eastern Oklahoma and Oklahoma City VA Health Care Systems to provide hospitalized care for Veterans from the Claremore facility in order to prevent further spread.

Recently, due to many Claremore staff being unable to work because they either tested positive or were awaiting results, EOVAHCS deployed over 30 employees from various services to assist in providing a safe environment for Veterans.

"I am so proud of our employees who volunteered to serve alongside the Claremore State Veterans Center staff to meet the healthcare needs of our most vulnerable Veterans," said Mark

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Morgan, director, EOVAHCS. "My team brings a higher level of nursing care than is required in a nursing home setting but, in this situation, it is warranted as our Veterans need more attention while they combat the COVID-19 virus."

The teams deployed are providing around the clock care for Veterans on the COVID-19 ward for up to four weeks or until the facility's staffing situation improves. EOVAHCS staff also tested more than 40 Claremore employees to help clear those who could return to work.

Ross Foote, chief of Inpatient Nursing at EOVAHCS, is one of the employees currently working at the State Home and says they are proud to be able to serve Veterans anywhere they can.

"The Veterans are appreciative of us being here for them to help provide care," said Foote. "Most of them came from Muskogee so they already know a lot of us. Claremore Vet Center staff have also been grateful for the assistance. They are going through a crisis and recognize we are here to help."

The partnership with the Claremore State Veterans Center represents VA's "Fourth Mission," which takes measures to assist local communities during a national emergency by developing plans and taking actions to ensure continued service to Veterans.

"Working alongside Claremore staff, our nurses, along with staff from Engineering and Environmental Management Service, are able to share best practices in the care and treatment of COVID-19 patients before they need hospital-level care." said Morgan. "This has given us the opportunity to demonstrate to the entire country how caring for Veterans is truly a community-wide team effort."

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1.1 - The New York Times: U.S. Mail Delays Slow Delivery of Medicines (20 August, Reed Abelson, 118.5M uvm; New York, NY)

To many people who rely on the mail to deliver their prescriptions, the latest political skirmishing over the U.S. Postal Service doesn't really matter. They've been dealing with delays for weeks, and while some are not urgent, others are more worrisome.

Dr. Toula Milios Guilfoyle, a retired physician in Jefferson, N.H., is among those who say their mail-order prescriptions have become dangerously late. Dr. Guilfoyle, who is 62 and disabled, needs antibiotics for a chronic infection. While her prescriptions from the Dartmouth-Hitchcock Medical Center usually arrive a few days after they are sent, last month she had to wait two weeks to receive them, and subsequent prescriptions have also been delayed.

Without the antibiotics she needed, her infection spread. "I got worse and worse," she said.

She initially thought the first delay was "a fluke," but her prescriptions have been late two more times. "Everything has slowed down," Dr. Guilfoyle said. She worries that the reports of the removal of mailboxes and postal equipment that have already taken place will continue to make the delivery of mail sluggish.

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Most of the criticism over the cost-cutting actions taken by Postmaster General Louis DeJoy, a major donor to President Trump, has focused on whether the measures could jeopardize mail-in voting for the upcoming election. But there is increasing recognition of the effect the cutbacks would have on consumers who receive their medicines via the mail.

Nearly one in five Americans said they received medications through the mail last week, according to an Axios-Ipsos poll released Aug. 18. Of those, a quarter said they experienced some delay or lack of delivery.

Although only 5 percent of the nation's retail prescriptions were delivered to consumers by mail last year, the Postal Service handled perhaps half of the volume, some 100 million prescriptions, by one estimate.

But use of mail order for prescriptions rose by 20 percent when the U.S. outbreaks spread in March, compared with the previous year, as people stockpiled medications during lockdown.

In addition, many of the drugs shipped are critical medicines for people with chronic conditions like diabetes or high blood pressure.

"It's just unacceptable for the Senate to be in recess while prescriptions continue to sit in sorting facilities," said Senator Jeanne Shaheen, a New Hampshire Democrat and one of the lawmakers Dr. Guilfoyle contacted. "More than 3,000 constituents have contacted my office recently about Postal Service delays, and they can't afford to have the Trump administration playing politics with their mail and their medications."

Doctors and pharmacists also expressed their apprehension about patients not getting their prescriptions in a timely manner, especially when many are advised to stay at home during the coronavirus pandemic.

"Any disruption in the U.S. mail is of concern," said Dr. Jacqueline Fincher, the president of the American College of Physicians, which represents internists. "Patients are being put at risk for no good reason, it would seem," she said.

Missed doses could cause adverse health issues.

"If they go without for several days, the concern is always 'Are you going to have a bad outcome?'" said Dr. Fincher, who warned patients might need to go to the hospital if their conditions significantly worsened. "This is not the time you want to be in the hospital for one of your chronic conditions that is out of whack."

Even though Mr. DeJoy announced earlier this week that he would suspend some of the changes, Senator Gary Peters, a Michigan Democrat, plans to hold an oversight hearing on Friday to question the postmaster general.

"It's clear that the policies directed by Postmaster General DeJoy have hurt people who use the Postal Service as a lifeline for everyday needs, including Michigan seniors and veterans and people in rural communities who rely on live-saving prescriptions they receive in the mail," Mr. Peters said.

House Democrats are also scheduling a vote on Saturday on legislation that would revoke changes Mr. DeJoy has already made, and include $25 billion in funding for the agency.

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Veterans have been particularly affected by mail delays because the Department of Veterans Affairs relies on the Postal Service for delivery. Jan Stowe, 74, of Traverse City, Mich., said that in July, for the first time, she did not get her prescription before she ran out of the Valium she takes for chronic muscle spasms. She suffered acute pain for four days, she said. “This medicine is to me lifesaving because it keeps me upright and mobile,” Ms. Stowe said.

Exactly how many people are being affected is unclear. The major pharmacy benefit managers, including CVS Health, Express Scripts and OptumRx, will only say they are closely watching the situation.

Some pharmacies say they are seeing some delays, like AllianceRX Walgreens Prime, which is operated by Walgreens, the drugstore chain, and Prime Therapeutics, a pharmacy benefit manager. Delays of three or more days have been reported, although the partnership said their customers were not suffering from any disruption in treatment.

“There has now been a noticeable difference,” said Dr. Jessica Nouhavandi, a pharmacist and a founder of an online pharmacy, Honeybee Health, which says it has 50,000 customers. While there are competing services like UPS or FedEx, the Postal Service “is by far the most cost-effective option for our patients,” she said, and other shipping companies depend on the U.S. mail service for the last leg of a delivery.

Honeybee’s rate of lost packages rose to about 5 percent in July from an average of less than 1 percent in February, Dr. Nouhavandi said. Prescription packages shipped via first-class mail took an average of 11 days, compared with just four or five before.

“Once it leaves our facility, it really is out of our control,” she said. The pharmacy is considering recommending that patients pay more for two-day delivery to ensure they get their medications on time.

While the number of patients relying on their mail “is not trivial,” a vast majority of patients are likely to be unaffected because they get their prescriptions through retail pharmacies, said Adam Fein, the chief executive of the Drug Channels Institute, which analyzes the distribution of medicines. He calculates that of the 5 percent of prescriptions in 2019 that were delivered by mail, 55 percent used the U.S. mail because the type of medicine did not need special handling.

Although some patients turned to mail order because of the pandemic and the concern about leaving their home to go to a pharmacy, Mr. Fein said these delays were not likely to have a widespread effect on patients because most health plans allow people to refill a prescription early or go to a pharmacy if they run out. “There’s really very little likelihood that people would not get access to prescriptions,” he said.

The Medicare Rights Center, a consumer group, suggests people who switch should still try to reduce their risk of exposure to the virus by choosing a retail pharmacy that offers home delivery or curbside pickup. It also recommends people check their health plan to make sure they have the option of a retail pharmacy and to see how much their medications will cost if they make the change.

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And not everyone has easy access to a pharmacy, said Dr. Scott J. Knoer, a pharmacist who is the chief executive of the American Pharmacists Association. Many urban and rural areas have "pharmacy deserts," he said, where residents do not live near a drugstore.

All of this makes patients and their families anxious, said Laura Hatcher, the director of communications for the Little Lobbyists, a group representing children with complex medical needs. "We're just starting to see people have real issues with the mail," she said.

Many of the medications these children need may not be available at the local drugstore, because they are a controlled substance or must be individually compounded. If there are delays at the Postal Service "then it will be an enormous problem," Ms. Hatcher said.

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1.2 - The Hill: **VA problems raise worries about mail slowdown, prescriptions** (20 August, Nathaniel Weixel, 33.4M uvm; Washington, DC)

Concern is growing among Democrats and advocacy groups that slowdowns in the mail could leave millions of people without access to needed medications.

The Department of Veterans Affairs (VA), which fills about 80 percent of prescriptions by mail, has already reported problems, and has been forced to use alternative methods of shipping prescriptions in certain areas of the country.

While only about 5 percent of all prescription drugs are delivered in the mail, pharmacies and pharmacy benefit managers are increasingly using the mail to fill prescriptions for the most expensive drugs.

The coronavirus pandemic has likely increased those numbers, as people opt for a safer option than visiting pharmacies in person.

The Postal Service is a critical part of the pharmacy distribution system, and a delivery delay could be catastrophic for patients.

"My patients who rely on their insulin, or their inhalers, or any other type of medication can't wait weeks to see whether or not their prescription will be delivered," Jacqueline Fincher, president of the American College of Physicians, said in a statement.

"Any prescription medication can only be as effective as a patient's ability to access it. We need to ensure that patients can continue to rely on the U.S. Postal Service to receive their critical medications," Fincher said.

Democrats are using that concern to hammer the Trump administration's handling of the Postal Service.

"Now [Trump] is putting the lives of Nevada's seniors at risk by trying to defund the post office," Sen. Catherine Cortez Masto (D-Nev.) said in her Democratic National Convention address Monday. "Here's what that means: They won't be able to get their prescriptions, because he wants to win an election."

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In the House, the Energy and Commerce Committee this week launched an investigation into how the Postal Service's organizational and operational changes are impacting the delivery of prescription drugs.

According to the committee, 1.2 billion prescriptions were delivered through the Postal Service in 2019.

While there are anecdotal stories of people's medication being delayed, major pharmacies and pharmacy groups said they have not yet been impacted.

A Rite Aid spokesman said the company "uses multiple vendor delivery partners and we are not experiencing delays."

An ExpressScripts spokeswoman also said the company was "not currently experiencing any unusual delays in deliveries."

A CVS spokesman said the company is "closely monitoring the current situation," and will "continue to do everything in our power to ensure deliveries are made on time."

OptumRx, which primarily uses the Postal Service to fill its 500 million mail-order prescriptions a year, said it will "make adjustments as needed."

B. Douglas Hoey, CEO of the National Community Pharmacists Association, said community pharmacies have not seen any recent increases in people coming into the pharmacies for emergency prescriptions due to a delayed mail order.

"There has not been an avalanche of complaints ... over the last month or so," Hoey said.

Hoey said mail order prescriptions have been unpredictable since before the post office said they were going to be making changes.

"At this point it probably is more of a political issue," he said.

Concerns over postal delays stem from changes instituted by Postmaster General Louis DeJoy, a longtime supporter and fundraiser for President Trump, who took over the role in June.

DeJoy reversed course Tuesday, saying that all changes being made to the Postal Service would be paused until after the Nov.3 election.

However, Speaker Nancy Pelosi (D-Calif.) on Wednesday said DeJoy does not intend to roll back any of the changes he has already instituted.

Trump said he would block emergency funding to the financially gutted agency, while acknowledging that it needs the money in order to function properly.

While the changes may impact the delivery of ballots in November, it is already taking a toll on veterans. According to the group Disabled American Veterans, medications from the VA have been delayed by an average of 25 percent over the past year.

In an email to the organization reviewed by The Hill, VA officials said they detected "hot spots" with delivery delays in Detroit as well as parts of New York and New Jersey, and "proactively

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converted from USPS to United Parcel Service (UPS) 2nd day air for those areas until service levels could be returned."

The agency said it also identified a delivery service issue with UPS in the Arizona area and converted to FedEx for roughly five weeks until service levels were restored with UPS.

"It is simply unacceptable that America's veterans, particularly those who were injured or made ill in defense of this country, should face the prospect of not receiving necessary medications in a timely manner considering such delays can be the difference between health and sickness, or even worse," Disabled American Veterans National Commander Stephen Whitehead said in a statement.

VA spokesperson Christina Noel said the agency "has always used a variety of prescription delivery methods to ensure timely delivery, including in-person pharmacies, USPS, and commercial carriers."

Prescriptions delivered through the Postal Service "are averaging less than three days delivery time," Noel said. The VA website offers assurances that prescriptions typically arrive within three to five days.

But Whitehead said the concern was about more than just prescriptions.

"Millions of veterans also rely on the post office to deliver claims decisions, hearing notifications and other critical messages from the VA, all of which must be timely to ensure veterans receive the benefits they have earned through their service and sacrifice," Whitehead said.

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1.3 - U.S. News & World Report (AP): Sixth Lawsuit Filed in Deaths at West Virginia VA Hospital (20 August, John Raby, 27.4M uvm; Washington, DC)

CHARLESTON, W.Va. (AP) — A sixth lawsuit has been filed involving the sudden deaths of patients at a West Virginia veterans hospital where a former nursing assistant admitted to intentionally killing seven people with fatal doses of insulin.

A federal lawsuit was filed Wednesday in the July 2018 death of Russell R. Posey Sr. at the Louis A. Johnson VA Medical Center in Clarksburg.

Charleston attorney Tony O'Dell filed the lawsuit on behalf of Posey's son and daughter, who are co-executors of his estate. The elder Posey, 92, served as a chief petty officer in the U.S. Navy during World War II.

The lawsuit, which seeks unspecified damages, is the latest to allege a widespread system of failures at the hospital. Similar lawsuits have been filed in the deaths of five other veterans at the hospital in January, March, April and June of 2018.

The lawsuit said the onset of Posey's severe, unexplained hypoglycemia was "similar to the pattern of events" that occurred with other patients.

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Fired hospital nursing assistant Reta Mays pleaded guilty last month to intentionally killing seven patients with wrongful insulin injections. Mays, 46, faces up to life in prison for each of seven counts of second-degree murder. No sentencing date has been set.

Mays admitted at a plea hearing to purposely killing the veterans, injecting them with unprescribed insulin while she worked overnight shifts at the hospital in northern West Virginia between 2017 and 2018. Her motive is still unclear. U.S. Attorney Bill Powell said authorities did not receive a "satisfactory response" to questions about the reasoning behind her actions.

It is not clear whether Mays admitted a connection to Posey's death. But in addition to her second-degree murder pleas, she also pleaded guilty to one count of assault with intent to commit murder involving the death of "veteran R.R.P." — Posey's initials.

Assistant U.S. Attorney Fred B. Westfall Jr. has said in court filings in response to some of the lawsuits that Mays acted outside the scope of her employment, the federal government should not liable for her criminal conduct and that the suits should be dismissed.

The VA is the government's second-largest department, responsible for 9 million military veterans. The agency's former director was fired in 2018 in the wake of a bruising ethics scandal and a mounting rebellion within the agency. Robert Wilkie took over as Veterans Affairs secretary in July 2018.

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1.4 - U.S. News & World Report (AP): Pandemic Pushes Expansion of 'Hospital-At-Home' Treatment (20 August, Linda A. Johnson, 27.4M uvm; Washington, DC)

As hospitals care for people with COVID-19 and try to keep others from catching the virus, more patients are opting to be treated where they feel safest: at home.

Across the U.S., "hospital at home" programs are taking off amid the pandemic, thanks to communications technology, portable medical equipment and teams of doctors, nurses, X-ray techs and paramedics. That's reducing strains on medical centers and easing patients' fears.

The programs represent a small slice of the roughly 35 million U.S. hospitalizations each year, but they are growing fast with boosts from Medicare and private health insurers. Like telemedicine, the concept stands to become more popular with consumers hooked on home delivery and other Internet-connected conveniences.

Eligible patients typically are acutely ill with — but don't need round-the-clock intensive care for — common conditions including chronic heart failure, respiratory ailments, diabetes complications, infections and even COVID-19.

They are linked to 24/7 command centers via video and monitoring devices that send their vital signs. They get several daily home visits from a dedicated medical team. Just like in a hospital, they can press an emergency button any time for instant help.

Research on such programs around the world over the past 25 years shows patients recover faster, have fewer complications and are more satisfied, while costs can be a third lower.

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Doctors, hospital officials and patients tout other advantages: People get more rest sleeping in their own bed. They can eat what they want, start moving around quicker and go outside for fresh air. They're less likely to fall in their familiar surroundings, where they have support from family and even pets.

"I would recommend it in a heartbeat for anybody to be able to stay at home," said William Merry, who received care for pneumonia in July at his Ipswich, Massachusetts, home. "There was never any problem. Never."

Merry, who had endured an uncomfortable hospital stay six years ago, refused another one when antibiotic pills didn't help and his temperature hit 103. So his doctor arranged care through Boston-based Medically Home.

Merry and wife Linda, a retired nurse, said they were amazed at how quickly the service transformed their dining room into a mini-hospital room. Technicians set up medical equipment, gave them supplies and oxygen tanks, then explained how everything worked.

That eased their stress, as did regular video calls with a doctor. They got daily schedules listing planned medical staff visits, blood draws, tests, IV medicine administration and other care, she said.

"I think it's really important," she cautioned, "that the person has somebody that's able to be at home."

Dr. Bruce Leff, a geriatrics professor at Johns Hopkins School of Medicine and a home hospital pioneer, did pilot studies years ago. He found benefits for elderly patients who, as he said, were otherwise "basically going to get crushed by the hospital" due to risks of developing blood clots and infections, losing mobility and developing delirium.

Even before the coronavirus pandemic emerged earlier this year, some hospitals were considering at-home-care programs to absorb temporary patient spikes — and avoid the high cost of new buildings.

It's unknown exactly how many U.S. programs exist, but when COVID-19 struck, some institutions rushed to sign up with Medically Home and similar services.

Nashville, Tennessee-based Contessa Health, which serves 14 hospitals in six states, says it's adding two more hospitals shortly and is negotiating potential contracts for about 20 more. Patient volume has jumped 140% since last year and it's added care for patients "admitted" from urgent care and cancer clinics.

Another company, DispatchHealth, previously focused mainly on preventing ER visits by rushing paramedics to provide diagnostic testing, medication and other care at patients' homes or elsewhere. The Denver-based company says it has 200-plus contracts with insurers in 19 U.S. markets to treat seriously ill and injured people at home. It piloted a hospital-at-home program in November, already has programs running in three cities and plans rapid expansion.

Some hospitals have mounted their own at-home programs. In late March, eight of the Atrium Health system's 36 hospitals in the Carolinas and Georgia began one for COVID-19 patients who don't need intensive care. It's already treated about 11,000 people.

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Meanwhile, hospitals with existing programs are seeing far more patients choose at-home care.

In New York, the Mount Sinai at Home program went from handling 10 patients a month to up to 30, said its director, Dr. Linda DeCherrie. The program has since added a twist in which patients start care inside the hospital, then finish at home.

"Everybody we offered it to said yes," said DeCherrie.

DeCherrie said the hospital-at-home model has been used on a small scale in the U.S. since the mid-1990s, but it was held back because traditional Medicare and some insurance plans either didn't cover such treatment at all or didn't reimburse for the full cost of care.

But when the pandemic struck, the Centers for Medicare and Medicaid Services temporarily let hospitals bill for care outside their walls, including in patients' homes. Many private insurers also are covering in-home hospital care during the pandemic. Hospital groups and others want Congress to make those changes permanent, at the same rates as in-hospital care.

Raphael Rakowski, co-founder of 4-year-old Medically Home, said the number of patients treated this July is up tenfold from July 2019.

"Our business is exploding because of COVID," he said.

It now treats patients for 10 hospitals and one physicians' group in five states, including two that were set up soon after the pandemic hit: Boston's Tufts Medical Center and Adventist Health's West Coast hospitals. Two Mayo Clinic hospitals joined this summer. Medically Home should be operating in 12 states by early 2021, Rakowski predicts.

He says some patients are offered at-home care after being examined in an emergency room. In other cases, doctors arrange the care for patients getting cancer treatment, those with a sudden illness, some about to get surgery, or homebound patients with dangerous complications.

The Veterans Health Administration operates 12 hospital-at-home programs. Last year, they served 1,120 veterans.

More vets are using the program during the pandemic, said Dayna Cooper, head of agency's home-based programs. One of the busiest, in San Antonio, saw a 90% jump in veterans treated this March through June versus last year.

Another four of the agency's 170 hospitals are working to start programs. Cooper said studies of the programs in Cincinnati and Honolulu found they cut costs by 29% to 38%, without differences in survival or hospital readmissions.

While interest in the programs has skyrocketed, whether in-home hospital care blossoms after the pandemic largely depends on whether government and private insurers continue to cover it at profitable prices.

If they don't, Johns Hopkins' Leff said: "I think most hospitals will go back to normal."

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2. Improving Customer Service

2.1 - Popular Science: The Postal Service helps keep millions of Americans alive and well (20 August, Kat Eschner, 6.1M uvm; New York, NY)

After recent attempts by the federal government to defund the United States Postal Service and make cuts to things like mail sorting and delivery frequency, the country's medical associations and health researchers have spoken out to raise awareness of the public health importance of our national postal system.

The USPS does a lot more than just deliver letters, says Michael Pignone, a doctor in the Department of Internal Medicine at the University of Texas's Dell Medical School. It allows for the delivery of prescription medication and helps doctors do testing and notify patients—it's part of the healthcare system, Pignone says, and not only is the mail system crucial at present, but its healthcare roles have the potential to be expanded as America's population ages and the pandemic rages on.

"You can think of the post office as just this incredibly well-distributed last-mile logistics network," Pignone says. "There are all kinds of possibilities of what the postal service can do."

While you might associate the post with mail from elderly relatives and regular fliers, the post office already plays important roles in the health system, especially in rural areas. 80 percent of prescriptions filled to veterans by the Department of Veterans Affairs are delivered by USPS, according to a recent letter sent to Postmaster Louis DeJoy by a number of concerned United States Senators, serving more than 300,000 patients.

Since restrictions slowed the movement of mail, "we have received many troubling reports from veterans waiting weeks for their prescriptions to arrive due to delays at USPS," the letter reads. Prescriptions expected to arrive in three to five days are taking weeks. Some of the most common medications dispensed by the Veteran's Affairs pharmacies, according to a 2013 government study, are intended to treat chronic conditions and should not be taken erratically. For example, Clopidogrel reduces the risk of heart disease and stroke in high-risk patients, and Gabapentin, an anticonvulsant, is used to treat nerve pain and PTSD. Then there's Metformin to treat Type 2 diabetes, and Tramadol, an opioid pain medication. If these prescription drugs arrive late, or even not at all, it puts patients' health at risk.

In the general population, 20 percent of US residents over the age of 40 get prescriptions delivered by mail. They are also seeing delays because of mail slowdowns, reports National Nurses United, the largest union and professional association of registered nurses in the U.S. The American College of Physicians has also expressed concern about these delays, noting in a press release that mail-order prescriptions are particularly important during the pandemic for people with chronic conditions like diabetes or asthma, who are already disproportionately vulnerable to COVID-19.

"Any prescription medication can only be as effective as a patient's ability to access it. We need to ensure that patients can continue to rely on the U.S. Postal Service to receive their critical medications," the ACP release states.

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The postal service also sends and returns numerous medical testing kits for many deadly conditions each year. In a recent opinion article, Pignone highlighted his institution's use of mailed fecal immunochemical tests for colorectal cancer. Mailing these tests increases efficiency all around—it decreases the use of nurse and doctor time for routine screenings as well as reduces travel needs for treatment, which is particularly important for rural patients, he writes. And because of the USPS's high penetration of the country and the relatively low cost of sending and receiving tests via this national body, it's far preferable to using private couriers, he says.

Similar initiatives exist elsewhere in the country, usually focusing on fecal tests. The FDA has also designed a protocol for mail-in COVID-19 tests.

But beyond these interactions with the health system, the USPS also plays a role in shaping the social determinants of health. A recent brief from the Institute for Policy Studies identifies that 14.5 million people living in rural areas don't have access to broadband internet, which seriously limits their ability to communicate without the mail. "This suggests that rural residents make up a disproportionate share of the estimated 18 percent of all Americans who pay their bills by the mail," the IPS writes.

If people can't receive and pay bills on time because of delays in the mail service, access to essential resources like housing, electricity, and telephones becomes unstable. Cuts to the mail service "[threaten] the public with more stress," says Jean Ross, president of National Nurses United, "which leaves them a sitting duck for illness."

Rather than defunding the Post Office, we should focus on what new roles it can play, says Pignone—for aging Americans, those suffering from chronic conditions or getting tested for COVID-19, and for better serving the rural U.S. "This is a really rich resource that we need to preserve."

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2.2 - Becker's Hospital Review: How USPS changes are affecting prescription deliveries: 5 updates (20 August, Maia Anderson, 1.4M uvm; Chicago, IL)

Since Postmaster General Louis DeJoy said in early August that he would make changes to the organizational structure of the United States Postal Service, concerns have grown that slowdowns in mail delivery are leaving some Americans without their prescriptions.

The National Association of Letter Carriers said the postal service handles about 1.2 billion prescription shipments annually and delivers hundreds of millions of lab tests and medical supply shipments.

The Department of Veterans Affairs fills about 80 percent of prescriptions by mail and has been forced to use alternative methods of shipping in some areas of the country due to mail slowdowns caused by the postmaster's changes, according to The Hill.

The COVID-19 pandemic also likely has increased the number of people using mail-order prescriptions instead of going to pharmacies in person.

Five updates on how changes to USPS are affecting prescription deliveries:

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1. Mr. DeJoy said Aug. 18 that all changes being made to postal services would be suspended until after the Nov. 3 election, CNN reported. But House Speaker Nancy Pelosi, D-Calif., said Mr. DeJoy doesn't plan to roll back any of the changes already instituted, according to The Hill. The postmaster general's decision to delay the changes means that retail hours at post offices will not change and mail-processing equipment and blue collection boxes will remain in place with no mail processing facilities being closed. But some mail-processing machines already have been removed. USPS officials told KSHB, a Kansas City NBC affiliate, that four mail-processing machines have been removed in Kansas City, Mo.

2. Senate Minority Leader Chuck Schumer, D-N.Y., urged the USPS Board of Directors Aug. 19 to disclose more information about the selection of Mr. DeJoy as the postmaster general, Politico reported. The government has said it used Russell Reynolds Association, a management consulting firm, to select Mr. DeJoy, but Russell Reynolds refused to release any information on the selection, citing a nondisclosure agreement. Mr. Schumer asked the board to release Rusell Reynolds from the nondisclosure agreement so Congress can obtain the full story behind Mr. DeJoy's selection.

3. The House Committee on Energy and Commerce is investigating the impact of postal services changes on the delivery of prescription drugs. The committee said abrupt and sweeping operational changes at the postal service have been "severely delaying" mail around the country. The committee plans to ask online pharmacies, pharmacy benefit managers and relevant trade organizations about the effect the delays are having on mail-order prescriptions.

4. Thirty-one senators sent a letter to Mr. Dejoy saying they've heard from hundreds of veterans and staff from the Veterans Affairs Department that there have been weekslong mail delays causing veterans to miss doses of critical medications, ABC News reported. The VA disputed the claim that mail-order prescription arrived weeks late and encouraged people to request refills at least 10 days before they need them. The VA fills about 80 percent of veteran prescriptions by mail, adding up to about 120 million prescriptions per year for about 330,000 people.

5. The American Pharmacists Association released a statement Aug. 18 that mandatory mail-order prescriptions are dangerous and that it's vital to let patients choose the way they obtain their medications. The association said it opposes healthcare benefit plans and pharmacy benefit managers that require patients to participate in mandatory mail order for medications.

   "Any patient that goes without one prescription is too many," the association wrote.

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2.3 - The Buffalo News: **Ex-federal employee pleads guilty to threatening another federal worker** (20 August, Harold McNeil, 1.4M uvm; Buffalo, NY)

A former U.S. Department of Veterans Affairs employee has pleaded guilty before U.S. Magistrate Judge Michael J. Roemer to threatening a federal employee, according to the U.S. Attorney's Office.

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Prosecutors said that, during his tenure as a veterans claims examiner at the Veterans Administration, 49-year old Michael F. Hanley, of Clearwater, Fla., became acquainted with another Veterans Administration employee and the two had a history of contentious interactions.

Between Oct. 15, 2018, and Nov. 12, 2019, Hanley left a series of similar voicemails on the victim's phone in which he threatened to kill the victim and the victim's family, prosecutors said.

Hanley faces a maximum penalty of one year in prison and a $100,000 fine when he is sentenced before Roemer on Nov. 18.

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2.4 - WHBQ (FOX-13): Telehealth services for vets ramped up during pandemic (20 August, Samantha Manning, 649k uvm; Memphis, TN)

WASHINGTON, D.C. — More veterans are getting their health care services by video, phone, or through the click of a mouse during the pandemic.

The U.S. Department of Veterans Affairs ramped up its telehealth services over the last several months.

The VA said the number of vets using virtual care jumped more than 800 percent in just a matter of weeks during the pandemic and more than 11 million virtual prescription refill requests have been filled.

"I think the telehealth access is a big success story coming out of the pandemic," said Jeremy Butler, CEO of Iraq and Afghanistan Veterans of America (IAVA).

Butler said the virtual medical visits have been especially helpful for vets seeking mental health care services.

"If you could take that first step from home, with the comfort or maybe help from your family, a spouse or something like that around you, have a telehealth appointment and say this isn't so bad maybe this is helping," Butler said.

But Butler said more still needs to be done to make sure vets aren't being left behind when it comes to mental health care.

Too many are struggling with coping with isolation while battling invisible wounds from their military service.

"Raising awareness and reducing the stigma are two big pieces to that but a lot more needs to be done in terms of providing actual care," Butler said.

The Senate passed the Commander John Scott Hannon Veterans Mental Health Care Improvement Act which invests in partnerships between the VA and local resources to provide more mental health care treatment to vets.

It still needs to pass the House.

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Butler also cautioned that while the VA has ramped up its virtual health care services, there are many vets who do not get their care through the VA.

"My concern is for the vets that don't get their health care from the VA or maybe are a little bit further downstream such as veterans at state run veteran nursing homes where nursing homes in general have seen a really large spike in deaths and infections," Butler said.

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2.5 - WMAZ (CBS-13, Video): Carl Vinson VA Medical Center reactivating volunteer program (20 August, Wanya Reese, 631k uvm; Macon, GA)

DUBLIN, Ga. — The Carl Vinson VA Medical Center in Dublin is allowing some volunteers back into the building starting August 31st.

In early March, the VA stop letting volunteers in the building to help limit the spread of COVID-19. A spokesperson with the VA says they are "gradually" and safely bringing in some volunteers back. Volunteers will maintain social distancing, wear face masks, retrain on the VA policies, and consent to health screenings. Volunteer Bill Vaught says he is already looking forward to helping vets.

"Well, I'm looking forward to getting back out here and being able to walk around and visit with these guys, so it is important that veterans come out and help out other veterans, because we've been there, and we understand a lot of what they are going through," Vaught said.

You can learn more about the VA's plan to reopen by following this link.

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2.6 - WFXR (FOX-27, WBOY/NBC-12, Video): Another lawsuit filed in death of WWII veteran at Clarksburg VAMC (20 August, 250k uvm; Roanoke, VA)

CLARKSBURG, WV, (WBOY) – Another lawsuit has been filed against the Louis A. Johnson Veterans Affairs Medical Center (VAMC) in Clarksburg regarding the death of a patient.

The law firm of Tiano O'Dell says they've filed the suit on behalf of Russell Posey, II and Kristina Hinzman, the son and daughter of 92-year-old Ret. Chief Petty Officer Russell R. Posey, Sr., a World War II veteran.

On June 15, 2018, Posey was admitted to the VAMC's ICU for pneumonia. Two days later, after improving, he was moved to floor 3A. Despite not being diabetic or having insulin prescribed to him, Posey suffered a hypoglycemic event around 5:30 a.m. on June 18, with a blood glucose level of 14 mg/dl, the lawsuit says.

Posey's last recorded interaction with a health care worker was with Reta Mays at 4:00 a.m., according to the suit. Mays wrote that she offered him breakfast and a bath, which he declined because he was sleeping, it says. The lawsuit points out that "it is highly irregular to offer a

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patient breakfast and a bath at 4:00 a.m. when no order has been placed for the patient to eat at that time for a specific reason."

In July 2020, Mays pleaded guilty in the deaths of seven VAMC patients, including Posey, who was listed only by his initials.

After Posey's hypoglycemic event, doctors did not order tests to determine the cause and failed to "communicate the unexpected nature of the events surrounding Mr. Posey's change in medical status," the lawsuit alleges. Posey was placed on hospice care and died on July 3, 2018.

Posey's body was disinterred and autopsied twice as part of the investigation, due to "incomplete testing, sampling and examination methods," the suit says.

Posey was first identified as a victim in November 2019. Lawyers filed an administrative claim with the Department of Affairs in December 2019, but six months later have not gotten a response, lawyers said.

View the suit below:

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2.7 - Spectrum News 1 (Video): Photographer Shares Emotional Pictures Taken at Milwaukee VA Medical Center (20 August, Megan Carpenter, 14k uvm; Milwaukee, WI)

FOND DU LAC, Wis. (SPECTRUM NEWS) — Benjamin Slane has been working in public affairs for the Milwaukee VA Medical Center for six years.

Part of his job is to tell stories through pictures and video. The journalism major is good at it.

"Everyone has a story," he said. "At the VA, we're in a unique position where we have 70,000 stories to tell and they're all good stories."

Slane has captured images no words could describe. He has shadowed a veteran on an honor flight to Washington D.C. One of his most treasured stories is showcasing Wisconsinites on Independence Day last year.

"This is my favorite story," he said. "I love it because I didn't do any interviews."

Slane's reason for becoming involved with the VA is an emotional one. It begins and ends with his brother.

"My brother was in the army and he ended up committing suicide and I didn't have any photos of him at all, so I ended up up taking a photo of a hotel room that he committed suicide in," Slane said. "I took pictures of this door and it was symbolic in a lot of ways like this is the door and this was his way out."

He said he realized the importance and necessity of capturing moments. That picture of a door will forever been ingrained in his memory.

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"That was the last image I had of my brother, so that still sticks with me even now."

One of his most recent photos happened at Kelley's Country Creamery in Fond Du Lac. Benjamin took on a night out with family, at the farm's Sunflowers Taking Flight event. Visitors can take a walk through hundreds of sunflowers.

Donations go to the Old Glory Honor Flight of Northeast Wisconsin.

"We have lots of friends that are servicemen and women and they do so much," said owner Karen Kelley.

Kelley saw Slane's photo of the sunflowers for the first time Wednesday. In the foreground, a cutout of that iconic image of U.S. marines raising the flag at Iwo Jima. Kelley had a flood of emotions.

"My husband and I got to be guardians on an honor flight last September and it reminds me of being there actually with the veterans," she said. "It's just something that you can't get from any history book."

There's another reason why Slane's photo is so special to her.

"That picture was extra special this year because the actual Iwo Jima, my son and daughter-in-law built this last winter to use in the sunflower maze just so people understand why we're doing this," Karen said.

If you want to see more of Benjamin's work, click here.

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3. **Business Transformation**

4. **DOD Cooperation / Electronic Health Records / MISSION Act Implementation**

5. **Suicide Prevention**

5.1 - inewsource: **Kiaya Bender: 'Things just felt meaningless'** (20 August, Zoe Meyers, San Diego, CA)

Kiaya Bender is one of the dozens of veterans who the San Diego VA sent to Kadima Neuropsychiatry Institute in La Jolla to receive ketamine treatments for depression. For Bender and others, the treatments have been "life-saving." In October, the VA notified staff at Kadima that it would no longer authorize ketamine treatments outside of the VA Medical Center, sending a ripple of fear through Kadima's office and its patients.

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Bender's treatments are scheduled to end in November. In this video, the first in a series about the Marine veteran, he discusses his history with depression and how ketamine has affected his life.

This video includes accounts from a veteran who has suffered from suicidal thoughts. Those who watch it should know that help is available. Call the National Suicide Prevention Lifeline at (800) 273-8255 or the San Diego Access and Crisis Line at (888) 724-7240.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - The Washington Times: **Georgia man sentenced after falsely claiming PTSD for VA benefits** (20 August, Mike Glenn, 6.3M uvm; Washington, DC)

A Georgia man received $76,000 in benefits from the government after saying he had witnessed horrible atrocities during a six-month combat deployment to Afghanistan in 2008-2009.

Gregg Ramsdell, 61, told the U.S. Department of Veterans Affairs he had seen explosions that ripped apart the bodies of U.S. military personnel; the executions of men, women and children and women who detonated themselves while holding babies. It had caused him to suffer from post-traumatic stress disorder.

But, it was all a lie, according to the Department of Justice.

Ramsdell was a veteran but wasn't in Afghanistan during the time he claimed. He also lied while applying for a civilian position at Fort Benning in Georgia by claiming to have received a Silver Star and Purple Heart. He was given credit for the decorations on his successful job application.

"Ramsdell admitted that he falsely claimed to have suffered post-traumatic stress disorder when he applied for disability benefits," according to the U.S. attorney for the Middle District of Georgia. "He also falsely claimed that these experiences made him 'unable to live a normal life.'"

He pleaded guilty to one count of making false statements and one could of violating the Stolen Valor Act, federal prosecutors said.

Ramsdell was sentenced this week to 12 months in prison followed by three years supervised release. It's the maximum term he can serve for the offense. There is no parole in the federal system. He was also ordered to pay $76,000 restitution to the VA.

"Ramsdell's conduct does a disservice to all of those who exhibit true valor, serving honorably and courageously in our nation's armed forces," said U.S. Attorney Charlie Peeler.

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6.2 - Military Times: **Advocates warn GI Bill students of shady college recruiting amid coronavirus pandemic** (20 August, Leo Shane III, 2.3M uvm; Vienna, VA)

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Veterans education advocates are cautioning students to be wary of schools capitalizing on pandemic uncertainty to pitch new and sometimes questionable education opportunities.

A new report released Wednesday from Veterans Education Success found a significant increase in college advertising related to the coronavirus pandemic, encouraging students to reconsider their short-term learning plans given many school's decisions to shift to online-only classes.

A number of the schools studied by the group have faced penalties in the past for misleading recruiting tactics and questionable practices targeting military and veteran students, whose GI Bill benefits can provide a stable source of revenue for the institutions.

Advocates said students and lawmakers need to keep a close watch on "schools with a history of predatory and aggressive recruiting" using the pandemic to mislead students into poor decisions.

"We have been here before and need to be vigilant to ensure that history doesn't repeat itself," said Carrie Wofford, president of VES. "During the last recession, many proprietary schools targeted veterans and underserved minorities, encouraging them to enroll with the promise of a high-quality education and great job prospects.

"In reality, many students were saddled with worthless degrees and mountains of student loan debt."

The group also noted a rise in advertisements this spring for health care degree programs in conjunction with the coronavirus outbreak, but warns that students should research those types of courses to ensure they are worth the cost.

"Many of these schools' healthcare programs charged students a hefty tuition for careers that required only a high school diploma," Wofford said. "Oversight by policymakers is warranted."

Earlier this week, a new poll conducted by College Reaction and Axios found that 22 percent of students enrolled in college classes last spring do not plan to continue their studies this fall, as schools scramble to deal with new social distancing and virus mitigation rules.

Lawmakers this spring passed several measures designed to ensure student veterans' tuition payments and housing stipends were not disrupted by changes in campus class plans, but most of those protections are set to expire at the end of 2020. Congress is likely to revisit those issues later this fall.

Nearly one million individuals received some type of education benefits from the VA last school year.

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6.3 - Stars and Stripes: **Advocates begin 'final push' to get benefits for Vietnam War veterans** (20 August, Nikki Wentling, 1.7M uvm; Washington, DC)

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National veterans organizations launched a “final push” Thursday for Congress to grant Department of Veterans Affairs benefits to tens of thousands of Vietnam War veterans believed to be suffering the effects of Agent Orange.

The effort, led by Rep. Josh Harder, D-Calif., is designed to put pressure on lawmakers to publicly support the Fair Care for Vietnam Veterans Act. The measure was added to the Senate’s annual defense bill last month but didn’t make it into the House’s version because of cost concerns, Harder said. It must survive negotiations between House and Senate lawmakers before becoming law.

“People on the other side of this issue, their position is so indefensible that they don’t want to be seen fighting against this,” Harder said Thursday on a call with veterans groups. “Our job is to draw them out and shine sunlight on this issue.”

The bill would approve benefits for Vietnam War veterans suffering from bladder cancer, hypothyroidism and Parkinson’s-like symptoms — conditions thought to be caused by exposure to the chemical herbicide Agent Orange. The bill would add the diseases to the VA presumptive list, which lowers the amount of proof veterans must provide in order to receive VA benefits.

Navy veteran Lyle Ducheneaux, who spoke on the call Thursday, served as a machinist mate aboard the USS Blue Ridge during the Vietnam War. He was diagnosed with bladder cancer in 2015, making him one of five veterans from his division that have the disease, he said. Ducheneaux has undergone two operations and multiple treatments. He’s relapsed twice.

Ducheneaux applied for VA benefits but was rejected. He’s appealed that decision multiple times and is now waiting for his case to be heard by the Board of Veterans’ Appeals.

“I’m now on my third or fourth denial,” he said. “I lost track of how many times at this point. Last time I checked, I’m number 125,800 on the docket to be reevaluated again. If I’m not dead by that time, well… something might come of it.”

Harder said he wants Ducheneaux’s story – and others like it – to get the attention of lawmakers who are against the measure.

“I want to make sure everybody understands what’s at stake here,” Harder said. “Everybody talks a big game about helping veterans, but congressmen and senators of both parties have failed to provide the support our veterans deserve.”

Harder plans to send a letter this week to the House lawmakers who were selected to negotiate on the fiscal 2021 National Defense Authorization Act. The letter asks them to include the measure in the final version of the defense bill.

Further, the Veterans of Foreign Wars, American Legion, Vietnam Veterans of America and Military Officers Association of America tasked their members with calling their representatives and urging their support.

“With this NDAA, we have an incredible opportunity to make things right,” said retired Lt. Col. Dana Atkins, CEO of Military Officers Association of America. “Veterans suffering now can’t wait for further studies like the VA has proposed, nor should they have to.”

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While the VA secretary has the power to add the conditions to the presumptive list, Robert Wilkie said earlier this year that he wouldn't make a decision about the conditions until at least the end of 2020, , when results of two more scientific studies on the issue are expected to be published.

Advocates, however, think there is already enough evidence.

In 2018, researchers with the National Academies of Sciences, Engineering and Medicine determined there was "suggestive" evidence linking Agent Orange exposure to hypothyroidism.

A 2016 report from the academies determined that there was "limited" or "suggestive" evidence linking Agent Orange to bladder cancer. That year, the academies also clarified that Parkinson-like symptoms should be considered as part of Parkinson's disease, which is on the list of presumptive diseases.

Previous efforts were made by former VA secretaries to add the conditions. Under former VA Secretary David Shulkin, the agency recommended in 2016 the addition of bladder cancer, hypothyroidism and Parkinson's-like tremors to the presumptive list. Shulkin's recommendation never made it past OMB. Lawmakers were told at the time that OMB was waiting on the results of more scientific studies.

OMB and Mick Mulvaney, its director at the time, objected to the recommendation. In addition to a lack of scientific evidence, OMB had concerns about the budget implications of expanding access to VA benefits to the thousands of veterans diagnosed with the conditions, Military Times reported, citing emails between Shulkin and OMB.

Seven national veterans groups wrote to President Donald Trump in February and asked him to intervene. They criticized the VA for dragging its feet.

It's uncertain when negotiations on the annual defense measure will be finalized, but it's likely to happen around the end of the year, Harder said. Trump has threatened to veto the bill if it includes language that would remove Confederate names from military installations.

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6.4 - KGTV (ABC-10, CNS): Plans for Miramar Cemetery amphitheater revealed (20 August, 1.1M uvm; San Diego, CA)

The Miramar National Cemetery Support Foundation launched a project Thursday to build an Armed Forces Memorial Amphitheater with permanent seating in the cemetery's assembly area.

The foundation, which sponsors the Avenue of Flags as well as the Veterans Tribute Tower & Carillon and the annual veterans' services at the cemetery, is working with cemetery leadership and the VA's National Cemetery Administration on the design of the amphitheater.

The VA-required construction of the amphitheater and maintenance endowment are expected to cost between $450,000 and $500,000 -- the largest project the Support Foundation has yet undertaken at Miramar National Cemetery. No federal funds will be expended for the project.

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"We're dedicating our fifth Annual "Virtual Gala" fund-raiser to the Armed Forces Memorial Amphitheater, said Charlie Inot, Support Foundation president and CEO. "We're asking corporations, members of veterans' organizations and civic groups, as well as the public, to help make this vision for Miramar a reality through their generous contributions."

The plan for the amphitheater includes long concrete benches arranged in a semi-circle within the existing flag assembly area. The benches would be fronted with stone, matching that used throughout the cemetery. Landscaping plans include artificial turf areas between the seating and around the amphitheater perimeter. The seating area is designed to comply with Americans with Disabilities Act requirements by providing handicapped access and wheelchair spaces.

"To accommodate guests at our veterans services in the past, we've had to set up folding chairs in the flag assembly area," said Sallay Kim, Support Foundation vice president and chair of the Virtual Gala. "That's not really satisfactory or comfortable for our guests, especially if the ground is too soft to properly support the chairs. Permanent seating would remedy that situation."

Renderings of the amphitheater and information on contributing to the project can be found at www.gala.miramarcemetery.org.

"The successful addition of amphitheater seating at Miramar National Cemetery will benefit tens of thousand of veterans, their families, friends and the general public in future years. Hopefully, in gratitude for the service of all veterans, we will receive strong public support," said Denny Schoville, Support Foundation chairman.

The fund drive will continue through the end of 2020.

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6.5 - Florida Today (Video): Brevard Habitat for Humanity gives new homes to homeless female veterans (20 August, Bailey Gallion, 769k uvm; Melbourne, FL)

Veteran Lisa Stinson received keys to her new home Thursday. As she, community members and Habitat for Humanity volunteers placed their hands on the house to silently bless it, she held her daughter close and cried.

Brevard Habitat for Humanity constructed six houses in a “women veteran’s village” with the intention of providing housing to homeless female veterans. The houses were built by volunteers in Diamond Square in Cocoa on the site of a former trailer park.

The home is the second of six homes that will house female veterans. Army veteran Karla Griggs closed on her house June 30. Griggs, 49, left the military after 18 months to raise her daughter and had never owned a house before moving into her new house. After leaving the Army, she spent time sleeping in her car and in friends' houses.

A ceremony Thursday morning welcomed Stinson and Griggs into the neighborhood. In attendance were Habitat for Humanity volunteers and executives, city officials and law enforcement.

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"This has been a long time coming," Stinson said after being presented with the keys to her home. "But the reason I am so happy, so joyful, is not only because I get these keys, but because of what these keys mean. It was a long journey, yes, but it was a journey worthwhile."

Before moving to Cocoa, Stinson lived out of her car for three years. She said she and her sons would watch over each other in shifts to sleep safely and that she used drugs. She said she received treatment and now is in recovery. The Brevard County Veteran's Association helped connect her with resources so that she could receive disability benefits.

"I lived a street life. I was trying to be something I was wasn't. It was for survival. By the grace of God, I didn't go to jail or anything, but God put me in a way that saved me without me knowing. He sent me to the VA, where I was treated."

The home isn't a free handout, she said, and she's glad. House recipients pay mortgages with 0% interest rates. The mortgages she pays could go toward a home for someone else in need.

"I thought I was all that and a peanut butter jelly sandwich, because they were giving me my pride back," Stinson said. "My work is not yet finished. … With every month I pay my mortgage, that might put a kitchen in someone's home. It might build a foundation for another family's home, veteran or not."

The house came with a gift basket, a Habitat for Humanity flag to hang outside and a supply of cleaning products — "gold" in these times.

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6.6 - Inman: **VA loan activity swells during coronavirus pandemic** (20 August, Jim Dalrymple II, 449k uvm; Emeryville, CA)

The number of Americans applying for home loans through the U.S. Department of Veterans Affairs (VA) has skyrocketed during the coronavirus, according to new data from the agency, adding more evidence that real estate has had an unprecedented run of late.

The data shows that during the third quarter of of 2020 — which includes the pandemic-plagued months of April, May and June — the VA issued 331,071 loans. That's up from just 155,685 during the same period in 2019, meaning the agency's loan activity rose by nearly 113 percent year over year.

Broken down by generation, the number of VA loans made to millennials jumped by more than 95 percent year over year between April and June, and loans to baby boomers rose more than 120 percent. Loans to members of Generation X rose by more than 125 percent during that same period, while loans to members of Generation Z rose by nearly 178 percent.

Refinancing loans made up a significant portion of that growth; according to the new data, the VA saw a 296 percent year-over-year increase in loans for refinancing during the third quarter of fiscal 2020. Millennials were apparently the most interested in refinancing, with loans issued to members of that demographic growing by 463 percent year over year.

The top metro areas for VA loan growth during the pandemic have been Honolulu, San Diego, Baltimore, Los Angeles and Washington, D.C.

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6.7 - WDTN (ABC-2, Video): Dayton VA delivers free groceries to nearly 250 veterans in need (20 August, Caroline Morse, 347k uvm; Moraine, OH)

DAYTON, Ohio (WDTN)– Nearly 250 veterans drove through the Dayton VA Thursday morning with a special mission in mind.

"We just started going to the VA pantry and it helps because paying the bills and everything, getting what food you can get, really does help," said Navy Veteran Bob Barkelay.

Volunteers and staff filled each veteran's car trunk with fruit, proteins and non-perishable items to ensure their needs are met, even in the pandemic. "It makes me feel wonderful and I share it with my son, his family and my mom," said Army Veteran Ryann Scmelzer. "My mom is much older, maybe 76 so I share it with her so she doesn't have to go out."

When a veteran rolls up, staff members ask that they open their trunk open and drive through their set course to the delivery areas. The volunteers and staff members will then load grocery items in two different stations wearing personal protective equipment and try their best to not make contact with the vehicles until it's time to close their trunks.

"We have a variety of programs for our veterans that don't have their needs being met," said Chief of Volunteer Service Ryan Pleasants. "The last thing we wanted was to close the Food Pantry for good, but we had to ensure everyone's health that's involved."

Protocols and procedures were changed to ensure health-related safety measures are met– but Dayton VA staff members say they wanted to keep serving the veterans through the pandemic to thank them for their service.

"I'm not afraid of getting the virus, if I lived through the Korean War, I sure as heck can live through the virus," said Barkelay.

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6.8 - U.S. Medicine: Maher Seeks to Convince Women Veterans That VA Can Meet Their Needs (10 August, Stephen Spotswood, Lambertville, NJ)

WASHINGTON — Currently, women make up 10% of U.S. veterans, and that percentage grows higher with each new generation of veterans.

Yet, there has historically been in enrollment between men and women in VA services, and it has become more apparent as the number of women veterans grows. Much of that has to do with the way VA is perceived by women and the outreach, or lack of it, that has occurred in the past.

"If you look at the market penetration rate, it's higher in male veterans than female veterans," explained Nancy Maher, PhD, program manager of VA's Women's Health Transition Training (WWHT) Program. "[Research has found] that a lot of women veterans don't identify as

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veterans and that they didn't really think that VA was a place where women could get a high quality of care. They thought of it as a place where older men got their care. There are misperceptions about eligibility and misperceptions about VA as a hospital system that could care for women."

That misperception is something that Maher is hoping to combat with the WWHT, a program that she helped develop within VA's Women Health Services Office.

The development of the WWHT began two years ago with a report that showed suicide rates among women veterans was nearly three times higher than their male counterparts. It also showed that women had much poorer outcomes in the areas of musculoskeletal injuries, chronic pain and depression. The period of time immediately following discharge was identified as being a particularly high-risk time for suicide.

"The whole idea started with a policy meeting that VA's Women's Health Services put together with our counterparts in DoD, bringing all the experts in women's health together from across the services," Maher said. "We started brainstorming ideas that we could do together that would address some of these concerns."

It's long been recognized that the transition experience can be a difficult one for a servicemember, and that the sheer amount of information given as part of the Transition Assistance Program (TAP), including information about VA benefits, can be overwhelming.

"It's a jam-packed training. It's so much information," Maher declared. "We went to a TAP session at a local Army base and sat through the VA portion. Of course they talk about the health benefits, but they spent maybe five minutes on women's health."

Maher and her colleagues felt that those five minutes were being lost in the deluge and so created WHTT as a way to provide more comprehensive information about VA to transitioning women servicemembers.

A typical WHTT class includes between 20-25 women who are about to transition out of the military and back into civilian life. During the session, a woman veteran gives detailed information on what benefits are available and what VA can provide for women in terms of healthcare.

"We talk about the VA system as a whole. It's very complex, but we try to break that all down and make it more navigable and understandable," Maher explained. "Then we get into a very detailed discussion of all the women's health services that are available. Ninety-nine percent of our participants had no idea what the VA offers and that it is very high-quality care. There are a lot of misperceptions about the VA in the media. We wanted to correct that."

The class dives into the specifics of eligibility and how to enroll, as well as what transition resources are available. In locations where it's possible, the WHTT class arranges field trips to the nearest VA facility to tour that facility's women's health services.

Perhaps most importantly, the class gives women the chance to ask questions in a way they might not have the opportunity to in the more rushed TAP environment.

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"It's a great place for women to be open and share and ask very personal questions. They feel comfortable doing that, especially around mental healthcare issues," Maher said. "It's women-only and taught by a woman veteran that uses VA healthcare."

Though it was piloted through the Air Force in 2017, the WHTT Program has included servicemembers from all of the services since its inception and has since been rolled out throughout DoD. Outcome data from the pilot project found that women who went through the program were 85% more likely to enroll in VA compared to a control group."

While the program has had to transition during the pandemic to purely online courses, it had a head start.

"We developed a virtual classroom version during the pilot project," Maher said. "We were interested in seeing if the women had the same level of engagement. Do they like it just as well? Are they learning as much? And we've really found no difference."

While the field trips to VA facilities have needed to be cut, the WHTT Program is working to create a virtual experience that allows participants to tour different VA women's healthcare centers.

As for how the WHTT will grow in the future, Maher said that's informed in part by the participants themselves.

"We always get participant feedback," she explained. "We look at what they enjoyed and what they want to hear more of. That's helping the program evolve. While we certainly update our curriculum every year as policy changes and new programs come about, we rely on these women to guide us."

Women can register for a WHTT class and learn more about what the program has to offer at www.va.gov/womenvet/whtt .

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7. Other

7.1 - The Washington Post: Senate Democrats investigating whether USPS changes held up prescription drug deliveries (20 August, Tony Romm, 84.9M uvm; Washington, DC)

Two top Senate Democrats are opening their own investigation of the U.S. Postal Service, aiming to explore whether changes to mail processing and delivery have prevented seniors, veterans and other patients from receiving their prescription drugs on time.

The new inquiry is the work of Sens. Elizabeth Warren (D-Mass.) and Robert P. Casey Jr. (D-Pa.), who issued a battery of letters to CVS, Walgreens and other top providers on Thursday to determine whether their customers had experienced delays in recent weeks. They cited public reporting and private correspondence with their constituents as they raised concerns that patients may have been forced to go without medication for weeks as a result of policies enacted under the watch of the Trump administration.

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"Millions of Americans with diabetes, high blood pressure and heart disease, asthma, and other chronic conditions, illnesses or health care needs rely on the USPS for delivery of their prescription drugs and are at grave risks if President Trump's efforts to degrade mail service results in delays and disruptions," they wrote. "These health threats are magnified by the ongoing pandemic."

The two Democrats directed their letters to Cigna Corp., which owns Express Scripts; CVS Health; UnitedHealth Group, which owns OptumHealth; Humana; and the parent company for Walgreens and Duane Reade. They asked them to supply information about the number of customers receiving their prescriptions by mail, the average time it takes for them to be shipped and the extent to which recent Postal Service policy changes have introduced new delays for customers or costs to the companies.

The Postal Service declined a request for comment.

The lawmakers' missive Thursday reflects the mounting frustration among Democrats with the USPS and its leader, Postmaster General Louis DeJoy, a fury likely to be laid bare when he and Robert M. Duncan, the leader of the Board of Governors that oversees the Postal Service, testify in front of lawmakers at hearings that will begin Friday.

DeJoy, who has led the agency since mid-June, enacted broad operational changes to return the Postal Service to solvency — it's carrying $160.9 billion in debt, most of which is connected to retiree obligations — amid declines in mail volume. But his cost-cutting campaign ultimately reduced postal workers' hours and overtime and in some cases resulted in the removal of mail-sorting machines at post offices nationwide, sparking a political outcry.

Democrats in particular see the potential for a catastrophic logjam that could undermine the 2020 presidential election, when millions of Americans are expected to mail their ballots — as opposed to casting them in person — as a result of the coronavirus pandemic. The withering public pressure ultimately forced DeJoy this week to announce that he would suspend some of his measures, but many congressional Democrats say they remain unconvinced.

On Thursday, Warren and Casey called DeJoy's commitments "vague" and fretted that the potential disruption to mail-order prescriptions comes at a time when the pandemic is forcing patients to take advantage of such deliveries instead of visiting their doctor's offices or pharmacies in person.

Some national pharmacy chains have signaled that they have not actually been affected by some of the Postal Service's new policies. Representatives for RiteAid, Express Scripts, CVS and Walgreens each said they have not experienced unusual disruptions, The Post reported earlier this week.

But their statements still contrast with the stories that have flooded social media in recent days from seniors and veterans nationwide. Casey in particular said his office has collected more than 15,000 messages about mail-delivery concerns, and he and Warren added in their letters Thursday that they had received additional reports about the effect on prescription drugs.

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7.2 - USA Today: Empty mailboxes, missed rent: US Postal Service's struggles have real-world impacts (20 August, Joel Shannon, Donovan Slack, and Kevin McCoy, 74.5M uvm; McLean, VA)

Empty mailboxes, uncounted ballots, late medication, missed rent payments – those are among the real-world impacts of the struggles of the U.S. Postal Service.

Many of those issues, documented this summer across the USA TODAY Network, predate the feverish debate about whether mail is delayed by the Postal Service's efforts to cut overtime, remove mail processing equipment and even move blue collection boxes.

Top Democrats allege the Trump administration is kneecapping the Postal Service to hamper mail-in and absentee voting, which surged this spring amid the coronavirus pandemic. In November, more supporters of Democratic presidential candidate Joe Biden are likely to vote by mail.

The Postal Service's long-standing financial issues have been worsened by the pandemic.

"The U.S. Postal Service, like other delivery companies, has experienced some temporary service disruptions in a few locations domestically due to the COVID-19 pandemic," spokesman Dave Partenheimer acknowledged in an email to USA TODAY.

Postmaster General Louis DeJoy said he will pause – but not roll back – cost-cutting moves until after the election. He is scheduled to testify about the issue before the Senate Homeland Security and Governmental Affairs Committee on Friday.

What problems with mail service are people complaining about?
Accounts of mail delays have been documented across the country in recent weeks by the USA TODAY Network. One of the most common complaints: Mail is simply not delivered for days on end.

In Louisville, Kentucky, Caleb Jenkins said he did not receive anything for six days straight in July. "With medical bills and all those type of things coming in the mail, it's been really frustrating," he said.

In rural California, Tracey Legate-Dumke said in a Facebook group that she went about a month without mail this summer.

Dianna Burns wrote in the same group that her rent was late in June because her mail carrier didn't pick up her mail for four days. She took the envelope to the post office and complained. "I also complained that I don't get my mail, or it gets to me two weeks after it was sent out," she wrote.

Business owners and people who rely on mail-order medications raised similar issues.

For about a decade, Nashville small business owner Cybelle Elena has depended on the Postal Service to deliver her products – clothing and accessories. Usually, it's "extremely reliable," she said, but during the pandemic, packages have been delayed days or even weeks. Some never arrive.

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Business is way up after she began producing masks, but she spends more time and money helping customers who haven't received their orders.

In California, Richard Valdez – a Vietnam veteran and former state commander of Disabled American Veterans – said he's still waitingfor medications he ordered from the Department of Veterans Affairs on July 25. They typically arrive within three or four days, he said.

Delays in some areas spurred the VA to switch to other carriers, said Randy Reese, executive director of Disabled American Veterans' Washington headquarters. The VA detected delays in Detroit and parts of New Jersey and New York, and it temporarily switched to UPS in those places.

The VA told the veterans group that average delivery time increased from 2.3 days in June 2019 to about 2.9 days in July.

A spokeswoman for the VA, Christina Noel, declined to say whether the VA received complaints, when the delays were detected or how long they lasted. Prescriptions sent by U.S. mail arrive within three days on average, she said, “less than the 3-5 day delivery timeline outlined on the department’s website.”

It's unclear how widespread delivery problems are, but USPS data shows deliveries are taking longer than they did last year. On-time first-class deliveries dropped from 93.4% in the second quarter of 2019 to 90.8% for the same period this year. The goal was 96%.

In New York City, a USA TODAY reporter did not receive absentee primary ballots until two days after the primary in June, even though an email from the Postal Service's Informed Delivery indicated they would be delivered several days before the election.

Concerns over mail-in voting problems have fueled a firestorm over the Postal Service's performance and cost-cutting. Even routine maintenance of mailboxes has been labeled voter suppression. A group of 14 Democratic attorneys general sued the Trump administration over the changes.

The impact of those changes on mail delivery is unclear to Stephen Kearney, a former senior executive with the Postal Service who serves as the executive directer for the Alliance of Nonprofit Mailers, which says its members are responsible for about 10% of all USPS mail volume.

Though mail delays tied to the pandemic are well-documented from April to June, delays since the Postal Service cut expenses in July are not, he said.

Anecdotally, "any variations seem to be within normal ranges," he told USA TODAY by email.

How pandemic has affected USPS
Partenheimer said delivery service is "slowly getting back to normal" after problems. Private shipping companies also struggled in the early months of the pandemic.

Augustine Ruiz, a spokesman for the Bay Area Postal Service, said a backlog documented by The Californian, part of the USA TODAY Network, is due to low staff numbers and high parcel volumes.

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"More people are sheltering at home, and they need essentials, so they're buying everything online," Ruiz said told The Californian in mid-July.

Post offices struggle to handle the flood of packages because of staffing issues caused by the coronavirus pandemic and personnel cuts over the past few years, said Cassie Williams, a steward of the American Postal Workers Union local in Nashville, Tennessee.

USPS spokeswoman Martha Johnson told USA TODAY on Wednesday that 8,789 postal employees have tested positive for COVID-19 – slightly more than 1% of its workforce.

A history of financial problems

The U.S. Postal Service has touched nearly every American household during its more than 200 years of service, delivering letters, birthday cards, medicine, Social Security checks, packages and magazines.

But if the trusted institution were a hospital patient, it would probably be in the intensive care unit.

An audit issued in September 2019 by the Postal Service's Office of Inspector General said mail handling and delivery costs increased by roughly $5 billion or 13% over five years when adjusted for inflation. Total mail volume carried dropped by 5.7%, the audit said.

Though package volume has increased during the pandemic, that's not expected to offset losses in marketing and first-class mail, which generated more revenue in 2019.

A 2006 federal law requires the Postal Service to pre-fund retiree health benefits, even though the money won't be paid until well in the future. The provision has cost billions.

The Postal Service reported a loss of nearly $9 billion last year.

A Government Accountability Office report issued in May said congressional action is "essential to enable a sustainable business model" that would keep the Postal Service running. Congress and other stakeholders haven't reached an agreement on a road forward.

Union officials said cost-cutting and staff cuts contributed to the delays reported across the nation.

"You can't blame (all of) this on the pandemic," Williams said. "They were setting this up from years ago. They have cut it down to a minimum."

USPS enacted rules to limit overtime this summer

In July, a month after DeJoy took over, the Postal Service outlined a number of measures to cut costs, including overtime. Extra delivery trips were to be eliminated, and shifts would start and end on time.

Because of the changes, "we may see mail left behind or mail on the workroom floor or docks," said a memo, which the American Postal Workers Union shared with USA TODAY. The causes would be investigated and fixed the following day, the memo said.

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In a letter to lawmakers this month, Postal Service CEO David Williams said the agency is trying to increase the efficiency of mail sorting and processing, which may include removing machines and running them for shorter periods, depending on volume.

He acknowledged that “temporary service impacts” may occur but pledged they would be monitored and corrected.

Are there more complaints about delivery times than usual?
Union officials criticized those decisions, saying they would cause delivery delays.

Des Moines Local 44 American Postal Workers Union President Mike Bates said a supervisor ordered a carrier to halt his route at the scheduled end of his shift, even though he had not finished deliveries.

Bates said management carried out the removal of mail-sorting machines at the Des Moines distribution center. That caused a backlog at some post offices in August, Bates said.

"We've been programmed that it's, 'Every piece (of mail), every day,' " he said. "When you see stuff left behind, it hits you in the core. You take a lot of pride in just moving the mail."

The Alliance of Nonprofit Mailers said it's too soon to know what effect cost-cutting measures are having, if any: "Seven weeks into the new leadership of USPS, we believe it is near-impossible to sort out whether a mail delivery problem is business as usual, related to the pandemic, an adjustment to the new operational policies, or something else. Time and real data will tell, hopefully."

What was the impact on primary voting?
Reports of mail-related problems during this year's primary elections fuel concerns heading into the general election.

More than 6,400 Michigan voters did not have their absentee ballots counted for the primary elections because clerks received them after polls closed on Election Day, Aug. 4.

In New Jersey, a postal worker left ballots on a hallway floor in May instead of putting them in mailboxes because he said his access key wasn’t working, according to a report issued by the post office inspector general.

The Postal Service identified hundreds of Wisconsin absentee ballots for the election in April that never made it to voters or couldn't be counted because of postmark problems, according to the inspector general.

Two sweeping federal court lawsuits filed this week suggest cost-cutting measures could affect the general election.

A lawsuit filed by attorneys general in 14 states said the Postal Service changes would require states to pay first-class rates if they didn't want voters to put a stamp on ballots. That would raise the cost from 20 cents to 55 cents per ballot, costing states “tens of millions of dollars," the lawsuit charged.

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A lawsuit filed by the National Urban League, the League of Women Voters and Common Cause alleges the Postal Service took out of service one of every seven of its Delivery Barcode Sorter Machines, used to sort letters, postcards and ballots.

By the time DeJoy called a temporary halt to the process, the Postal Service had decommissioned 95% of the sorting machines scheduled to be removed, the lawsuit alleges, citing media reports.

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7.3 - NPR: Why Rural America Is Fighting The Trump Administration On The Post Office
(20 August, Kirk Siegler, 45.3M uvm; Washington, DC)

Todd Troyer retired as an ironworker in Milwaukee and moved to rural Wisconsin 15 years ago. The Vietnam veteran has diabetes and heart conditions and gets his prescriptions and insulin through the mail.

When his supply runs low, Troyer, 69, phones in an order to the pharmacy at the nearest VA hospital, in Madison more than an hour's drive away. He depends on the mail especially now during the pandemic, as cases in his region are continuing to rise.

"That's the thing I'm worried about: Is it going to make it here or isn't it? I don't know," Troyer says.

As if things weren't already stressful enough, he says, now mail deliveries could be further delayed amid a standoff over the Postal Service's future.

"What's the deal with screwing over the mail?" Troyer says. "I mean, mail has been running since we had horse riders bringing it."

In fact, you can trace the agency's roots back some 245 years, when Benjamin Franklin became the country's first postmaster general.

A lot of people in rural areas, who were key to electing President Trump, are angry and organizing to save the Postal Service. The agency overseen by the president is mandated to deliver to all of America, especially remote ZIP codes where private carriers won't go because it's not profitable.

Amid a growing outcry from rural leaders, the Postal Service director recently backed down from planned broad cuts to overtime for mail carriers and office hours and vowed not to shut down anymore facilities.

In many small towns, the post office isn't just a lifeline, it's also a community hub, where folks meet their neighbors and catch up on local news and gossip.

"More importantly for many folks who live in rural areas, their only daily contact may be the mail carrier," says Lois Davis, senior policy researcher at the Rand Corporation.

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A recent study she led at the California-based security think tank showed that the Postal Service ranks high in terms of federal institutions that the public has trust in. In an era when, generally, faith in institutions seems to be eroding, this doesn't go unnoticed.

The post office's revenue comes from all of us mailing stuff, which was on the decline even before the lockdown. But Davis says the government has put a lot of restrictions on its ability to raise new funds.

"We've hamstrung their ability to turn a profit, but at the same time, we require them to do this universal service obligation that no other carrier has that requirement of," Davis says.

There was a push by some conservative lawmakers to privatize all mail deliveries long before the recent political battle over mail-in voting. But there has been a bipartisan backlash to the Trump administration's recent cuts, even in red states that the president carried easily.

"If our mail isn't right, what other connections are we going to lose?" says Rich Judge, an organizer with the newly formed left-leaning group Rural America 2020.

His group is fighting everything from the recent tariffs facing farmers to threatened shutdowns of post offices and routes in Iowa, Michigan, Minnesota and Wisconsin.

Judge runs a small communications business from his home in rural Sauk County, Wis., where, he says, small businesses and family dairy farmers are getting squeezed, working longer hours while also seeing their profits and savings decline.

"You're telling people who already have to work harder than they did 20 years ago, 'By the way, we're going to impede your progress even more by hamstringing the Postal Service,' " Judge says.

Judge sees the fight over the post office not unlike what is going on with the lack of high-speed Internet here and says rural America stands to keep falling further behind.

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7.4 - U.S. News & World Report (AP): Massachusetts Man Pleads Guilty to Defrauding VA Facilities (20 August, 27.4M uvm; Washington, DC)

SPRINGFIELD, MASS. (AP) — A Massachusetts man contracted by several U.S. Department of Veterans Affairs facilities to inspect medical gas systems pleaded guilty Thursday to billing for inspections that neither he nor his company performed, federal prosecutors said.

Chester Wojcik, 49, of Agawam, went so far as to create false invoices and reports for inspections that never took place, according to the U.S. attorney's office in Boston.

Medical gas supply systems deliver compressed air, oxygen, nitrous oxide, nitrogen and carbon dioxide to operating rooms, recovery rooms and patient rooms and must be inspected and maintained regularly to ensure the safety of patients and medical professionals, authorities said.

Wojcik, the owner of Alliance Medical Gas Corp., failed to perform inspections of gas systems at VA facilities in Sioux Falls, South Dakota; Tuskegee, Alabama; and Montgomery, Alabama, in

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2014 and 2015, federal prosecutors said. He was paid almost $9,000 for services his company did not perform.

Wojcik pleaded guilty to wire fraud. He faces up to 20 years in prison at sentencing scheduled for Nov. 19.

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7.5 - WGHP (FOX-8, Video): One of America's oldest WWII veterans wants to meet you (20 August, Ronnie Das, 1.7M uvm; High Point, NC)

At 101-years-young, Sidney Walton is still a man on a mission.

Sidney joined the Army at 21 to fight Hitler nine months before Pearl Harbor, according to the "Go Sidney Go" website.

He missed a chance when he was young to meet Civil War veterans, an opportunity he regrets, but now he wants to give all Americans an opportunity to meet a WWII vet before it's too late.

In 2019, The Department of Veterans Affairs reported that only 389,292 of the 16 million Americans who served in World War II were still alive.

In April 2018, at the age of 99, Walton set off to visit all 50 U.S. states, naming his journey the "No Regrets Tour."

As a Corporal, Sidney Walton fought in the China, Burma, India Theater (CBI) in the 34th Infantry, 8th Division.

After the war ended, Walton studied at Yale University for graduate school and met his wife through a blind date.

He taught geology at Duke University and North Carolina State University.

Walton then worked as a civilian for an Air Force base in Maine before his job in pollution control for a Naval Air Station in San Diego, eventually retiring in the early 1980s.

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From: Tucker, Brooks
Sent: Sat, 22 Aug 2020 10:33:35 +0000
To: (b)(6) @gmail.com
Subject: Fwd: 22 August Veterans Affairs Media Summary and News Clips
Attachments: 200822_Veterans Affairs Media Summary and News Clips.docx, 200822_Veterans Affairs Media Summary and News Clips.pdf

Get Outlook for iOS
From: VA Media Analysis <(b)(6) @aptiveresources.com>
Sent: Saturday, August 22, 2020 5:04:42 AM
To: VA Media Analysis <(b)(6) @aptiveresources.com>
Subject: [EXTERNAL] 22 August Veterans Affairs Media Summary and News Clips

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

If you wish to be added to the distribution list, please reply to (b)(6) *@aptiveresources.com and we will direct your request to the appropriate person. Thank you.*

VA Media Analysis

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Veterans Affairs Media Summary and News Clips

22 August 2020

1. Top Stories

Coronavirus / COVID-19

1 - The Daily Courier: COVID-19 Update: Six positive developments in fight against coronavirus (21 August, 381k uvm; Prescott Valley, AZ)
Yavapai County has recorded 2,224 positive cases of COVID-19, up by 19 overnight, according to a Yavapai County Community Health Services (YCCHS) news release Friday, Aug. 21. Yavapai County has tested 34,283 residents, has had 893 reported recoveries and 76 deaths.

Hyperlink to Above

2 - The News-Review: DeFazio: Roseburg VA director must communicate more on COVID-19, other issues impacting vets (21 August, Carisa Cegavske, 68k uvm; Roseburg, OR)
U.S. Rep. Peter DeFazio said Roseburg Veterans Affairs Medical Center Director Keith Allen has not been communicative enough with local veterans or congressional leaders about problems ranging from COVID-19 data to postal slowdowns impacting medicine deliveries.

Hyperlink to Above

3 - Daily Star Journal: Kansas City VAMC to offer free drive-thru COVID-19 testing for veterans (21 August, 27k uvm; Warrensburg, MO)
The Kansas City Veterans Affairs Medical Center will offer free COVID-19 and serology antibody testing to all veterans 8 to 11 a.m. Aug. 29 at the American Legion, 733 E. Young Avenue, Warrensburg. On site enrollment and registration will be available to those not already enrolled. VAMC asks all participants to bring their DD214 and a picture ID for enrollment.

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1.1 - KSN (NBC-3, Video): One-on-one with US Secretary of Veteran Affairs (21 August, Carly Willis, 565k uvm; Wichita, KS)
KSN News had the opportunity to talk to the United States Secretary of Veteran Affairs Robert Wilkie about how the VA is fighting back against coronavirus and veteran mental health issues. According to Secretary Wilkie, of the 9.5 million veterans in the VA system, 39,000 veterans have tested positive for coronavirus. Over 34,000 have made a full recovery.

Hyperlink to Above

1.2 - The Philadelphia Inquirer: Letters To The Editor (20 August, Sec. Robert Wilkie, 82k uvm; Philadelphia, PA)
Phila. VA worked to contain the spread. As secretary of the U.S. Department of Veterans Affairs, I recently toured Philadelphia's Cpl. Michael J. Crescenz Veterans Affairs Medical Center, and I'm proud of the care patients have received there during the COVID-19 pandemic. When the virus was devastating nursing homes, the Philadelphia VA hospital locked down the nursing home it runs; prohibited outside visitors; tested all residents and staff; and quickly isolated any resident who tested positive

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1.3 - USA Today: **The VA doesn't cover fertility treatments for unmarried veterans or same-sex couples. Some want to change that.** (21 August, Amy Sokolow, 61.6M uvm; McLean, VA)
Army veteran Toni Hackney has always wanted a family, but as a single woman with endometriosis, she knew she would need fertility assistance. A year after she sought approval from the Department of Veterans Affairs to cover the cost of in-vitro fertilization treatments, she was denied for what she called a ridiculous reason: She's not married.

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1.4 - Military.com: **VA Offers Support for Suicide Survivors** (21 August, Jim Absher, 4.9M uvm; McLean, VA)
While much is said about the fact that veteran suicide is a national problem that needs a solution, not much is said about the effects of those suicides -- how loved ones and friends deal with the loss of a loved one, friend, or acquaintance who is an important part of their life.

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1.5 - Military Times: **Postmaster pledges veterans' prescriptions won't be hurt by mail service changes** (21 August, 2.3M uvm; Vienna, VA)
The head of the United States Postal Service on Friday acknowledged "dips" in service in recent months but denied any large-scale failures or deliberate mail slowdowns were to blame for problems with veterans prescription deliveries or other postal operations. "We are working here feverishly to get the system running, add stability, and also to hire more workers to handle the delivery process," Postmaster General Louis DeJoy said during testimony before the Senate Homeland Security and Governmental Affairs Committee.

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1.6 - Military Times: **IRS reopens deadline for veterans who missed coronavirus stimulus checks** (21 August, Leo Shane III, 2.3M uvm; Vienna, VA)
Veterans Affairs officials are reminding families who missed out on some coronavirus stimulus checks last spring that they have a few more weeks left to claim that cash. In a social media post Friday morning, VA Secretary Robert Wilkie urged veterans who think they may be eligible for the money to contact the Internal Revenue Service and see if they are owed any money.

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1.7 - Stars and Stripes: **Family seeks damages after veteran's suicide inside VA mental health unit** (21 August, Nikki Wentling, 1.7M uvm; Washington, DC)
The family of Sgt. Brieux Dash, a veteran who died by suicide in a Department of Veterans Affairs mental health unit last year, filed a claim against the VA on Friday, arguing that the agency's "deliberate indifference" and "complete disregard for patient safety" contributed to Dash's death.

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2. Improving Customer Service

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2.1 - Connecting Vets: Family of veteran who died by suicide in locked hospital unit files claim against VA seeking answers (21 August, Abbie Bennett, 10M uvm; Washington, DC)
Sgt. Brieux Dash, an Army veteran, 33, was a loving and devoted husband and father to his children. But gruesome repeated deployments to Iraq and "the realities of war made him a different man and he received minimal assistance from the VA," his family said.

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2.2 - Connecting Vets: Senators push USPS leader for answers on mail delays, including veteran prescriptions (21 August, Abbie Bennett, 10M uvm; Washington, DC)
Capitol Hill lawmakers on Friday confronted U.S. Postal Service Postmaster General Louis DeJoy on reported delays in USPS service, which has affected some veterans' prescription deliveries. Sen. Rob Portman, R-Ohio, told DeJoy about "heartbreaking stories" he's heard from those affected by USPS delays, including a veteran with chronic obstructive pulmonary disease (COPD), waiting to receive his inhaler in the mail.

Hyperlink to Above

2.3 - WDIV (NBC-4): Department of Veterans Affairs reports delays in prescription deliveries by US Postal Service (21 August, Dave Bartkowiak Jr., 3M uvm; Detroit, MI)
The Department of Veterans Affairs is switching to other mail delivery services after it says a number of veterans have reported delays in receiving critical medicines shipped via the United States Postal Service.

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2.4 - The Post and Courier: SC veterans rely on postal service for medications by mail, causing worry about delays (21 August, Thomas Novelly, 1.2M uvm; Charleston, SC)
Robert Coleman is used to waiting for mail. But the Marine Corps veteran and James Island resident said he wasn't expecting the refill for his arthritis prescription to be held up for so long, especially because he ordered it "about a month ago." Other veterans in the Lowcountry have passed their concerns on to the office of U.S. Rep. Joe Cunningham, a Charleston Democrat who is a member of the House Committee on Veterans' Affairs.

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2.5 - Modern Healthcare: Letters: VA making strides to improve state veterans home inspections (22 August, 507k uvm; Chicago, IL)
The Veterans Affairs Department deserves credit for two recent moves to improve the lives of veterans in its facilities and in state veterans homes. First, the VA's plan to gradually and safely reintroduce volunteers to its healthcare facilities is an important and timely step. Volunteers serve as some of the most critical eyes and ears in a facility.

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2.6 - The Bakersfield Californian: OTHER VOICES: Does Kevin McCarthy stand with vets? (21 August, Chris Neiweem, 302k uvm; Bakersfield, CA)
I enlisted in the U.S. Army, served in the second Iraq War and expect our elected leaders, regardless of political party, to support the well-being of our troops and veterans. But, I am a

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Republican because I believe conservatives are stronger on national defense, and more closely share the values of the men and women who serve in this country's military.

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2.7 - WTAJ (CBS-10, Video): Local veteran receives national recognition for volunteer efforts (21 August, Devin Jackson, 245k uvm; Altoona, PA)
Joe Cupples is a Red Coat Ambassador at the James E. Van Zandt VA Medical Center in Altoona. He greets veterans at the door, and shows them where to go. "Helping the veterans navigate the system, find their appointments. if they need a wheelchair or assistance," Cupples said.

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2.8 - East Oregonian: Walla Walla VA to host livestreamed musical performance (21 August, 168k uvm; Pendleton, OR)
The Walla Walla VA Medical Center will host a virtual musical performance titled "ENCORE!" as part of Re-Creation's "Tours for Veterans." This event, scheduled for noon Wednesday, Aug. 26, will be streamed live on YouTube Live Stream. The event can be found on Walla Walla VA's Facebook page at https://bit.ly/327aALM. The performance is free and open for all to watch.

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2.9 - The Sumter Item: Columbia VA to safely reintroduce health care services (21 August, 115k uvm; Sumter, SC)
The Columbia VA Health Care System is implementing a plan to safely expand health care services in all of its locations across the state. On Monday, the facility began this process by increasing most services by 25 percent of what was provided in early March when COVID-19 first affected the state. The increase in volume will occur while continuing to maintain the same high standards to which the community has become accustomed.

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2.10 - Independent Tribune: It started with a box: Atrium Health Cabarrus launches new Veterans Recognition Program (21 August, Victoria Young, 115k uvm; Concord, NC)
Atrium Health Cabarrus has fully launched its new Veterans Recognition Program after a few delays due to needed materials and COVID-19. The program, which was originally scheduled to start earlier this year, launched Memorial Day. It honors patients who have identified as veterans with a special welcome and appreciation of their service.

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2.11 - Chicago Crusader: USPS slowdown delays veterans' medication deliveries (21 August, Brett Copeland, 50k uvm; Chicago, IL)
On August 20, President Donald Trump admitted that he was creating a slowdown of service and deliveries at the United States Postal Service to make it more difficult to process mail-in ballots. No matter the politics, the reality is that any slowdown of the USPS will result in delivery delays for veterans' critical medications. The Department of Veterans Affairs has pioneered delivering prescription drugs to patients through the mail.

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2.12 - Estes Park Trail Gazette: **Letters to the Editor: August 21, 2020** (21 August, Anthony Bellotti, 23k uvm; Estes Park, CO)
Rep. Neguse is helping send VA's cruel, wasteful kitten experiments to the litter box. Do you want your hard-earned money wasted to buy, cripple, torture, and kill kittens in Department of Veterans Affairs labs? I definitely don't—and White Coat Waste Project's (WCW) 2-million members and supporters are grateful to have Rep. Joe Neguse (D-CO) once again leading the fight to stop the federal government from wasting Colorado taxpayers' money on this cruel boondoggle.

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2.13 - Bossier Press-Tribune: **Overton Brooks VA Medical Center schedules relocation for pharmacy and lab services** (21 August, Randy Brown, 7k uvm; Bossier City, LA)
The Overton Brooks VA Medical Center mobile lab service and drive-thru pharmacy will relocate on Monday, August 24. Veterans will notice a more permanent exterior structure, delivering the most exceptional customer service expected from the Shreveport VA. The move takes place Saturday and Sunday. No interruption to service is expected.

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2.14 - Kilgore News Herald: **Shreveport VA set to begin limited visitation** (21 August, 5k uvm; Kilgore, TX)
The Overton Brooks VA Medical Center in Shreveport will begin limited visitation starting Monday. Starting that day, visiting hours will be from 3 7 p.m., seven days a week. Visitors may enter the hospital at the following locations: The basement south entrance across from the parking garage between 3 and 5:30 p.m.; and

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2.15 - West Virginia News: **Lawsuit filed in another suspicious death at VA Medical Center** (21 August, Matt Harvey, 1k uvm; Lewisburg, WV)
The family of another veteran who died under suspicious circumstances at the Louis A. Johnson VA Medical Center in Clarksburg has sued the Department of Veterans Affairs. Tony O'Dell, the attorney for Tiano O'Dell PLLC in Charleston who has filed most of the lawsuits, also filed this one on behalf of the family of Russell Ross Posey Sr., 92, of Roanoke, who died July 3, 2018, at the VA hospital.

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2.16 - Techlink: **Six new medical technologies developed by the Department of Veterans Affairs** (21 August, Laci McDowell, Bozeman, MT)
Researchers at the VA, located at medical centers throughout the U.S., conduct basic and advanced preclinical and clinical research on rehabilitation, mental health, prosthetics, pain management, and chronic diseases affecting military veterans. This week's technology roundup features six new technologies picked from their growing collection of innovations.

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3. Business Transformation

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4. **DOD Cooperation / Electronic Health Records / MISSION Act Implementation**

5. **Suicide Prevention**

6. **Women Veterans / Homelessness / Benefits / Cemeteries**

6.1 - WFLA (NBC-8, Video): VA admits mistake, but veteran still left without decision on his benefits (21 August, Steve Andrews, 3M uvm; Tampa, FL)
All Bill Davis wanted from the VA was an update on the status of his appeal for benefits but what he received left him shaking his head. For seven years Davis, an Air Force Veteran who now resides in Hudson, skirmished with the VA who repeatedly denied his claims that his illnesses are service-related.

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6.2 - Enid News and Eagle: VA offering grants to address veteran homelessness in Oklahoma (21 August, 204k uvm; Enid, OK)
U.S. Department of Veterans Affairs (VA) announced Thursday it will award four grants totaling $1.4 million to community organizations that address veteran homelessness. The Grant Per Diem Program provides funding to community organizations that provide transitional housing and supportive services for homeless veterans, with the goal of helping them achieve residential stability, increase their skill levels and income and obtain greater self-determination, according to a press release.

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7. **Other**

7.1 - Connecting Vets (Audio): Toxic Avengers: Grunt Style and BurnPits 360 team up to hammer Congress & VA (21 August, 10M uvm; Washington, DC)
Forty-minute audio: Tim Jensen, Grunt Style & Rosie Torres, BurnPits360 founder, bring the hammer down on Congress & VA who are failing to help vets suffering from diseases related to burn pits and other toxic exposures. The upcoming conference features Jon Stewart, former VA Secretary Dr. David Shulkin & more. Watch the Military Toxic Exposure Conference, Aug 28, 7p EST on Grunt Style Facebook.

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1. Top Stories

Coronavirus / COVID-19

1 - The Daily Courier: COVID-19 Update: Six positive developments in fight against coronavirus (21 August, 381k uvm; Prescott Valley, AZ)

Yavapai County has recorded 2,224 positive cases of COVID-19, up by 19 overnight, according to a Yavapai County Community Health Services (YCCHS) news release Friday, Aug. 21.

Yavapai County has tested 34,283 residents, has had 893 reported recoveries and 76 deaths. There were no new local deaths reported overnight.

YRMC West is caring for eight COVID-19 patients, YRMC East campus has five COVID-19 patients, and there are nine persons under investigation (PUI). Verde Valley Medical Center in Cottonwood reports one COVID-19 hospitalization and no PUI. The Prescott VA has two COVID-19 patients with no PUI.

State Update

Across Arizona, 1,383,899 people have been tested for COVID-19 with 196,899 positive results (up 619 since yesterday), and 4,684 deaths, up four overnight.

For more statewide information, visit azhealth.gov.

Testing Blitz Saturday

Spectrum Healthcare will hold more testing blitz events in Yavapai County from 8 a.m. to noon for the next two Saturdays, Aug. 22 and 29. The drive-through COVID-19 testing locations are: 990 Willow Creek Road in Prescott and 651 Mingus Ave. in Cottonwood. The test being offered is the PCR nasal swab test. Patients can pre-register online, which will save time processing in-line, at spectrumhealthcare-group.org. This is a first come, first serve event and while supplies last. The testing service is free from Spectrum, however the actual lab test will be charged to patients that have insurance. The results take three to five days to return. Participants are asked to bring a photo identification and wear masks to help protect healthcare workers who will be doing the testing.

Six Positive Developments

In their Friday release, YCCHS shared six positive developments to "remind us there is hope in this crisis."

They are:

1 - Therapeutic Treatments – Scientists have engineered clones of the antibodies the body produces to protect itself from future infection. They are called monoclonal antibodies and are showing to be effective both therapeutically and to prevent infection.

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2 - Rapid, low-cost saliva tests – ASU launched their saliva-based diagnostic testing in early July, and over 10,000 Arizonans were tested by the end of that month with events for more testing scheduled. You can go to https://azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/index.php#novel-coronavirus-saliva-testing to see dates/locations.

3 - Universal mask-wearing is catching on. You know the drill.

4 - The CDC and WHO have come to consensus on the airborne spread of COVID-19. This means that there will be more messaging coming out from the WHO and other organizations recommending that people add a new control to their toolkit for fighting this virus — healthy building strategies, such as higher ventilation, better filtration and the use of portable air-cleaning devices.

5 - Science is showing that past exposure to common cold coronaviruses might be playing a protective role for some people.

6 - Vaccine trials seem to be working.

Information

• For Yavapai County data and COVID-19 Resources: www.yavapai.us/chs;

• Yavapai Emergency Phone Bank: 928-442-5103 – Monday through Thursday, 8 a.m. to 5 p.m.

• Arizona 2-1-1: A resource for all the time, not just during COVID-19: https://211arizona.org;

• COVID-19 information en español: https://azhealth.gov/covid-19; and,

• Mental health resources – #YavapaiStrongerTogether:

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2 - The News-Review: DeFazio: Roseburg VA director must communicate more on COVID-19, other issues impacting vets (21 August, Carisa Cegavske, 68k uvm; Roseburg, OR)

U.S. Rep. Peter DeFazio said Roseburg Veterans Affairs Medical Center Director Keith Allen has not been communicative enough with local veterans or congressional leaders about problems ranging from COVID-19 data to postal slowdowns impacting medicine deliveries.

DeFazio made his comments in a letter to Allen on Thursday, and followed that up with a press release in which he urged the director to engage in more robust communications with local Veterans Service Organizations and Oregon's congressional delegation.

Regular meetings with those groups had been routinely canceled since March, DeFazio said. He also said the VA stopped providing COVID-19 data only a few weeks after it first made the information available.

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"There are also ongoing questions around what COVID-19 data is being reported to local public health authorities and the potential consequences of incomplete data for southwest Oregon," he wrote.

VA spokesperson Tim Parish said in an email that social distancing and other safety precautions have limited routine meetings at almost every organization in the country, and the Roseburg VA is no different.

"Throughout this national emergency, Roseburg VA Health Care System has been laser focused on providing life-saving treatment to Veterans while keeping patients and employees from contracting COVID-19," he said.

The result, he said, is that just seven Roseburg VA employees — 0.05% of its workforce — and nine veteran patients have been diagnosed with the disease.

Parish also said the VA had maintained near daily contact with county, state and federal response teams. He said the latest VA COVID-19 testing and case information is available online.

He said the VA reports testing results through the Department of Health and Human Services, as every health care facility does.

DeFazio said he had also heard daily from veterans about reductions in mental and dental health services.

But Parish said there have been no reductions in mental health services.

Dental services that aren't emergencies have been curtailed in order to follow the guidance of the Centers for Disease Control, he said.

DeFazio also said veterans were requesting more information about what the impact of U.S. Postal Service changes would be on prescription drug deliveries.

The Postal Service had announced changes that could lead to slowdowns in mail service, prompting concern around the country about both mail-in voting and pharmaceutical delivery. In response to public pressure, it has called a halt to further changes until after the November election.

Parish said the Roseburg VA has not had any reports of medication delivery delays from patients; however, he said veterans also have the option of getting prescriptions filled in person on campus. As of July, prescription delivery averaged 2.86 days, he said. The VA recommends requesting refills at least 10 days ahead.

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3 - Daily Star Journal: **Kansas City VAMC to offer free drive-thru COVID-19 testing for veterans** (21 August, 27k uvm; Warrensburg, MO)

AMERICAN OVERSIGHT

The Kansas City Veterans Affairs Medical Center will offer free COVID-19 and serology antibody testing to all veterans 8 to 11 a.m. Aug. 29 at the American Legion, 733 E. Young Avenue, Warrensburg.

On site enrollment and registration will be available to those not already enrolled.

VAMC asks all participants to bring their DD214 and a picture ID for enrollment.

The tests will be administered to the first 300 veterans.

The tests available are:

COVID-19 PCR (nasal swab) – for active infection
COVID-19 Antibody (blood test) – for prior infection/exposure
Attendees are asked to enter through the Johnson County Community Health Services parking lot off PCA Road.

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1.1 - KSN (NBC-3, Video): One-on-one with US Secretary of Veteran Affairs (21 August, Carly Willis, 565k uvm; Wichita, KS)

KSN News had the opportunity to talk to the United States Secretary of Veteran Affairs Robert Wilkie about how the VA is fighting back against coronavirus and veteran mental health issues.

According to Secretary Wilkie, of the 9.5 million veterans in the VA system, 39,000 veterans have tested positive for coronavirus. Over 34,000 have made a full recovery.

"We've never closed, but we are slowly bringing back all of the regular services that our veterans expect, that they had, so they can get back into that regular cadence coming to us when they need it," Sec. Wilkie said.

Wilkie feels the VA's efforts on a national scale helped put the system ahead of the pandemic. Now, they are now beginning to reopen facilities and send staff out into the community to help others.

Locally, the Robert J. Dole VA is prepared to assist with VA's "Fourth Mission" to support national, state, and local emergency management, public health, safety, and homeland security efforts, if needed. Fulfilling the mission, they sent ventilators to Southwest Medical Center in Liberal.

"During this crisis, if a veteran does not feel well, call us. If you think you have any of the symptoms involved with this, please call us, don't come in. We want to protect you, we want to protect our fellow veterans. We also want to protect our employees," Sec. Wilkie said.

Another topic of discussion was the VA's efforts to combat veteran suicide. Nearly 20 veterans commit suicide per day, with two or three being of active duty and the other 15 not seen by VA staff or services, according to Wilkie. Most are Vietnam veterans.

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To help bridge the gap, Wilkie's office along with the presidential administration launched the first actual campaign and sustained government effort to combat veteran suicide.

Vet Centers across the nation held more than 47,000 virtual appointments in March, a 200% increase from February. Wilkie tells KSN, the VA saw 905,000 mental health tele-health appointments take place in June. Expanded programs and treatments have bumped VA approval ratings.

"We are experience a renaissance here at the VA. We have some of the highest ratings we ever had for our healthcare. We are sitting at 90.1 percent. Four years ago, five years ago, we were lucky to reach 52 percent," Sec. Wilkie said.

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1.2 - The Philadelphia Inquirer: **Letters To The Editor** (20 August, Sec. Robert Wilkie, 82k uvm; Philadelphia, PA)

Phila. VA worked to contain the spread

As secretary of the U.S. Department of Veterans Affairs, I recently toured Philadelphia's Cpl. Michael J. Crescenz Veterans Affairs Medical Center, and I'm proud of the care patients have received there during the COVID-19 pandemic. When the virus was devastating nursing homes, the Philadelphia VA hospital locked down the nursing home it runs; prohibited outside visitors; tested all residents and staff; and quickly isolated any resident who tested positive. The first case of COVID-19 in the nursing home was confirmed on April 10, and the last case was confirmed just two weeks later. In addition to caring for patients at the medical center, staff also ensured that veteran patients had access to food during the crisis by delivering groceries to about 400 households. COVID-19 demands competence and caring, and the Philadelphia VA demonstrated both during this unique event in American history.

Robert L. Wilkie, Washington

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1.3 - USA Today: **The VA doesn't cover fertility treatments for unmarried veterans or same-sex couples. Some want to change that.** (21 August, Amy Sokolow, 61.6M uvm; McLean, VA)

Army veteran Toni Hackney has always wanted a family, but as a single woman with endometriosis, she knew she would need fertility assistance.

A year after she sought approval from the Department of Veterans Affairs to cover the cost of in-vitro fertilization treatments, she was denied for what she called a ridiculous reason: She's not married.

"The whole time I'm fighting with them about, OK, this isn't fair, you know? Y'all say everything is on an equal basis and everything, but this don't feel equal basis," Hackney said in an interview. "It's like they make it mandatory for you to get married in order to get treatment."

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In order to receive VA reproductive health care benefits, veterans must have suffered a service-connected injury, be married, and be able to supply their own eggs or sperm. Surrogacy is not covered.

That excludes unmarried veterans like Hackney, same-sex and transgender couples, and those who cannot produce eggs or sperm due to a service-connected injury or another medical issue, such as cancer treatments.

The VA added fertility coverage in 2016, largely because of the efforts of U.S. Sen. Patty Murray, D-Wash. Now some veterans and infertility advocates say the coverage should be made permanent and expanded to cover more people.

“It's helping some, and trust me, we're very happy and grateful for that,” said Barb Collura, president and CEO of Resolve, a national infertility advocacy organization. “But it's showing, in very glaring form, who is being left out, and that's not acceptable to us.”

Hackney, 47, of Atlanta, served in the Army for 16 years as an imagery analyst on intelligence projects. She was a member of the first battalion called for duty after 9/11, serving in an undisclosed domestic location from December 2001 until 2003.

“I want to experience pregnancy and giving birth,” she wrote on her GoFundMe page to raise money for her treatments. “For me, the experience is just more than a want. I need it.” She’s raised just $1,250 of her $45,000 goal.

VA's 'hands are tied' by Congress

Last month, a House subcommittee on veterans’ affairs held a hearing to discuss veterans’ access to reproductive health care. Veterans advocates described the conditions veterans must meet to qualify for IVF treatments.

Those rules are so restrictive, only 567 veterans accessed the benefit between 2016 and 2019, according to news reports. Most are men with obvious external injuries, so their wives are the ones who receive the treatment.

Because most of the procedures are performed by third-party providers, the two parties must negotiate a rate. That requires extensive paperwork that is a burden on small centers, according to Joy Ilem, legislative director for Disabled American Veterans.

The VA’s “eligibility requirement is mandated by Congress,” a VA spokesperson said in an email.

Collura said that although the VA has said publicly it wants to offer the benefit to veterans struggling to conceive, “their hands are tied by what Congress has said.”

The legislation is as restrictive as it is simply because it lifted language from an existing Department of Defense benefit for active service members, Collura said.

Prior efforts to expand the VA's coverage have failed because the issue touches on the debate over abortion, specifically the destruction of leftover embryos, which some Republican lawmakers oppose. The Family Research Council, a conservative Christian group, advocates funding IVF treatments only if they don’t destroy embryos.

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The VA's coverage pays for unlimited embryo storage to skirt that issue.

‘Power couple’ seeks biological child

Army veteran Khris Goins, a transgender man, and his wife have been together 11 years. Their friends in Columbus, Ohio, have dubbed them “the power couple.”

Goins, now 33, served in the Army at Fort Bliss, Texas, from 2006 to 2009. In 2015, he and his wife wanted to start a family, so they tried to get IVF treatment through the VA using sperm donated by someone they know.

After going through fertility assessments at a local clinic, the couple was disheartened to learn IVF wasn’t covered for them.

Goins and his wife, Dashonda, are trying to save money from the financial services business they run together and from donations. One attempt at pregnancy costs $12,000 on average.

The family’s last chance at a biological child and grandchild is IVF using Goins’ eggs.

It would be a blessing to have “a child to continue our bloodline and fill the void in our lives” left by the murder of Goins’ only sibling, his brother, he wrote on his GoFundMe page.

He hasn’t raised any money, which he believes is because he set up the campaign as the coronavirus pandemic struck.

Thirteen states mandate insurance policies cover IVF treatments, according to Resolve, but it’s not universally available. Mercer, a benefits consulting firm, found that 44% of insurance plans for companies with more than 20,000 employees and 28% of companies with more than 500 employees covered in vitro fertilization in 2018.

Though some private insurance policies are restrictive, “none of them are as restrictive as the ones we see in the military,” said Karla Torres, senior counsel at the Center for Reproductive Rights. The health issues and working conditions unique to veterans make expanded coverage of IVF even more important for them, she said.

What counts as a service-related injury?

Kerry Karwan, a veteran in San Leandro, California, and an advocate for the Service Women’s Action Network, fought for almost a year to get her treatments covered by the VA because she couldn’t prove she had a service-connected condition.

She served in the Coast Guard for years in a shipyard that exposed her to asbestos, lead paint, mold and chemicals. A fertility specialist told her the mold levels in her blood, which can cause infertility, were “off the charts,” she said.

There’s little research on the subject, but veterans advocates say infertility is tied to working conditions in the military. Ilem, of Disabled American Veterans, said that in addition to chemical exposure, infertility is tied to medication prescribed for psychiatric disorders — some related to one’s service, like post-traumatic stress disorder.

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Many women also delay childbearing until after active duty — and after their peak fertility years — making it harder to conceive after they're discharged.

But none of these are considered service-connected injuries, so the VA typically doesn't cover IVF treatments in those cases.

"You can't document that [delayed childbearing] is a service-connected reason for being infertile because there isn't this clear, demonstrable, 'I got blown up' situation, though it could in fact be related to your military service," said Kayla Williams, senior fellow and director of the Military, Veterans and Society Program at the Center for a New American Security, and a veteran herself.

A recent study of veterans who served in Iraq and Afghanistan found about 16% of women and 14% of men reported struggling with infertility, compared with 12% of all American women and 9% of all American men.

Disabled American Veterans, the American Legion and other veterans' groups call for more research on women's reproductive health in the VA health care system. Women veterans weren't treated as a separate category in military health studies until the 2000s.

Karwan did get the VA to cover her in-vitro treatments after convincing the agency that her infertility was partly tied to her inability to get proper treatment for polycystic ovarian syndrome while on active duty.

"Here I am defending everyone else's liberties and rights of happiness, and I'm getting denied my chance to have children" – Kerry Karwan U.S. Coast Guard Veteran

But she faced more obstacles as she looked for a fertility clinic because so few work with the VA. She believed the clinics available to her were a poor fit and didn't handle her case with care. One even broke tubes carrying embryos she and her husband had frozen.

Now that she's 45, she's worried she has missed her prime reproductive window. "Here I am defending everyone else's liberties and rights of happiness, and I'm getting denied my chance to have children," she said.

Rep. Julia Brownley, D-Calif., chairwoman of the House Veterans' Affairs subcommittee on health, announced in early August she plans to introduce legislation in the coming months "to address the needs of veterans facing barriers to having children." She said in a written statement her bill would expand the VA's reproductive benefit to include surrogacy and IVF for veterans "regardless of marital status, service-connection, or need for donated genetic material."

In the meantime, veterans like Hackney, Goins and Karwan are scraping together tens of thousands of dollars to pay for the procedures themselves.

Although she's also looking into adoption, Hackney hopes Congress will loosen the rules in time for her to have a biological child of her own. "Since Congress' laws regulate the VA, they really need to not play a political game with people's lives and futures," she said. "This is my life."

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1.4 - Military.com: VA Offers Support for Suicide Survivors (21 August, Jim Absher, 4.9M uvm; McLean, VA)

While much is said about the fact that veteran suicide is a national problem that needs a solution, not much is said about the effects of those suicides -- how loved ones and friends deal with the loss of a loved one, friend, or acquaintance who is an important part of their life.

Often the survivors are faced with many issues besides the obvious loss of a loved one or friend. Quite often they have to deal with losing the family breadwinner, a person they look to as an example, or someone they have shared meaningful life experiences with. Also, survivors are the ones left to mourn and question, often blaming themselves and wondering what they could have done to prevent their loved one from taking their own life.

The Department of Veterans Affairs says that for every suicide, an estimated average of 135 people are affected. While suicide prevention is very important and helps thousands of veterans and their families every year, programs to help survivors deal with the after-effects of suicide are less common.

To help these survivors, the VA's Office of Mental Health and Suicide Prevention has created a support program, known as the Uniting for Suicide Postvention (USPV) program.

You don't need to be a veteran to get assistance from the program.

The USPV program provides postvention information and resources to assist survivors as they navigate their healing journey, both immediately after the loss and in the months and years that follow.

The Veterans Crisis Line is available 24 hours a day at 800-273-8255 or by text at 838255. Their website also offers online chat and support for those who are deaf or hard-of-hearing. The website also has links to many local resources that can offer assistance. .

Quality postvention can facilitate survivors' healing. It helps them understand and address the complex thoughts and emotions that make coping after a suicide loss particularly challenging, officials said. USPV offers a place where loss survivors can explore painful and challenging emotions they may be experiencing. It strives to create a community of shared healing by improving education about postvention and access to support and resources.

Experts consider exposure to suicide a risk factor for suicide. Survivors are at greater risk for substance use disorders and mental health issues than those who haven't experienced such a loss. This includes including thoughts of suicide. Those exposed to suicide in the workplace are 3.5 times more likely than others to take their own lives. The VA says that the risk for new suicide attempts doubles for military units with five or more suicide attempts in a year.

Grief after loss can be so intense that it prevents survivors from seeking help at a critical crossroad. But by helping survivors heal after a suicide, postvention reduces the risk of additional suicides in the deceased person's circle. In that way, postvention healing is a vital component of prevention.

For details on assistance programs available to survivors of suicide, and to hear how others dealt with their loss visit the VA website.

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You can also learn about mental health support for veterans from the VA.

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1.5 - Military Times: Postmaster pledges veterans' prescriptions won't be hurt by mail service changes (21 August, 2.3M uvm; Vienna, VA)

The head of the United States Postal Service on Friday acknowledged "dips" in service in recent months but denied any large-scale failures or deliberate mail slowdowns were to blame for problems with veterans prescription deliveries or other postal operations.

"We are working here feverishly to get the system running, add stability, and also to hire more workers to handle the delivery process," Postmaster General Louis DeJoy said during testimony before the Senate Homeland Security and Governmental Affairs Committee.

"We serve 161 million people. We still deliver at 99.5 percent of the time. We have significant efforts to continue to improve on that process, and everybody is working feverishly to get that right."

Friday's hearing was focused on concerns that the USPS will not be able to handle — or may actively work against — the rush of mail expected ahead of the November presidential election.

Millions of Americans (including service members stationed outside their home states) are expected to use the service to cast their ballot, in light of the ongoing coronavirus pandemic, raising worries about the reliability of the system.

But numerous lawmakers also relayed anecdotes of veterans struggling to get mailed prescriptions in a timely fashion because of postal service changes in recent months, a worrisome trend given limited access at Veterans Affairs pharmacy sites in recent months because of the virus outbreak.

"One veteran fills prescriptions for his VA benefits, and he told me there has been a 'noticeable slowdown in mail delivery delays that have caused me to ration my medication,'" Sen. Maggie Hassan, D-N.H., told DeJoy. "He started cutting back on dosage to have pills or skipping alternate days to make them last."

Veterans advocates have reported similar complaints from members in recent months, and incomplete answers from federal agencies on the reasons for slowdowns.

Veterans Affairs officials this week said the average delivery time for veterans prescriptions has slipped from 2.3 days in summer 2019 to nearly 2.9 days this summer, but noted that is still faster than the three to five days the department advises veterans to expect when receiving medicine through the mail.

"VA continually monitors prescription delivery times throughout the country and the department has always used a variety of methods to ensure timely delivery, including in-person pharmacies, USPS, and commercial carriers," Deputy Assistant Secretary for Public Affairs Curt Cashour said in a statement.

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The postmaster attributed much of the recent service problems to worker shortages and procedure changes related to the coronavirus outbreak. He said he is confident "the postal service will deliver on this election" and pledged to make sure delivery of ballots, medications and other critical mail is not harmed in coming months.

Earlier this week he delayed some operation reform plans within the system, but DeJoy said he expects to resume those changes after the November election.

"We need to be sustainable, and we need to cover our costs," he said. "I have a plan to do that."

Most — but not all — of the criticism from the Senate committee of the post office came from Democrats on the panel. Sen. Rand Paul, R-Ky., blasted accusations of election interference as a "partisan witch hunt" and hailed DeJoy's efforts as much-needed reforms for a government bureaucracy.

DeJoy is expected to testify before House lawmakers concerning the same mail delay issues on Monday.

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1.6 - Military Times: **IRS reopens deadline for veterans who missed coronavirus stimulus checks** (21 August, Leo Shane III, 2.3M uvm; Vienna, VA)

Veterans Affairs officials are reminding families who missed out on some coronavirus stimulus checks last spring that they have a few more weeks left to claim that cash.

In a social media post Friday morning, VA Secretary Robert Wilkie urged veterans who think they may be eligible for the money to contact the Internal Revenue Service and see if they are owed any money.

At issue are payments of up to $500 per dependent child for disabled veterans who do not typically meet the threshold for filing annual income tax returns. The money was part of a massive emergency spending package pass in the spring designed to offset financial losses due to the coronavirus pandemic, then in its initial months.

After Congress approved one-time payouts of up to $1,200 per person, the IRS struggled to get those stimulus checks to some veterans whose current address and bank account information was not up-to-date in their systems.

The agency eventually partnered with VA officials to use some veterans benefits records to help with that challenge, but could not identify all of the individuals who may have been eligible to receive the additional $500 child payments along with the other stimulus payouts.

IRS officials set up a special registration site for veterans and other Americans who don't regularly file annual tax returns, but set a cutoff of early May to apply. Agency leaders said individuals who missed out on that deadline would have to wait until spring 2021 to receive the money as part of next year's income tax returns.

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But late last week, IRS officials reopened the application process. Veterans who missed out on the child credits now have until Sept. 30 to register, with payouts expected to be delivered by mid-October.

"To help with this, we are allocating additional IRS resources to ensure eligible recipients receive their full payments during this challenging time," IRS Commissioner Chuck Rettig said in a statement.

In addition, veterans who did not receive their $1,200 stimulus checks in the spring can also register with the department in an attempt to get that money this fall.

Officials did not say how many veterans may still be eligible for the payouts, but advocates have said that the money could be a critical lifeline for low-income families facing new challenges related to closings of businesses, public offices and other community assistance programs related to coronavirus.

The IRS non-filers tool is available on the agency's web site.

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1.7 - Stars and Stripes: Family seeks damages after veteran's suicide inside VA mental health unit (21 August, Nikki Wentling, 1.7M uvm; Washington, DC)

The family of Sgt. Brieux Dash, a veteran who died by suicide in a Department of Veterans Affairs mental health unit last year, filed a claim against the VA on Friday, arguing that the agency's "deliberate indifference" and "complete disregard for patient safety" contributed to Dash's death.

Dash, 33, hung himself March 14, 2019, on a door in the locked mental health unit at the West Palm Beach VA Medical Center. His death prompted an investigation by the VA Office of Inspector General, which found unsafe practices in the unit.

Managers of the unit didn't pay enough attention to training requirements, the IG's office wrote in its report. There was also a lack of oversight from regional and national offices, as well as staffing issues, inoperable cameras and too much time between nurses' safety rounds. In addition, no one had recognized the risk posed by corridor doors.

Dash's wife, Emma, and their three children, ages 17, 15 and 5, are pursuing wrongful death claims under the Federal Tort Claims Act "because the VA breached its duty to provide Brieux with a place of safety and prevent his suicide," reads the claim, filed Friday by Bertling Law Group.

Dash was an Army veteran who had deployed twice to Iraq, once in 2007 and again in 2009. He had a 50% disability rating with the VA for his depression and post-traumatic stress disorder.

"Brieux had a difficult time transitioning to civilian life," the claim reads. "The realities of war made him a different man."

He attempted suicide twice before, once in 2016 and again March 11, 2019. After Dash tried to use a belt to hang himself March 11, his wife called emergency responders, who took him to the

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West Palm Beach VA. Emma Dash worked as a pharmacy technician at the VA hospital and told officers that's where he should go.

"She now experiences deep remorse and guilt for making that recommendation," the claim says.

At the unit — a 25-bed, high-intensity, locked mental health area — Dash was red-flagged as being at high risk for suicide. During his multiple days in the unit, Dash was cooperative, social and sleeping and eating well, the IG reported. He agreed to take prescribed antidepressants and was eventually designated as "low risk" for suicide.

However, when Dash's discharge was delayed on the fourth day of his hospital stay, he became agitated and screamed that he wanted to go home.

"In a fit of rage, Brieux isolated himself behind the closed door of room 235-1, where he wrapped a self-made noose around his neck and hung himself from the corridor door," Emma Dash's claim reads.

A fellow patient found Dash, who was later pronounced dead in the hospital's emergency room.

Following the IG report last year, the hospital initiated a plan that included more frequent and random safety rounds in the unit. The hospital director told the IG that they would install over-the-door-alarm systems and working cameras.

At the time, the IG's office asserted that hospital leaders deflected responsibility, failed to perform their duties and "lacked awareness of patient safety requirements."

"Facility leaders and managers only started to respond aggressively to longstanding deficient conditions after" Dash's suicide, the IG's report states.

In addition to the unsafe practices at the hospital, Emma Dash's claim says VA employees didn't contact her in a timely manner to plan for her husband's discharge.

"This critically important communication failure resulted in a significant delay of Brieux's discharge and caused further destabilization of his physical and mental condition," according to the claim.

Emma and Brieux Dash met at West Potomac High School in Alexandria, Va., at age 14, the claim says. They had their first child in 2002 and were married in 2006, the same year Dash joined the military.

Before his suicide, Dash had recently lost his job and said for several days that he thought his family would be better off if he were dead.

Four days before his hospitalization, he received a notice from the VA, stating that the agency had overpaid him nearly $20,000 in benefits and would be stalling any future payments until the amount was paid. Emma Dash's claim says the letter "sent Brieux into a downward spiral of depression, anxiety, emotional distress and fragility."

The family has "sustained an indescribable loss since Brieux died by suicide," the claim concludes. "The VA should do the right thing by admitting liability and reasonably compensating the estate of Brieux Dash for the damages it has sustained."

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Peter Bertling, the family's attorney, planned to file separate claims for Emma Dash and each of the three children.

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2. Improving Customer Service

2.1 - Connecting Vets: Family of veteran who died by suicide in locked hospital unit files claim against VA seeking answers (21 August, Abbie Bennett, 10M uvm; Washington, DC)

Sgt. Brieux Dash, an Army veteran, 33, was a loving and devoted husband and father to his children. But gruesome repeated deployments to Iraq and "the realities of war made him a different man and he received minimal assistance from the VA," his family said.

In March 2019, Dash was admitted to the West Palm Beach VA Medical Center because he tried to harm himself after a recent car accident, the loss of his job and the death of his father-in-law, which his family said all worsened his mental health, including his service-connected post-traumatic stress disorder.

While being held in a locked mental health unit at the VA, Dash died by suicide, and a VA watchdog report released last year reported multiple failings on the part of VA that may have contributed to his death.

Dash's family, including his wife, Emma, and their three children, ages 17, 15 and 5, are all pursuing wrongful death claims under the Federal Tort Claims Act.

Their attorney, Peter Bertling, told Connecting Vets they want to know "what really happened to Brieux while he was admitted to the mental health unit" and are seeking "accountability and corrective action within the VA Healthcare system to prevent this type of tragedy from ever happening again." Bertling's law firm filed the claim against VA on Friday.

The VA Inspector General's investigation and subsequent report on Dash's death found that he was appropriately screened for suicide risk, provided medication management, placed on close observation status, and had on-going assessments, interventions, and a discharge plan. But the report also revealed multiple failings by VA, including unsafe conditions, nonoperational cameras, inconsistent policies, unmet standards, a lack of oversight, and too much time between nurses' safety rounds that all could have contributed to the veteran's death.

As a result, patients may have gone as long as 25 minutes without being checked, and "had the cameras been fixed and monitored as required ... it is possible that an employee may have seen the patient (Dash) ... and possibly been able to intervene," the report said.

His family's claim revealed another act by VA that they believe contributed to his death -- that could even have been the trigger for his suicide.

On March 7, 2019, after the car accident, family death and losing his job, Dash received a notice from the VA that said he was overpaid nearly $20,000 in separation pay and his disability payments would be withheld to pay it back, the claim says. Dash had a 50% disability rating for

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his PTSD and depression after deployments to Iraq in 2007 and 2009. He had attempted suicide in 2016 and did so again, four days later, on March 11, 2019.

"This 'important notice' was the proverbial straw that broke the camel's back and sent Brieux into a downward spiral of depression, anxiety, emotional distress and fragility," the claim reads, arguing the notice from VA may have triggered his second suicide attempt.

After Dash tried to hang himself on March 11, his wife called emergency responders who took him to the VA where she worked as a pharmacy technician. He was admitted to the 25-bed, high-intensity locked mental health unit, "red flagged" as a high suicide risk. During the days of his stay, Dash was cooperative, social, sleeping and eating well and agreed to take prescribed anti-depressants, the report said. He was eventually classified as "low-risk" for suicide.

But on the fourth day of his stay, when his discharge was delayed, Dash became agitated. He yelled that he wanted to go home. He isolated himself behind the closed door of room 235-1 and hung himself on March 14, 2019, the family's claim reads. No one at VA had recognized or addressed the known safety risk posed by the hallway doors.

Safety and law enforcement cameras at the unit hadn't worked for "at least three years," the report said.

Leaders' alleged lack of knowledge or action on the cameras, doors or other safety issues "represented a deflection of responsibility and failure to perform their duties," the report said. Of senior leadership, the report said their disregard of safety risks "reflected a myopic view of the facility's responsibility to ensure patient safety."

While the unit was sufficiently staffed the day of the veteran's death, one of the nursing assistants assigned to check on patients was performing other duties during that time, the report said.

VA "knew of its duty to protect Brieux Dash from environmental hazards that are established risks for" suicide, the claim reads.

And an effort to fix the safety issues and other failings only began after the veteran's death, the OIG report said.

"Facility leaders and managers only started to respond aggressively to long-standing deficient conditions after" the death, according to the report.

The hospital director told investigators staff would install over-the-door alarm systems and working cameras and increase safety rounds in the unit.

Dash and Emma met at West Potomac High School in Alexandria, Virginia when they were 14, the claim reads, interspersed with photos of the smiling family. They had their first child in 2002 and were married in 2006, the same year Dash enlisted in the Army and before his first deployment to Iraq.

"While I applaud any attempts by the VA and DoD to prevent deaths by suicide, these organizations need to be held accountable when they fail to follow their own policies and procedures, fail to properly train their staff, fail to comply with applicable standards of care, and fail to learn from their past mistakes," Bertling said. "I will continue to hold the VA and DOD

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accountable for the deaths by suicide they could have prevented. Our veterans and active-duty military deserve so much better."

Dash's family has "sustained an indescribable loss since Brieux died by suicide," the claim closes. "The VA should do the right thing by admitting liability and reasonably compensating the estate of Brieux Dash for the damages it has sustained."

VA officials declined to comment on Dash's death or the claim, citing the pending litigation.

Florida VA spokeswoman Mary Kay Rutan said "suicide prevention is VA's highest clinical priority and the department is taking significant steps to address the issue," adding that VA has reduced the number of in-hospital suicides from 4.2 per 100,000 patient admissions to less than 1 per 100,000 n mental health units, "an 82.4% reduction, suggesting that well-designed quality improvement initiatives can lead to a reduction in the occurrence of these tragic events."

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2.2 - Connecting Vets: Senators push USPS leader for answers on mail delays, including veteran prescriptions (21 August, Abbie Bennett, 10M uvm; Washington, DC)

Capitol Hill lawmakers on Friday confronted U.S. Postal Service Postmaster General Louis DeJoy on reported delays in USPS service, which has affected some veterans' prescription deliveries.

Sen. Rob Portman, R-Ohio, told DeJoy about "heartbreaking stories" he's heard from those affected by USPS delays, including a veteran with chronic obstructive pulmonary disease (COPD), waiting to receive his inhaler in the mail.

"We are working here feverishly to get the system running, add stability, and also to hire more workers to handle the delivery process," Dejoy said. "We all feel bad about the dip in our service level. We serve 161 million people. We still deliver at 99.5% of the time ... Everybody's working feverishly to get that right ... We're considering dramatic changes to improve the service to the American people."

While DeJoy acknowledged some service interruptions, he denied any major failures or intentional delays.

Three days before his appearance in the Senate, DeJoy announced he planned to halt changes that some argued led to the reported mail delays, until after the November election.

Internal memos and USPS staff, including some veterans like Cole Butterfield, an Army vet and American Postal Workers Union leader in Oregon, said package delays, including veterans' prescriptions, were caused by new policies that discouraged overtime, meaning packages were left behind if they would delay carriers on their routes.

DeJoy, a top donor to President Donald Trump, took over USPS on June 15. DeJoy issued a memo during his first month leading USPS which mentioned the Post Office's continued financial struggles and announced new policies, including that the USPS would now accept delayed mail to save costs.

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"One aspect of these changes that may be difficult for employees is that — temporarily — we may see mail left behind or mail on the workroom floor or docks (in Processing and Distribution Centers), which is not typical," the memo reads, adding that USPS should avoid overtime payments caused by "late and extra trips."

It was those changes that lawmakers wanted to know more about on Friday, during DeJoy's testimony before the Senate Homeland Security and Government Affairs Committee.

Sen. Jacky Rosen, D-Nevada, was one of few lawmakers on the committee to directly address delays some veterans have experienced for "lifesaving medications" during her questioning. Most senators' questioning focused on how election mail may be affected.

DeJoy's opening statement also did not address veterans' prescription delays.

Rosen asked DeJoy if he did any "specific analysis of how veterans would be impacted" by the changes he made. DeJoy repeatedly couldn't, or wouldn't address the question. He said, under his changes, that "theoretically, everyone should have gotten their mail faster." Eventually, DeJoy refused to provide specific analysis Rosen requested but said he would provide truck schedules.

Rosen said that was not the case, and asked DeJoy if he would commit to being sure that people receive their deliveries on time, including veterans' mail-order prescriptions.

"I'm working towards on-time delivery," he said, promising that the postal service "will deliver on this election" and that delivery of other critical mail, such as prescriptions, would not be harmed in coming months.

Sen. Maggie Hassan, D-New Hampshire, read from a letter from a veteran who said "there has been a 'noticeable slowdown in mail delivery delays that have caused me to ration my medication.' He started cutting back on dosage to have pills or skipping alternate days to make them last."

Veterans like Amber Torija, a retired Marine, told Connecting Vets similar stories. Torija said that most of her 12 different prescriptions typically arrive within a day or so, but recently took nearly a week. She's still waiting on two of her prescriptions.

Ranking member Gary Peters, D-Mich., said he heard from a constituent who was hospitalized because of delayed mail-order prescriptions.

"Seeing the slow down I started reducing my meds I was taking so I wouldn't completely run out because I looked and some had warnings not to stop taking suddenly," she said. "I was actually just released from the hospital and am supposed to do breathing treatment every four hours but instead I push it to just once or twice a day unless I needed it in an emergency."

Not all senators at the hearing blamed DeJoy's decisions for mail delays. Some, like Chairman Ron Johnson, R-Wisconsin, Sen. Rand Paul, R-Texas, and Sen. Mike Enzi, R-Wyoming, spent much of their time praising DeJoy and apologizing to him for what they considered partisan attacks by their colleagues. Some senators seemed to argue that accounts of delays were not all true.

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"I am in no way denying the many of these complaints are genuine ... We take those seriously," Johnson said. "But there's no denying that many of these complaints are ginned up ... I'm looking to separate the fact from the fiction."

Those senators took DeJoy at his word that much of the delays were caused by lack of USPS staffing and other issues directly caused by the coronavirus pandemic, and some said they supported major cost-saving measures at the financially troubled USPS, including potentially limiting delivery days, raising prices or limiting delivery service to more rural or remote areas of the country.

DeJoy is expected to testify before House lawmakers on the same issues on Monday.

Connecting Vets first reported the delays affecting veterans, according to dozens of veterans and caregivers, VA pharmacy staff and pharmaceutical company leaders, on Aug. 5. By Aug. 21, more than 200 veterans and caregivers, along with dozens of VA employees, pharmaceutical leaders and USPS staff confirmed that Postal Service issues are delaying veterans' medications, sometimes by weeks. They provided documents showing medication shipping delays, internal memos and more.

USPS delays could significantly affect veterans since the vast majority of Department of Veterans Affairs prescriptions are fulfilled by mail from a group of seven massive, automated hub pharmacies across the country, the Consolidated Mail Outpatient Pharmacy (CMOP) system. That centralized pharmacy system processes about 80% to 90% of all VA outpatient prescriptions and almost all (90%) of those are shipped through USPS. The other prescriptions are typically filled at local VA medical facilities.

VA's mail-order pharmacy system processes 120 million prescriptions per year, nearly half a million prescriptions daily and each working day, more than 330,000 veterans receive a package of prescriptions in the mail. Veterans who live further from VA medical facilities, especially in rural and remote areas of the country, often depend on mail-order prescriptions.

USPS is also one of the country's largest veteran employers, with nearly 100,000 veterans on staff (about 15% of the total USPS workforce). About 60% of the veterans working at USPS have a disability rating, the agency estimates.

VA prescriptions mailed by the U.S. Postal Service in the past year have seen delays of nearly 25%, the federal agency recently told Disabled American Veterans, and VA told Congress previously that to help mitigate delays, the department was forced to switch to alternative delivery services in some areas, such as UPS and FedEx, among other measures.

"VA always encourages veterans to order routine prescriptions in advance" and the department "continually monitors prescription delivery times throughout the country and uses a variety of methods to ensure timely delivery, including in-person pharmacies, USPS and commercial carriers," VA Press Secretary Christina Noel told Connecting Vets.

VA prescriptions delivered by USPS "are averaging less than three days delivery time, and more than 95% of VA prescriptions delivered by UPS next-day service have been on time," Noel added, referring all other questions to USPS.

VA's website says prescriptions "usually arrive within three to five days" of being ordered or even an average of "60 hours from filling to delivery," and advises veterans to request refills at

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least 10 days in advance of running out. That estimate appeared consistent with the normal wait times veterans described to Connecting Vets, and some vets said they have yet to see significant delays.

When asked if VA is tracking any delays in medication being sent to veterans, VA spokesman Curt Cashour told Connecting Vets, "No."

But some veterans said they were contacted by VA about their prescriptions only after sharing information about the delays they experienced with Connecting Vets' and appearing by name in subsequent news stories.

Some veterans are still waiting to receive their medications, like Melissa Ned, a U.S. Navy vet, who's waited weeks for her two leukemia medications to arrive. She can't just go to her nearest Department of Veterans Affairs hospital to get them -- it's two hours away and its pharmacy has been mostly closed during the pandemic.

"I gave up calling the VA pharmacy since COVID-19," she said. "Nobody answered and I automatically got disconnected."

Marine veteran Karen Brown said her prescriptions recently arrived but were more than a week late, and when she called her doctor and VA pharmacy to check on them, she said she was made to feel like a burden.

"All the time you're feeling like a bother," she said. "It's just the way it is. I'm grateful for what I have, but it's always a bother."

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2.3 - WDIV (NBC-4): Department of Veterans Affairs reports delays in prescription deliveries by US Postal Service (21 August, Dave Bartkowiak Jr., 3M uvm; Detroit, MI)

The Department of Veterans Affairs is switching to other mail delivery services after it says a number of veterans have reported delays in receiving critical medicines shipped via the United States Postal Service.

The Disabled American Veterans organization released the following statement this week:

“The VA has now confirmed to us that the United States Postal Service (USPS), which is responsible for delivering about 90% of all VA mail-order prescriptions, has indeed been delayed in delivering these critical medications by an average of almost 25% over the past year, with many locations experiencing much more significant delays. To help mitigate these postal delays, the VA has been forced to switch to alternative delivery services in a number of areas across the country and is taking other actions to expedite processing and delivery of prescriptions.

It is simply unacceptable that America’s veterans, particularly those who were injured or made ill in defense of this country, should face the prospect of not receiving necessary medications in a timely manner considering such delays can be the difference between health and sickness, or even worse.

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Moreover, millions of veterans also rely on the post office to deliver claims decisions, hearing notifications and other critical messages from the VA, all of which must be timely to ensure veterans receive the benefits they have earned through their service and sacrifice.

Fast and reliable mail delivery is especially important for veterans who live in rural areas or otherwise have difficulty accessing VA health care, pharmacy or benefits in person.

We call on the Administration and Congress to immediately take whatever actions are necessary to ensure that the USPS has all the funding necessary to deliver critical prescriptions and mail to America's veterans without delay and without interruption.

Whatever the long-term future of the USPS may be, reducing or delaying mail operations during a national health emergency is not an option. Our nation's veterans, particularly those disabled by their service, deserve nothing less than high-quality and timely health care and benefits no matter their geographic location, and for the foreseeable future that requires a fully functioning United States Postal Service."

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2.4 - The Post and Courier: SC veterans rely on postal service for medications by mail, causing worry about delays (21 August, Thomas Novelly, 1.2M uvm; Charleston, SC)

Robert Coleman is used to waiting for mail. But the Marine Corps veteran and James Island resident said he wasn't expecting the refill for his arthritis prescription to be held up for so long, especially because he ordered it "about a month ago."

Other veterans in the Lowcountry have passed their concerns on to the office of U.S. Rep. Joe Cunningham, a Charleston Democrat who is a member of the House Committee on Veterans' Affairs.

His staff reports receiving several complaints from retired service members expressing worry about how political gamesmanship and financial trouble might affect their prescriptions.

"Lowcountry seniors and veterans rely on the USPS to deliver life-saving prescriptions and pay their bills, small businesses rely on the USPS to receive supplies and conduct commerce, and voters rely on the USPS to vote safely and securely," Cunningham said in a statement.

"We urgently need legislation to fund the USPS and reverse the Postmaster General's destructive actions," he added.

Some of the recent acts at the Postal Service that Democrats have criticized include removal of mailboxes and high-speed sorting machines ahead of election season.

The Palmetto State has the ninth highest military retiree population in the nation and is home to more than 400,000 veterans, according to the South Carolina Military Base Task Force. More than 80 percent of these men and women receive medication through the mail.

While veterans and advocates are raising concerns nationwide about delays in medication delivery, others report it hasn't been a widespread issue in South Carolina so far.

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Tonya Lobbestael, a spokeswoman at Charleston's Ralph H. Johnson VA Medical Center, said there haven't been reports of delays in the Holy City.

Charleston's Consolidated Mail Outpatient Pharmacy has shipped an estimated 172,000 packages in the last three months, with an average delivery time of two days, she said. Additionally, she said there were no delays from medicine sent by mail, which can take three to five days on average.

But advocates continue keeping their guard up and are monitoring potential problems with mail delivery.

Maj. Gen. William F. Grimsley, South Carolina's secretary of veterans' affairs, told The Post and Courier he "has not heard a significant amount of complaints so far" relating to delays in mailing medication. He added that he has been speaking to congressmen and senators to stay up-to-date on the situation.

"We need to be aware of this and we need to watch this very closely," Grimsley said.

Also watching is Cunningham's November opponent, Republican Nancy Mace, who said "while we figure out the best way to secure things, like our ballots, we should also ensure the mail continues to run well."

She passed the blame on to Democrats, saying they "have a lot of nerve criticizing when they're part of the problem" and pointed out that a GOP proposal being held up in the house would forgive a $10 billion loan the Trump administration issued the USPS last month.

The VA mailed out more than 125 million prescriptions in the last fiscal year alone, according to the department's budget submission for 2021. More veterans have grown dependent on getting their medicine delivered during the coronavirus pandemic as many hospitals observe social distancing measures.

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2.5 - Modern Healthcare: **Letters: VA making strides to improve state veterans home inspections** (22 August, 507k uvm; Chicago, IL)

The Veterans Affairs Department deserves credit for two recent moves to improve the lives of veterans in its facilities and in state veterans homes.

First, the VA's plan to gradually and safely reintroduce volunteers to its healthcare facilities is an important and timely step. Volunteers serve as some of the most critical eyes and ears in a facility. Many volunteers have established personal relationships with individuals they help care for, and thus serve as a vital link in the communication chain with the VA and other oversight agencies.

Second, I'm glad to see the VA is giving serious consideration to recent recommendations made by the U.S. Government Accountability Office, which called on the VA to strengthen its oversight of inspections conducted in state veterans homes. The issue was the subject of a congressional hearing last month.

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The GAO's feedback was helpful, because the VA deserves the very best from its healthcare facility-inspection contractors. After all, the inspector should serve the VA, not the facility. The inspector should never identify a deficiency but then collaboratively allow the facility to fix the issue during the inspection. Without a rigorous inspection process that creates a paper trail of deficiencies, a facility could lapse back into negative practices in between site visits and never fully address underlying problems.

-Leah Heimbach

President and owner

Healthcare Management Solutions

Paying more for the same flawed healthcare coverage

I was not surprised to read that job-based health insurance coverage is projected to cost more next year.

Private insurance companies have an overhead rate of 12% versus about 2% for Medicare, in large part due to marketing and other administrative expenses. The only way for them to compete is either through cherry-picking (via having fewer truly ill clients), withholding reimbursement for needed care, or through higher rates. None of these strategies are desirable from the consumer's standpoint.

In the 1970s, the percentage of America's gross domestic product consumed by healthcare expenditures was 8%. It's more than doubled to 18%. A major reason for the difference in costs is our emphasis on private insurance companies.

And let's not forget that as Americans lost their jobs during the pandemic, in many cases they also lost their health insurance.

What's the obvious remedy? We must have Medicare for All. Single-payer works in Canada, for example, and it can work just as well here (as it does in so many other developed countries). All Canadians are covered and per capita costs ($4,826) are a fraction of what we pay ($10, 209).

Single-payer is the ultimate solution, but is opposed by the massive and influential healthcare industrial complex for obvious self-interested reasons. And they spread their money around in both parties, influencing policy for their own benefit.

As voters, we will once again have the power to enact change in a few short months via who we send to Washington.

-Jack Bernard

Peachtree City, Ga.

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2.6 - The Bakersfield Californian: **OTHER VOICES: Does Kevin McCarthy stand with vets?**
(21 August, Chris Neiweem, 302k uvm; Bakersfield, CA)

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I enlisted in the U.S. Army, served in the second Iraq War and expect our elected leaders, regardless of political party, to support the well-being of our troops and veterans. But, I am a Republican because I believe conservatives are stronger on national defense, and more closely share the values of the men and women who serve in this country's military.

This is why I was surprised to read a complaint from Campaign for Accountability that asked the inspector general of the Department of Veterans Affairs to look into whether House Minority Leader Kevin McCarthy used his elected office to influence a decision on which company will get the contract to build a new VA clinic in Bakersfield. The concern with this potential influence campaign by McCarthy is that the VA selected the bid not because it was the best option for the health of local veterans, but rather to please the powerful congressman.

I was the veteran advocate who led testimony in Congress on the Clay Hunt SAV Act, a very important bill that I worked on with many advocates, along with McCarthy's office. His record on veterans issues has been good, which is why this bothers me.

Understand, I believe that McCarthy has a strong record on supporting veterans. In fact, in the past I have worked with his office on veterans' issues and found his staff to be sincere and well meaning. On Capitol Hill, staff are typically reflective of their boss.

But the Campaign for Accountability press release was shared with me because of my record of fighting for veterans. I trusted the source who sent me the release, and I agreed to take a look. At first, I was skeptical about the accusations, because Campaign for Accountability is generally considered to be affiliated with the Democratic Party.

However, after looking at the Campaign for Accountability complaint, I think the American people deserve answers. Not because I believe the minority leader did something wrong, but because we must ensure our veterans are getting the best available medical care. This is why my organization has also called on the VA to investigate what happened.

What struck me about the watchdog group's complaint was that it seemed the bidding process was rigged in favor of a company called SASD Development Group. SASD was seeking to build a new, replacement VA clinic in Bakersfield to replace an older clinic that was being run by another company called Progress for Bakersfield Veterans, or PBV. Time and again, McCarthy has been in favor of the SASD proposal even weighing in with secretary of the VA.

According to Campaign for Accountability's letter, in August 2017, the VA issued a solicitation of offers for a new Bakersfield VA clinic. In 2018, SASD won that bidding process. But the following year, PBV protested, making a series of claims against the VA, painting a picture of a deeply flawed process. Ultimately, the contract was again awarded to SASD and PBV is still protesting.

What I find most compelling about the letter to the VA inspector general is that after PBV protested the 2018 decision by the VA, the VA "sent a letter to the GAO stating that the contracting officer for the procurement had determined that corrective action was required and the VA would pay the reasonable costs associated with pursuing the bid protest, the total relief to which the protestor was entitled." In other words, the VA was willing to pay PBV for the costs associated with their protest, because they screwed things up.

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In 2019, again, the VA conceded that "PBV was entitled to further corrective action in the form of payment for all reasonable costs associated not only with the costs of proposal preparations, but fees for pursuing its protests, including consultant and expert witness costs, in addition to its attorney's fees." Are you starting to see a pattern?

Local media in Bakersfield also pointed out that Minority Leader McCarthy testified in Congress in favor of the SASD proposal. McCarthy stated that the current clinic was being paid $2 million a month, and that the new SASD facility would be bigger than the current PBV operated clinic. In fact, the SASD proposed clinic is actually smaller. The congressman's office claimed they mistakenly confused information about the rent provided to them by the VA. Either way, this bad information remains on the congressman's website.

Honestly, it is my hope that the VA's inspector general takes a look at this situation and determines that there was no wrongdoing by McCarthy. Because, we deserve to know the truth. More importantly, our veterans deserve the best medical care.

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2.7 - WTAJ (CBS-10, Video): Local veteran receives national recognition for volunteer efforts (21 August, Devin Jackson, 245k uvm; Altoona, PA)

Joe Cupples is a Red Coat Ambassador at the James E. Van Zandt VA Medical Center in Altoona.

He greets veterans at the door, and shows them where to go.

"Helping the veterans navigate the system, find their appointments. if they need a wheelchair or assistance," Cupples said.

He says his main focus is to make the veterans feel comfortable and welcome…and as a marine, he wants to make sure they feel appreciated.

Now Cupples has gotten some appreciation of his own. Among the thousands of Red Coat Ambassadors in what is the largest health care system in the country, Cupples is at the top.

For 2020, Cupples is the Red Coat Ambassador of the year. He was shocked to receive the award.

"Once I started as a Red Coat Ambassador here, my thoughts were for what I do, helping the veterans, do the same thing every day, try to do a bit better if I can, make sure they are comfortable with what they're doing," Cupples explained.

"When I found out it was national, I couldn't believe it."

When COVID-19 hit, volunteers weren't allowed in the facility for a while to protect the health of the residents. Cupples was told to go home, but he didn't stop volunteering. He began to Skype the veterans that were stuck in the hospital under quarantine, and says he got as much out of it as they did.

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"Learning how to Skype veterans here at the VA helped me, helped me feel I was still connected," Cupples continued.

"And the response I got from veterans and nurses made me feel appreciated"

Cupples says he gets his reward every day from the veterans he serves. But the national recognition does put a smile on his face.

"It makes you feel appreciated, really appreciated for what you do."

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2.8 - East Oregonian: Walla Walla VA to host livestreamed musical performance (21 August, 168k uvm; Pendleton, OR)

The Walla Walla VA Medical Center will host a virtual musical performance titled "ENCORE!" as part of Re-Creation's "Tours for Veterans." This event, scheduled for noon Wednesday, Aug. 26, will be streamed live on YouTube Live Stream.

The event can be found on Walla Walla VA's Facebook page at https://bit.ly/327aALM. The performance is free and open for all to watch.

Re-Creation's Tours For Veterans has been serving veterans homes and hospitals across America for the past 45 years. The group typically travels nationwide to each facility, but with respect to current protocols has remounted each show to be streamed live to each facility or community. "ENCORE!" features the best in American music and some of our nation's finest young entertainers.

The show remains sponsored in part by: The Bowlers to Veterans Link, Re-Creation's longest-running sponsor and a charity funded by the Bowlers of America and supporting our troops and veterans since 1942; the Elks National Veterans Service Commission, providing housing for Re-Creation nation-wide for more than 36 years and, for now, helping to provide the means for Live Streaming; and the Florida State Elks Association, providing grants for Re-Creation CD and DVD production and distribution to every vets home and hospital, and special grants for vehicles and trailers.

Re-Creation was founded in 1976 and performs in all 50 states. Credits include appearances at some of the nation's most prestigious fairs and festivals, at local, regional, state and national corporation banquets and conventions, and at major resort areas. Civic clubs, fraternal groups, schools, and public and private organizations now keep Re-Creation booked for more than 300 concerts each year.

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2.9 - The Sumter Item: Columbia VA to safely reintroduce health care services (21 August, 115k uvm; Sumter, SC)

The Columbia VA Health Care System is implementing a plan to safely expand health care services in all of its locations across the state. On Monday, the facility began this process by

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increasing most services by 25 percent of what was provided in early March when COVID-19 first affected the state. The increase in volume will occur while continuing to maintain the same high standards to which the community has become accustomed.

While primary care and mental health continued full operation through the maximizing of personalized virtual care options like telehealth, phone consults and wellness checks, certain care will resume through face-to-face encounters. As part of the facility's Moving Forward plan, the Columbia VA will accommodate expanded face-to-face appointments when clinically necessary, depending on the service.

The Columbia VA will continue to offer and prioritize appointments for many services through virtual modalities, which have been a valuable link to our veterans during this challenging time. The scheduling of in-person services and appointments will take into account the independent risk and urgency of each veteran. While limited face-to-face appointments may increase, there will continue to be no walk-in clinics available at this time. Only confirmed and scheduled patients will be allowed into the facility, unless they are experiencing a medical emergency.

"The safety of veterans and staff is the highest priority when we consider how we can provide health care services and procedures during the ongoing COVID-19 pandemic," said David Omura, medical center director and chief executive officer. "VA will consider guidance from various agencies including federal, state and local government as we gradually reintroduce additional health care services. As a high-reliability organization, safety is always paramount and will continue to guide our decision making."

Although the Columbia VA never stopped providing care to veterans, the facility will start to perform work that no longer falls only in the category of "emergent and urgent services." Pre-COVID-19, the health care system typically provided 3,700 outpatient appointments per day; during the past week alone, the Columbia VA has already increased to more than 3,100 outpatient appointments per day.

The biggest areas of focus will be to increase outpatient services by 25% of current volume at the seven VA community-based outpatient clinics across the state. Since these services have already been expanded at the main medical center in Columbia, greater attention will be given to increasing surgical procedures that can be performed in-house as opposed to sending veterans out into the community.

In accordance with CDC guidelines, and with current public health concerns, all aerosol-generating procedures are still postponed as additional time is needed to address how such procedures can be performed safely. The Columbia VA will continue to follow and monitor CDC guidelines pertaining to these procedures and will make any necessary modifications as guidelines change.

The Veterans Health Administration has developed a risk-based framework to prioritize non-urgent procedures, in addition to the urgent services currently being performed. Evaluation of factors such as patient health, staff safety and resource considerations will guide expansions and scheduling decisions. Additionally, rigorous safety measures will remain in place at the Columbia VA to include mandatory employee and veteran COVID-19 screening, universal and appropriate personal protective policy such as face coverings or face shields, physical distancing requirements and frequent disinfection of high-touch surfaces.

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As additional facilities reintroduce services across the country, the Columbia VA will also share best practices learned with other VA and private-sector facilities so we can ensure we continue to provide veterans the best care they can receive in a safe environment.

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2.10 - Independent Tribune: It started with a box: Atrium Health Cabarrus launches new Veterans Recognition Program (21 August, Victoria Young, 115k uvm; Concord, NC)

Atrium Health Cabarrus has fully launched its new Veterans Recognition Program after a few delays due to needed materials and COVID-19.

The program, which was originally scheduled to start earlier this year, launched Memorial Day. It honors patients who have identified as veterans with a special welcome and appreciation of their service.

Patients are asked if they are veterans once they are admitted into the hospital, said Tripp Grooms, Veterans Recognition Program chair and director of business operations. If a patient identifies as a veteran, he or she is presented with a welcome kit that includes personal care items, playing cards and other things to make the hospital stay more pleasant. A flag is also placed on the patient's door. In order to help fund the program, the Cabarrus Healthcare Foundation received a grant from NASCAR Driver Brad Keselowski's Checkered Flag Foundation. As of August 20, the hospital has distributed 115 kits since the program launched in May.

The program also put in place a "Code Honor", which launched July 4. It is a protocol used when a veteran patient passes away at the hospital. The protocol calls for a team to drape the patient's stretcher with the American flag before a security team escorts the deceased veteran and the family from the room. When a veteran passes, the family is presented with the "Code Honor" option, Grooms said.

"The point of communication starts with the family and the loved ones at the bedside asking them if they are interested in having us proceed with the 'Code Honor'," he said. "If they say no, then our regular process when someone passes at our facility proceeds. If they say yes, then we ask them if they are interested in participating as well with the unfolding of the flag at the bed side."

The idea for the program came about after Carmen Frutig, an Intensive Care Unit nurse, started honoring veterans in her unit after taking care of an Air Force veteran in the ICU who passed away, she said. The veteran was an organ donor and she wanted to honor him in some way before his body went into surgery.

"The day before we took him into surgery I was asking around, 'What do we do for veterans?' I felt embarrassed, and I felt like it was shameful. We needed to do something," she said.

She and the other co-workers went to the hospital's gift shop and got a flag charm. They then informed the family that coworkers would line up down the hall to honor his service as his body was led to surgery. After that experience, Frutig said, she wanted to do more.

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“I knew right then I was going to do something to honor our veterans that went into the ICU,” she said.

She decided to go to a craft store to buy a wooden box and decorated it with patriotic flare. She then bought flag magnets, lapel pins and thank you cards. She called it the “Honor Box”. She and her co-workers started asking veterans when they entered the hospital if they were veterans. If a patient answered, yes, a group from the ICU would go into the room, put a flag magnet at foot of bed, hung a patriotic ornament on the patient’s room door and left a thank you card.

As Frutig and other co-workers in the unit continued to honor veterans, it started a conversation about recognizing veteran patient’s service as well as the proper way to honor a deceased veteran in every unit of the hospital. Frutig said she had reached out to Veteran Affairs to learn the correct way to honor a veteran. That is what sparked “Code Honor”.

Two teams are a part of the “Code Honor” protocol, security and the nursing administration. In order to learn how to fold, unfold and drape the flag, they went through training. During that training, the teams discussed ways to approach patient’s families about the protocol.

“Nobody wants to see someone pass, but with this type of program – honoring their service and their sacrifice – a lot of our teammates felt honored to be considered for that program and were excited to participate in the training to learn a little bit more about what the typical process for honoring a deceased veteran,” Grooms said.

The program was initially supposed to launch in February or March of this year. But the materials needed for the kits were delayed, and once they arrived, COVID-19 hit. The program’s launch was paused so the hospital could better assess the pandemic situation. This also brought slight changes to how the program is run during the pandemic.

While Frutig and her co-workers were able to go into the veteran’s room as a group to thank the patient for their service and visit with them, COVID-19 limits contact. When a veteran is in a COVID unit, Grooms said, they still get the special welcome, just with essential personnel and some added PPE.

“When it is a situation where a veteran is on a COVID Unit, what we do is we drop the bag off at the nurses’ station and the nurse assigned to that patient on a COVID unit is charged with providing that bag to them,” he said.

And while the number of people in the room may be reduced, the conversation isn’t.

“That kit is such a symbol and conversation starter.” Grooms continued: “When they do go in the room and provide that bag, it does ignite a positive conversation and an acknowledgement of their service.”

For Frutig, she said that knowing that all admitted veterans can be honored has special meaning to her.

“I have two boys in the military – my oldest is in the Army and the youngest is in the Navy,” she said. “I think about them and what they have sacrificed so far in their young lives. I look at these older gentlemen and what they have given up, and I see their families and they are so thankful.”

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Frutig has watched the Veterans Recognition Program launch in the hospital and see how her pursuit to learn the proper way to honor a veteran that has passed in the hospital has sparked a new protocol. Knowing that over 100 patients have received welcome kits through the program, showed her that many veterans walk through the hospital's doors, she said. And while the hospital has not needed to use the "Code Honor" yet, she is thankful that it is there.

"I had no idea when I superglued my decals on my box," she said, "that this is what would come of all of it."

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2.11 - Chicago Crusader: USPS slowdown delays veterans' medication deliveries (21 August, Brett Copeland, 50k uvm; Chicago, IL)

On August 20, President Donald Trump admitted that he was creating a slowdown of service and deliveries at the United States Postal Service to make it more difficult to process mail-in ballots. No matter the politics, the reality is that any slowdown of the USPS will result in delivery delays for veterans' critical medications.

The Department of Veterans Affairs has pioneered delivering prescription drugs to patients through the mail. Most veterans' prescription drugs cost less than civilian Americans', as the VA's large network and the number of patients allows it to negotiate better rates for medications. Combined with the mail delivery, the cost savings and benefits of not having to leave home for your critical medications are particularly important during the global pandemic.

As a result of military service, veterans suffer from more chronic health conditions than most Americans. Exposure to toxic chemicals like Agent Orange has been linked to high blood pressure and diabetes. Having the ability to take medication on a strict schedule means life or death for many military veterans.

And with the pandemic, the use of the V.A.'s mail program has only increased. The V.A. fills about 80 percent of veteran prescriptions by mail. That is nearly 120 million prescriptions a year or 330,000 veterans daily. The V.A. says that veterans made 11.2 million prescription refill requests through the V.A.'s online portal, an 8.1 percent increase compared to the same period in 2019.

The added pressure on veterans cannot come at a worse time. Department of Veterans Affairs Secretary Robert Wilkie said that he fully expects coronavirus cases to 'boomerang' this fall. As students return to schools across the country, there will also be a large number of older veterans returning from their summer vacation spots to southern states.

Florida, a state that has largely let COVID-19 run unchecked, will welcome back nearly one million 'snowbirds' or winter residents. Hopefully, veterans will have their USPS-mailed medications restored by then.

Despite the fact that most veterans are able to get care or medications from the Department of Veterans Affairs, there is a sizable number who have been discarded by the U.S. Military. There are approximately 500,000 veterans with an 'Other-Than-Honorable' (OTH) discharge status, which means they're unable to receive health care or benefits from the Department of Veterans Affairs.

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On August 25, the Veterans Healthcare Policy Institute will hold a forum with four leading experts and veteran advocates to examine the long-term impact an OTH discharge has on the physical and mental health of veterans. Discussion will also cover why some veterans are tagged with the OTH discharge status as a way to punish them or make an example out of them—as is the case with some military sexual assault survivors.

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2.12 - Estes Park Trail Gazette: **Letters to the Editor: August 21, 2020** (21 August, Anthony Bellotti, 23k uvm; Estes Park, CO)

[…]

Rep. Neguse is helping send VA's cruel, wasteful kitten experiments to the litter box

Do you want your hard-earned money wasted to buy, cripple, torture, and kill kittens in Department of Veterans Affairs labs?

I definitely don't—and White Coat Waste Project's (WCW) 2-million members and supporters are grateful to have Rep. Joe Neguse (D-CO) once again leading the fight to stop the federal government from wasting Colorado taxpayers' money on this cruel boondoggle.

WCW's new investigation reveals the VA has spent more than $8.4 million taxpayer dollars to abuse 6-month-old kittens in three government labs. Government white coats even film and photograph some of the grisly abuse taking place at VA facilities in Cleveland, Louisville, and Los Angeles.

This wasteful spending is downright bizarre. Kittens have fake poop made of bran, potato flour, and saline pushed into their anuses. Their spines are split open, and they are implanted with electrodes. Other kittens have electrodes surgically implanted into their brains, before they are killed and have their brains removed.

Records show that kittens have accidentally suffered seizures, depression, and bloody urine, in addition to the harms deliberately inflicted on them. At least one was killed following complications from surgery.

These "cat-stipation" experiments are opposed by most taxpayers and squander precious resources needed for veterans' care.

Following our exposé, Rep. Neguse and 29 of his colleagues in Congress from both sides of the aisle, including seven military veterans, sent a letter to VA Secretary Robert Wilkie expressing their "grave concerns about painful and outdated cat testing at the Department of Veterans Affairs."

"We are disturbed to learn that questionable VA experiments on cats have continued at facilities in Cleveland, Louisville, and Los Angeles at great expense to taxpayers," the group wrote. "We are concerned that the VA's use of cats for invasive and terminal taxpayer-funded research may not be warranted."

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Bravo Rep. Neguse!

Indeed, last year Congress enacted legislation directing the VA to phase out its experiments on cats by 2025. In July, the U.S. House also voted to cut funding for all of the VA's dog tests. Rep. Neguse supported both common-sense measures.

He also led on related issues prompting major reforms: Introducing the PUPPERS Act to de-fund "maximum pain" experiments and other cruel and wasteful dog testing at the VA, and cosponsoring the KITTEN Act—a bill which led to the USDA's notorious "kitten slaughterhouse" lab shutting down, and the survivors being adopted into loving homes.

Congress has drawn a line in the sand with the VA cat labs, too, thanks to Rep. Neguse's leadership. But, as the letter-writers recognize, the 2025 phase-out isn't soon enough.

It's well-documented things are bad for animals and taxpayers at the VA.

This summer, the National Academies of Sciences issued a scathing report affirming what White Coat Waste Project has been saying for years: the VA's barbaric dog testing program is in need of drastic reform. And right after that report was issued, a brand-new Inspector General's report found the agency illegally spent taxpayer money on dog experiments involving 51 dogs in eight unauthorized experiments, costing taxpayers $393,606.

Especially now, with the economy in a recession and the federal deficit at a record $2,807,295,000,000, taxpayers shouldn't be forced to pay millions for VA bureaucrats to cripple kittens and shove fake poop up their butts.

Let's "cut the crap" and end the VA's cat experiments right now. Taxpayers in Colorado and across the country should be grateful to Rep. Neguse for leading the charge to relegate this taxpayer-funded kitten cat-astrophe to the litter box. I know our 2 million members and supporters are.

Anthony Bellotti

White Coat Waste Project

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2.13 - Bossier Press-Tribune: Overton Brooks VA Medical Center schedules relocation for pharmacy and lab services (21 August, Randy Brown, 7k uvm; Bossier City, LA)

The Overton Brooks VA Medical Center mobile lab service and drive-thru pharmacy will relocate on Monday, August 24.

Veterans will notice a more permanent exterior structure, delivering the most exceptional customer service expected from the Shreveport VA. The move takes place Saturday and Sunday. No interruption to service is expected.

The location is adjacent to the right of the main entrance when drivers use the main driveway from Stoner Avenue. Please see the diagram provided.

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Service hours will remain the same. (Lab services: Monday-Friday 7 a.m. – 3:30 p.m., Pharmacy hours: Monday – Sunday 8 a.m. – 4 p.m.)

Parking Lot 8, near the Basement South Entrance, will return to Veterans Handicap Parking. Employees whose parking relocated to accommodate the Drive-Thru Pharmacy will return to their original handicap parking location.

The Overton Brooks VA Medical Center thanks Veterans for their patience, as the Shreveport VA continues to offer more face-to-face services.

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2.14 - Kilgore News Herald: **Shreveport VA set to begin limited visitation** (21 August, 5k uvm; Kilgore, TX)

The Overton Brooks VA Medical Center in Shreveport will begin limited visitation starting Monday.

Starting that day, visiting hours will be from 3 7 p.m., seven days a week. Visitors may enter the hospital at the following locations:

The basement south entrance across from the parking garage between 3 and 5:30 p.m.; and

The emergency department between 3 and 6:30 p.m.;

The following restrictions will be enforced to ensure patient, visitor and employee safety,

Symptom screening and temperature monitoring will be performed upon entrance to the hospital;

Wearing a mask or face covering is required by everyone entering the facility;

All visitors must check-in at the nurse's station on each floor;

Veterans are allowed only one visitor at a time;

Visitors are only allowed on non-COVID floors;

No visitors will be allowed in the emergency department, intensive care or COVID patient care wards;

Visitors must be at least 12 years old; and

Overnight visits are not allowed.

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2.15 - West Virginia News: **Lawsuit filed in another suspicious death at VA Medical Center** (21 August, Matt Harvey, 1k uvm; Lewisburg, WV)

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The family of another veteran who died under suspicious circumstances at the Louis A. Johnson VA Medical Center in Clarksburg has sued the Department of Veterans Affairs.

Tony O'Dell, the attorney for Tiano O'Dell PLLC in Charleston who has filed most of the lawsuits, also filed this one on behalf of the family of Russell Ross Posey Sr., 92, of Roanoke, who died July 3, 2018, at the VA hospital.

Serial killer Reta Mays, who has admitted murdering seven other veterans at Louis A. Johnson VA Medical Center, admitted committing assault with intent to murder Posey.

Mays, 46, of Reynoldsville, agreed she had given Posey and the other seven unnecessary insulin injections while working as a nursing assistant at the facility.

U.S. Attorney Bill Powell "did not call it a homicide because he said he could not prove the insulin was the 'but for' cause of death," O'Dell said. "But, we believe the insulin shot was the event that led to his quick decline and death. He never recovered to baseline and died 14 days later."

Mays remains jailed pending sentencing.

The lawsuit filed on behalf of Posey's family is the sixth against the government.

There has been no indication the Department of Veterans Affairs will move to quickly settle the lawsuits.

Wesley Walls, chief of the Public Affairs and Community Relations Service at the Louis A. Johnson VA Medical Center, issued a statement following Mays' plea hearing.

"Our hearts go out to those affected by these tragic deaths. Clarksburg VA Medical Center discovered these allegations and reported them to VA's independent inspector general more than two years ago. Clarksburg VA Medical Center also fired the individual at the center of the allegations," Walls said.

"We're glad the Department of Justice stepped in to push this investigation across the finish line and hopeful our court system will deliver the justice Clarksburg-area veterans and families deserve," Walls said.

In all of the lawsuits, O'Dell and other attorneys have alleged Veterans Affairs failed when it hired Mays; failed in its training or lack of training of her; and failed to follow protocols that should have resulted in the discovery of her activities before she could have inflicted so much pain, suffering and death.

Posey was a World War II Navy veteran, serving from 1943 to 1946, U.S. Attorney Powell has said.

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2.16 - Techlink: **Six new medical technologies developed by the Department of Veterans Affairs** (21 August, Laci McDowell, Bozeman, MT)

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Researchers at the VA, located at medical centers throughout the U.S., conduct basic and advanced preclinical and clinical research on rehabilitation, mental health, prosthetics, pain management, and chronic diseases affecting military veterans.

This week's technology roundup features six new technologies picked from their growing collection of innovations.

Securing a license agreement to a partially-developed VA technology allows companies to bring new medical products to market more cheaply and easily.

And TechLink is here to help you navigate the licensing process.

At no cost to you.

Screening tools for discovery of novel anabolic pharmaceutical agents
VA scientists developed a new approach to identify pharmaceutical agents that inhibit (reduce or attenuate) muscle loss.

The technique is also suited to identifying agents that both inhibit muscle loss and increase muscle mass or agents that selectively inhibit muscle loss or increase muscle mass.

Hydrogel nanocomposite for intraocular lens material
A VA scientist developed a reversible hydrogel system comprised of copolymers that can be a hydrogel in an oxidized state and a solution when in a reduced state.

The hydrogel is formed with embedded nanoparticles, creating a nanocomposite material whose refractive index and modulus can be controlled to mimic the human eye.

Treatment for diastolic dysfunction and heart failure
A VA scientist has recently invented a new treatment for diastolic dysfunction. This cardiac condition occurs when the muscles of the heart become stiff.

It involves the administration of a molecule called tetrahydrobiopterin, which regulates the availability of the nitric oxide that modulates cardiac relaxation.

Treatment for amyloid protein misfolding diseases
VA scientists have recently invented a new type of treatment for amyloid protein misfolding disorders such as light chain amyloidosis, Alzheimer’s disease, and Parkinson’s disease.

It involves incorporating therapeutic agents into nanoliposomes to protect cells against damage.

Sleep study for diagnosis of post-traumatic stress disorder
A VA scientist has recently invented a new type of test to diagnose post-traumatic stress disorder with a sleep study.

It analyzes the brain wave pattern of a patient and looks for specific neuromarkers associated with PTSD to provide a measure of the severity of the condition.

VA scientists recently invented a novel treatment to target cancers driven by mutations in RAS genes, which comprise about a third of all human cancers.

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Due to favorable experimental results, the VA's treatment option for RAS-driven cancers involves the administration of an engineered bacterial SNARE-cleaving toxin.

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3. **Business Transformation**

4. **DOD Cooperation / Electronic Health Records / MISSION Act Implementation**

5. **Suicide Prevention**

6. **Women Veterans / Homelessness / Benefits / Cemeteries**

6.1 - WFLA (NBC-8, Video): VA admits mistake, but veteran still left without decision on his benefits (21 August, Steve Andrews, 3M uvm; Tampa, FL)

All Bill Davis wanted from the VA was an update on the status of his appeal for benefits but what he received left him shaking his head.

For seven years Davis, an Air Force Veteran who now resides in Hudson, skirmished with the VA who repeatedly denied his claims that his illnesses are service-related.

More than a year ago, a Board of Veterans Appeals judge told Davies he needed a letter from a doctor stating how his sarcoidosis of the lungs was connected to his time in the military. Daivs provided letters from two doctors.

"They're waiting for time to run out," Davis said.

In July of this year, frustrated by a lack of communication from the VA, Davis reached out to 8 On Your Side and we contacted Congressman Gus Bilirakis' office and the VA in Washington for answers.

Davis recently received a letter from the VA and learned that during the last 12 months, his case went nowhere because of a mistake by the VA.

"We received a letter from the VA stating that there was a malfunction with the audio equipment when I had my hearing," Davis explained.

Katrina Eagle an attorney who handles only veterans cases calls this VA incompetence.

"Inexcusable incompetence to say the least," Veterans Advocate and attorney Katrina Eagle said. According to Ms. Eagle, usually, a hearing recording is sent out immediately so a transcript can be created.

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"That the Board figured out it was garbled in August 2020 seems to suggest that the recording was never sent out in the first place," Eagle stated. "It should never have taken them a year to figure out the audio messed up."

Davis' doctors think his illnesses are more likely than not caused by his exposure to chemical agents, like Trichloroethylene, a known cancer-causing chemical cleaner the Air Force commonly used.

Bill worked on OV-10 fighters in Thailand and Vietnam and believes he was also exposed to toxic herbicides while serving in Southeast Asia.

According to the Director of the VA's Office of Media Relations in Washington, D.C., the problem with the audio from Davis' hearing was an isolated mistake that resulted in discipline for the employee involved.

In an email the VA's Susan Carter explained, The transcription team listens to the digital audio recording within approximately 30 days and transcribes the appeal. The error, in this case, was discovered but standard follow up procedures with the Veteran were not followed."

Ms. Carter adds the VA has already been in touch with Davis to advise him of his options and it is working to resolve the issue as soon as possible.

For Davis, he describes dealing with the VA exhausting and feels the VA is treating him more like he's looking for a handout than the benefits he earned.

"It's not right," Davis said. "It really does drive so many vets to suicide, they just go I can't deal with it anymore."

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6.2 - Enid News and Eagle: **VA offering grants to address veteran homelessness in Oklahoma** (21 August, 204k uvm; Enid, OK)

U.S. Department of Veterans Affairs (VA) announced Thursday it will award four grants totaling $1.4 million to community organizations that address veteran homelessness.

The Grant Per Diem Program provides funding to community organizations that provide transitional housing and supportive services for homeless veterans, with the goal of helping them achieve residential stability, increase their skill levels and income and obtain greater self-determination, according to a press release.

The award period begins Oct. 1, and will support three different types of grants to address homeless veterans' needs.

Per Diem Only grants are used to provide transitional housing beds and operate service centers for veterans experiencing homelessness. These grants provide funding in the form of per diem payments to reimburse grantees for the cost of care provided to veterans during the award period.

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Special Need grants provide funding to organizations that incur additional operational costs to help veterans with special needs who are experiencing homelessness, including women, individuals with chronic mental illnesses and Veterans who care for minor dependents.

Transition in Place grants provide funding to community agencies that place veterans experiencing homelessness in transitional housing while providing them with supportive services. These services are designed to help veterans become more stable and independent, with the ultimate goal of veterans assuming full responsibility for the lease or other housing agreement. When that goal has been achieved, the transitional residence becomes the veteran's permanent residence and supportive services come to an end.

The GPD program has provided veterans who are homeless with community-based transitional housing and supportive services since 1994. The number of veterans experiencing homelessness in the U.S. has declined by 50% since 2010 — resulting from the GPD program and other VA efforts, according to a VA press release.

In July of this year, frustrated by a lack of communication from the VA, Davis reached out to 8 On Your Side and we contacted Congressman Gus Bilirakis' office and the VA in Washington for answers.

Davis recently received a letter from the VA and learned that during the last 12 months, his case went nowhere because of a mistake by the VA.

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7. Other

7.1 - Connecting Vets (Audio): Toxic Avengers: Grunt Style and BurnPits 360 team up to hammer Congress & VA (21 August, 10M uvm; Washington, DC)

Forty-minute audio: Tim Jensen, Grunt Style & Rosie Torres, BurnPits360 founder, bring the hammer down on Congress & VA who are failing to help vets suffering from diseases related to burn pits and other toxic exposures. The upcoming conference features Jon Stewart, former VA Secretary Dr. David Shulkin & more. Watch the Military Toxic Exposure Conference, Aug 28, 7p EST on Grunt Style Facebook.

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1. Top Stories

Coronavirus / COVID-19

1 - The Daily Courier: COVID-19 Update: Six positive developments in fight against coronavirus (21 August, 381k uvm; Prescott Valley, AZ)
Yavapai County has recorded 2,224 positive cases of COVID-19, up by 19 overnight, according to a Yavapai County Community Health Services (YCCHS) news release Friday, Aug. 21. Yavapai County has tested 34,283 residents, has had 893 reported recoveries and 76 deaths.

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2 - The News-Review: DeFazio: Roseburg VA director must communicate more on COVID-19, other issues impacting vets (21 August, Carisa Cegavske, 68k uvm; Roseburg, OR)
U.S. Rep. Peter DeFazio said Roseburg Veterans Affairs Medical Center Director Keith Allen has not been communicative enough with local veterans or congressional leaders about problems ranging from COVID-19 data to postal slowdowns impacting medicine deliveries.

Hyperlink to Above

3 - Daily Star Journal: Kansas City VAMC to offer free drive-thru COVID-19 testing for veterans (21 August, 27k uvm; Warrensburg, MO)
The Kansas City Veterans Affairs Medical Center will offer free COVID-19 and serology antibody testing to all veterans 8 to 11 a.m. Aug. 29 at the American Legion, 733 E. Young Avenue, Warrensburg. On site enrollment and registration will be available to those not already enrolled. VAMC asks all participants to bring their DD214 and a picture ID for enrollment.

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1.1 - KSN (NBC-3, Video): One-on-one with US Secretary of Veteran Affairs (21 August, Carly Willis, 565k uvm; Wichita, KS)
KSN News had the opportunity to talk to the United States Secretary of Veteran Affairs Robert Wilkie about how the VA is fighting back against coronavirus and veteran mental health issues. According to Secretary Wilkie, of the 9.5 million veterans in the VA system, 39,000 veterans have tested positive for coronavirus. Over 34,000 have made a full recovery.

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1.2 - The Philadelphia Inquirer: Letters To The Editor (20 August, Sec. Robert Wilkie, 82k uvm; Philadelphia, PA)
Phila. VA worked to contain the spread. As secretary of the U.S. Department of Veterans Affairs, I recently toured Philadelphia's Cpl. Michael J. Crescenz Veterans Affairs Medical Center, and I'm proud of the care patients have received there during the COVID-19 pandemic. When the virus was devastating nursing homes, the Philadelphia VA hospital locked down the nursing home it runs; prohibited outside visitors; tested all residents and staff; and quickly isolated any resident who tested positive

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1.3 - USA Today: The VA doesn't cover fertility treatments for unmarried veterans or same-sex couples. Some want to change that. (21 August, Amy Sokolow, 61.6M uvm; McLean, VA)
Army veteran Toni Hackney has always wanted a family, but as a single woman with endometriosis, she knew she would need fertility assistance. A year after she sought approval from the Department of Veterans Affairs to cover the cost of in-vitro fertilization treatments, she was denied for what she called a ridiculous reason: She's not married.

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1.4 - Military.com: VA Offers Support for Suicide Survivors (21 August, Jim Absher, 4.9M uvm; McLean, VA)
While much is said about the fact that veteran suicide is a national problem that needs a solution, not much is said about the effects of those suicides -- how loved ones and friends deal with the loss of a loved one, friend, or acquaintance who is an important part of their life.

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1.5 - Military Times: Postmaster pledges veterans' prescriptions won't be hurt by mail service changes (21 August, 2.3M uvm; Vienna, VA)
The head of the United States Postal Service on Friday acknowledged "dips" in service in recent months but denied any large-scale failures or deliberate mail slowdowns were to blame for problems with veterans prescription deliveries or other postal operations. "We are working here feverishly to get the system running, add stability, and also to hire more workers to handle the delivery process," Postmaster General Louis DeJoy said during testimony before the Senate Homeland Security and Governmental Affairs Committee.

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1.6 - Military Times: IRS reopens deadline for veterans who missed coronavirus stimulus checks (21 August, Leo Shane III, 2.3M uvm; Vienna, VA)
Veterans Affairs officials are reminding families who missed out on some coronavirus stimulus checks last spring that they have a few more weeks left to claim that cash. In a social media post Friday morning, VA Secretary Robert Wilkie urged veterans who think they may be eligible for the money to contact the Internal Revenue Service and see if they are owed any money.

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1.7 - Stars and Stripes: Family seeks damages after veteran's suicide inside VA mental health unit (21 August, Nikki Wentling, 1.7M uvm; Washington, DC)
The family of Sgt. Brieux Dash, a veteran who died by suicide in a Department of Veterans Affairs mental health unit last year, filed a claim against the VA on Friday, arguing that the agency's "deliberate indifference" and "complete disregard for patient safety" contributed to Dash's death.

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2. **Improving Customer Service**

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2.1 - Connecting Vets: Family of veteran who died by suicide in locked hospital unit files claim against VA seeking answers (21 August, Abbie Bennett, 10M uvm; Washington, DC)
Sgt. Brieux Dash, an Army veteran, 33, was a loving and devoted husband and father to his children. But gruesome repeated deployments to Iraq and "the realities of war made him a different man and he received minimal assistance from the VA," his family said.

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2.2 - Connecting Vets: Senators push USPS leader for answers on mail delays, including veteran prescriptions (21 August, Abbie Bennett, 10M uvm; Washington, DC)
Capitol Hill lawmakers on Friday confronted U.S. Postal Service Postmaster General Louis DeJoy on reported delays in USPS service, which has affected some veterans' prescription deliveries. Sen. Rob Portman, R-Ohio, told DeJoy about "heartbreaking stories" he's heard from those affected by USPS delays, including a veteran with chronic obstructive pulmonary disease (COPD), waiting to receive his inhaler in the mail.

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2.3 - WDIV (NBC-4): Department of Veterans Affairs reports delays in prescription deliveries by US Postal Service (21 August, Dave Bartkowiak Jr., 3M uvm; Detroit, MI)
The Department of Veterans Affairs is switching to other mail delivery services after it says a number of veterans have reported delays in receiving critical medicines shipped via the United States Postal Service.

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2.4 - The Post and Courier: SC veterans rely on postal service for medications by mail, causing worry about delays (21 August, Thomas Novelly, 1.2M uvm; Charleston, SC)
Robert Coleman is used to waiting for mail. But the Marine Corps veteran and James Island resident said he wasn't expecting the refill for his arthritis prescription to be held up for so long, especially because he ordered it "about a month ago." Other veterans in the Lowcountry have passed their concerns on to the office of U.S. Rep. Joe Cunningham, a Charleston Democrat who is a member of the House Committee on Veterans' Affairs.

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2.5 - Modern Healthcare: Letters: VA making strides to improve state veterans home inspections (22 August, 507k uvm; Chicago, IL)
The Veterans Affairs Department deserves credit for two recent moves to improve the lives of veterans in its facilities and in state veterans homes. First, the VA's plan to gradually and safely reintroduce volunteers to its healthcare facilities is an important and timely step. Volunteers serve as some of the most critical eyes and ears in a facility.

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2.6 - The Bakersfield Californian: OTHER VOICES: Does Kevin McCarthy stand with vets? (21 August, Chris Neiweem, 302k uvm; Bakersfield, CA)
I enlisted in the U.S. Army, served in the second Iraq War and expect our elected leaders, regardless of political party, to support the well-being of our troops and veterans. But, I am a

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Republican because I believe conservatives are stronger on national defense, and more closely share the values of the men and women who serve in this country's military.

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2.7 - WTAJ (CBS-10, Video): Local veteran receives national recognition for volunteer efforts (21 August, Devin Jackson, 245k uvm; Altoona, PA)
Joe Cupples is a Red Coat Ambassador at the James E. Van Zandt VA Medical Center in Altoona. He greets veterans at the door, and shows them where to go. "Helping the veterans navigate the system, find their appointments. if they need a wheelchair or assistance," Cupples said.

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2.8 - East Oregonian: Walla Walla VA to host livestreamed musical performance (21 August, 168k uvm; Pendleton, OR)
The Walla Walla VA Medical Center will host a virtual musical performance titled "ENCORE!" as part of Re-Creation's "Tours for Veterans." This event, scheduled for noon Wednesday, Aug. 26, will be streamed live on YouTube Live Stream. The event can be found on Walla Walla VA's Facebook page at https://bit.ly/327aALM. The performance is free and open for all to watch.

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2.9 - The Sumter Item: Columbia VA to safely reintroduce health care services (21 August, 115k uvm; Sumter, SC)
The Columbia VA Health Care System is implementing a plan to safely expand health care services in all of its locations across the state. On Monday, the facility began this process by increasing most services by 25 percent of what was provided in early March when COVID-19 first affected the state. The increase in volume will occur while continuing to maintain the same high standards to which the community has become accustomed.

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2.10 - Independent Tribune: It started with a box: Atrium Health Cabarrus launches new Veterans Recognition Program (21 August, Victoria Young, 115k uvm; Concord, NC)
Atrium Health Cabarrus has fully launched its new Veterans Recognition Program after a few delays due to needed materials and COVID-19. The program, which was originally scheduled to start earlier this year, launched Memorial Day. It honors patients who have identified as veterans with a special welcome and appreciation of their service.

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2.11 - Chicago Crusader: USPS slowdown delays veterans' medication deliveries (21 August, Brett Copeland, 50k uvm; Chicago, IL)
On August 20, President Donald Trump admitted that he was creating a slowdown of service and deliveries at the United States Postal Service to make it more difficult to process mail-in ballots. No matter the politics, the reality is that any slowdown of the USPS will result in delivery delays for veterans' critical medications. The Department of Veterans Affairs has pioneered delivering prescription drugs to patients through the mail.

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3. Business Transformation

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4. **DOD Cooperation / Electronic Health Records / MISSION Act Implementation**

5. **Suicide Prevention**

6. **Women Veterans / Homelessness / Benefits / Cemeteries**

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Coronavirus / COVID-19

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Yavapai County has tested 34,283 residents, has had 893 reported recoveries and 76 deaths. There were no new local deaths reported overnight.

YRMC West is caring for eight COVID-19 patients, YRMC East campus has five COVID-19 patients, and there are nine persons under investigation (PUI). Verde Valley Medical Center in Cottonwood reports one COVID-19 hospitalization and no PUI. The Prescott VA has two COVID-19 patients with no PUI.

State Update

Across Arizona, 1,383,899 people have been tested for COVID-19 with 196,899 positive results (up 619 since yesterday), and 4,684 deaths, up four overnight.

For more statewide information, visit azhealth.gov.

Testing Blitz Saturday

Spectrum Healthcare will hold more testing blitz events in Yavapai County from 8 a.m. to noon for the next two Saturdays, Aug. 22 and 29. The drive-through COVID-19 testing locations are: 990 Willow Creek Road in Prescott and 651 Mingus Ave. in Cottonwood. The test being offered is the PCR nasal swab test. Patients can pre-register online, which will save time processing in-line, at spectrumhealthcare-group.org. This is a first come, first serve event and while supplies last. The testing service is free from Spectrum, however the actual lab test will be charged to patients that have insurance. The results take three to five days to return. Participants are asked to bring a photo identification and wear masks to help protect healthcare workers who will be doing the testing.

Six Positive Developments

In their Friday release, YCCHS shared six positive developments to "remind us there is hope in this crisis."

They are:

1 - Therapeutic Treatments – Scientists have engineered clones of the antibodies the body produces to protect itself from future infection. They are called monoclonal antibodies and are showing to be effective both therapeutically and to prevent infection.

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2 - Rapid, low-cost saliva tests – ASU launched their saliva-based diagnostic testing in early July, and over 10,000 Arizonans were tested by the end of that month with events for more testing scheduled. You can go to https://azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/index.php#novel-coronavirus-saliva-testing to see dates/locations.

3 - Universal mask-wearing is catching on. You know the drill.

4 - The CDC and WHO have come to consensus on the airborne spread of COVID-19. This means that there will be more messaging coming out from the WHO and other organizations recommending that people add a new control to their toolkit for fighting this virus — healthy building strategies, such as higher ventilation, better filtration and the use of portable air-cleaning devices.

5 - Science is showing that past exposure to common cold coronaviruses might be playing a protective role for some people.

6 - Vaccine trials seem to be working.

Information

• For Yavapai County data and COVID-19 Resources: www.yavapai.us/chs;

• Yavapai Emergency Phone Bank: 928-442-5103 – Monday through Thursday, 8 a.m. to 5 p.m.

• Arizona 2-1-1: A resource for all the time, not just during COVID-19: https://211arizona.org;

• COVID-19 information en español: https://azhealth.gov/covid-19; and,

• Mental health resources – #YavapaiStrongerTogether:

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2 - The News-Review: **DeFazio: Roseburg VA director must communicate more on COVID-19, other issues impacting vets** (21 August, Carisa Cegavske, 68k uvm; Roseburg, OR)

U.S. Rep. Peter DeFazio said Roseburg Veterans Affairs Medical Center Director Keith Allen has not been communicative enough with local veterans or congressional leaders about problems ranging from COVID-19 data to postal slowdowns impacting medicine deliveries.

DeFazio made his comments in a letter to Allen on Thursday, and followed that up with a press release in which he urged the director to engage in more robust communications with local Veterans Service Organizations and Oregon's congressional delegation.

Regular meetings with those groups had been routinely canceled since March, DeFazio said. He also said the VA stopped providing COVID-19 data only a few weeks after it first made the information available.

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"There are also ongoing questions around what COVID-19 data is being reported to local public health authorities and the potential consequences of incomplete data for southwest Oregon," he wrote.

VA spokesperson Tim Parish said in an email that social distancing and other safety precautions have limited routine meetings at almost every organization in the country, and the Roseburg VA is no different.

"Throughout this national emergency, Roseburg VA Health Care System has been laser focused on providing life-saving treatment to Veterans while keeping patients and employees from contracting COVID-19," he said.

The result, he said, is that just seven Roseburg VA employees — 0.05% of its workforce — and nine veteran patients have been diagnosed with the disease.

Parish also said the VA had maintained near daily contact with county, state and federal response teams. He said the latest VA COVID-19 testing and case information is available online.

He said the VA reports testing results through the Department of Health and Human Services, as every health care facility does.

DeFazio said he had also heard daily from veterans about reductions in mental and dental health services.

But Parish said there have been no reductions in mental health services.

Dental services that aren't emergencies have been curtailed in order to follow the guidance of the Centers for Disease Control, he said.

DeFazio also said veterans were requesting more information about what the impact of U.S. Postal Service changes would be on prescription drug deliveries.

The Postal Service had announced changes that could lead to slowdowns in mail service, prompting concern around the country about both mail-in voting and pharmaceutical delivery. In response to public pressure, it has called a halt to further changes until after the November election.

Parish said the Roseburg VA has not had any reports of medication delivery delays from patients; however, he said veterans also have the option of getting prescriptions filled in person on campus. As of July, prescription delivery averaged 2.86 days, he said. The VA recommends requesting refills at least 10 days ahead.

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3 - Daily Star Journal: **Kansas City VAMC to offer free drive-thru COVID-19 testing for veterans** (21 August, 27k uvm; Warrensburg, MO)

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The Kansas City Veterans Affairs Medical Center will offer free COVID-19 and serology antibody testing to all veterans 8 to 11 a.m. Aug. 29 at the American Legion, 733 E. Young Avenue, Warrensburg.

On site enrollment and registration will be available to those not already enrolled.

VAMC asks all participants to bring their DD214 and a picture ID for enrollment.

The tests will be administered to the first 300 veterans.

The tests available are:

COVID-19 PCR (nasal swab) – for active infection
COVID-19 Antibody (blood test) – for prior infection/exposure
Attendees are asked to enter through the Johnson County Community Health Services parking lot off PCA Road.

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1.1 - KSN (NBC-3, Video): One-on-one with US Secretary of Veteran Affairs (21 August, Carly Willis, 565k uvm; Wichita, KS)

KSN News had the opportunity to talk to the United States Secretary of Veteran Affairs Robert Wilkie about how the VA is fighting back against coronavirus and veteran mental health issues.

According to Secretary Wilkie, of the 9.5 million veterans in the VA system, 39,000 veterans have tested positive for coronavirus. Over 34,000 have made a full recovery.

"We've never closed, but we are slowly bringing back all of the regular services that our veterans expect, that they had, so they can get back into that regular cadence coming to us when they need it," Sec. Wilkie said.

Wilkie feels the VA's efforts on a national scale helped put the system ahead of the pandemic. Now, they are now beginning to reopen facilities and send staff out into the community to help others.

Locally, the Robert J. Dole VA is prepared to assist with VA's "Fourth Mission" to support national, state, and local emergency management, public health, safety, and homeland security efforts, if needed. Fulfilling the mission, they sent ventilators to Southwest Medical Center in Liberal.

"During this crisis, if a veteran does not feel well, call us. If you think you have any of the symptoms involved with this, please call us, don't come in. We want to protect you, we want to protect our fellow veterans. We also want to protect our employees," Sec. Wilkie said.

Another topic of discussion was the VA's efforts to combat veteran suicide. Nearly 20 veterans commit suicide per day, with two or three being of active duty and the other 15 not seen by VA staff or services, according to Wilkie. Most are Vietnam veterans.

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To help bridge the gap, Wilkie's office along with the presidential administration launched the first actual campaign and sustained government effort to combat veteran suicide.

Vet Centers across the nation held more than 47,000 virtual appointments in March, a 200% increase from February. Wilkie tells KSN, the VA saw 905,000 mental health tele-health appointments take place in June. Expanded programs and treatments have bumped VA approval ratings.

"We are experience a renaissance here at the VA. We have some of the highest ratings we ever had for our healthcare. We are sitting at 90.1 percent. Four years ago, five years ago, we were lucky to reach 52 percent," Sec. Wilkie said.

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1.2 - The Philadelphia Inquirer: **Letters To The Editor** (20 August, Sec. Robert Wilkie, 82k uvm; Philadelphia, PA)

Phila. VA worked to contain the spread

As secretary of the U.S. Department of Veterans Affairs, I recently toured Philadelphia's Cpl. Michael J. Crescenz Veterans Affairs Medical Center, and I'm proud of the care patients have received there during the COVID-19 pandemic. When the virus was devastating nursing homes, the Philadelphia VA hospital locked down the nursing home it runs; prohibited outside visitors; tested all residents and staff; and quickly isolated any resident who tested positive. The first case of COVID-19 in the nursing home was confirmed on April 10, and the last case was confirmed just two weeks later. In addition to caring for patients at the medical center, staff also ensured that veteran patients had access to food during the crisis by delivering groceries to about 400 households. COVID-19 demands competence and caring, and the Philadelphia VA demonstrated both during this unique event in American history.

Robert L. Wilkie, Washington

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1.3 - USA Today: **The VA doesn't cover fertility treatments for unmarried veterans or same-sex couples. Some want to change that.** (21 August, Amy Sokolow, 61.6M uvm; McLean, VA)

Army veteran Toni Hackney has always wanted a family, but as a single woman with endometriosis, she knew she would need fertility assistance.

A year after she sought approval from the Department of Veterans Affairs to cover the cost of in-vitro fertilization treatments, she was denied for what she called a ridiculous reason: She's not married.

"The whole time I'm fighting with them about, OK, this isn't fair, you know? Y'all say everything is on an equal basis and everything, but this don't feel equal basis," Hackney said in an interview. "It's like they make it mandatory for you to get married in order to get treatment."

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In order to receive VA reproductive health care benefits, veterans must have suffered a service-connected injury, be married, and be able to supply their own eggs or sperm. Surrogacy is not covered.

That excludes unmarried veterans like Hackney, same-sex and transgender couples, and those who cannot produce eggs or sperm due to a service-connected injury or another medical issue, such as cancer treatments.

The VA added fertility coverage in 2016, largely because of the efforts of U.S. Sen. Patty Murray, D-Wash. Now some veterans and infertility advocates say the coverage should be made permanent and expanded to cover more people.

“It's helping some, and trust me, we're very happy and grateful for that,” said Barb Collura, president and CEO of Resolve, a national infertility advocacy organization. “But it's showing, in very glaring form, who is being left out, and that's not acceptable to us.”

Hackney, 47, of Atlanta, served in the Army for 16 years as an imagery analyst on intelligence projects. She was a member of the first battalion called for duty after 9/11, serving in an undisclosed domestic location from December 2001 until 2003.

“I want to experience pregnancy and giving birth,” she wrote on her GoFundMe page to raise money for her treatments. “For me, the experience is just more than a want. I need it.” She’s raised just $1,250 of her $45,000 goal.

VA's 'hands are tied' by Congress

Last month, a House subcommittee on veterans’ affairs held a hearing to discuss veterans’ access to reproductive health care. Veterans advocates described the conditions veterans must meet to qualify for IVF treatments.

Those rules are so restrictive, only 567 veterans accessed the benefit between 2016 and 2019, according to news reports. Most are men with obvious external injuries, so their wives are the ones who receive the treatment.

Because most of the procedures are performed by third-party providers, the two parties must negotiate a rate. That requires extensive paperwork that is a burden on small centers, according to Joy Ilem, legislative director for Disabled American Veterans.

The VA’s “eligibility requirement is mandated by Congress,” a VA spokesperson said in an email.

Collura said that although the VA has said publicly it wants to offer the benefit to veterans struggling to conceive, “their hands are tied by what Congress has said.”

The legislation is as restrictive as it is simply because it lifted language from an existing Department of Defense benefit for active service members, Collura said.

Prior efforts to expand the VA's coverage have failed because the issue touches on the debate over abortion, specifically the destruction of leftover embryos, which some Republican lawmakers oppose. The Family Research Council, a conservative Christian group, advocates funding IVF treatments only if they don’t destroy embryos.

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The VA's coverage pays for unlimited embryo storage to skirt that issue.

‘Power couple’ seeks biological child

Army veteran Khris Goins, a transgender man, and his wife have been together 11 years. Their friends in Columbus, Ohio, have dubbed them “the power couple.”

Goins, now 33, served in the Army at Fort Bliss, Texas, from 2006 to 2009. In 2015, he and his wife wanted to start a family, so they tried to get IVF treatment through the VA using sperm donated by someone they know.

After going through fertility assessments at a local clinic, the couple was disheartened to learn IVF wasn’t covered for them.

Goins and his wife, Dashonda, are trying to save money from the financial services business they run together and from donations. One attempt at pregnancy costs $12,000 on average.

The family’s last chance at a biological child and grandchild is IVF using Goins’ eggs.

It would be a blessing to have “a child to continue our bloodline and fill the void in our lives” left by the murder of Goins’ only sibling, his brother, he wrote on his GoFundMe page.

He hasn’t raised any money, which he believes is because he set up the campaign as the coronavirus pandemic struck.

Thirteen states mandate insurance policies cover IVF treatments, according to Resolve, but it’s not universally available. Mercer, a benefits consulting firm, found that 44% of insurance plans for companies with more than 20,000 employees and 28% of companies with more than 500 employees covered in vitro fertilization in 2018.

Though some private insurance policies are restrictive, “none of them are as restrictive as the ones we see in the military,” said Karla Torres, senior counsel at the Center for Reproductive Rights. The health issues and working conditions unique to veterans make expanded coverage of IVF even more important for them, she said.

What counts as a service-related injury?

Kerry Karwan, a veteran in San Leandro, California, and an advocate for the Service Women’s Action Network, fought for almost a year to get her treatments covered by the VA because she couldn’t prove she had a service-connected condition.

She served in the Coast Guard for years in a shipyard that exposed her to asbestos, lead paint, mold and chemicals. A fertility specialist told her the mold levels in her blood, which can cause infertility, were “off the charts,” she said.

There’s little research on the subject, but veterans advocates say infertility is tied to working conditions in the military. Ilem, of Disabled American Veterans, said that in addition to chemical exposure, infertility is tied to medication prescribed for psychiatric disorders — some related to one’s service, like post-traumatic stress disorder.

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Many women also delay childbearing until after active duty — and after their peak fertility years — making it harder to conceive after they're discharged.

But none of these are considered service-connected injuries, so the VA typically doesn't cover IVF treatments in those cases.

"You can't document that [delayed childbearing] is a service-connected reason for being infertile because there isn't this clear, demonstrable, 'I got blown up' situation, though it could in fact be related to your military service," said Kayla Williams, senior fellow and director of the Military, Veterans and Society Program at the Center for a New American Security, and a veteran herself.

A recent study of veterans who served in Iraq and Afghanistan found about 16% of women and 14% of men reported struggling with infertility, compared with 12% of all American women and 9% of all American men.

Disabled American Veterans, the American Legion and other veterans' groups call for more research on women's reproductive health in the VA health care system. Women veterans weren't treated as a separate category in military health studies until the 2000s.

Karwan did get the VA to cover her in-vitro treatments after convincing the agency that her infertility was partly tied to her inability to get proper treatment for polycystic ovarian syndrome while on active duty.

"Here I am defending everyone else's liberties and rights of happiness, and I'm getting denied my chance to have children" – Kerry Karwan U.S. Coast Guard Veteran

But she faced more obstacles as she looked for a fertility clinic because so few work with the VA. She believed the clinics available to her were a poor fit and didn't handle her case with care. One even broke tubes carrying embryos she and her husband had frozen.

Now that she's 45, she's worried she has missed her prime reproductive window. "Here I am defending everyone else's liberties and rights of happiness, and I'm getting denied my chance to have children," she said.

Rep. Julia Brownley, D-Calif., chairwoman of the House Veterans' Affairs subcommittee on health, announced in early August she plans to introduce legislation in the coming months "to address the needs of veterans facing barriers to having children." She said in a written statement her bill would expand the VA's reproductive benefit to include surrogacy and IVF for veterans "regardless of marital status, service-connection, or need for donated genetic material."

In the meantime, veterans like Hackney, Goins and Karwan are scraping together tens of thousands of dollars to pay for the procedures themselves.

Although she's also looking into adoption, Hackney hopes Congress will loosen the rules in time for her to have a biological child of her own. "Since Congress' laws regulate the VA, they really need to not play a political game with people's lives and futures," she said. "This is my life."

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1.4 - Military.com: VA Offers Support for Suicide Survivors (21 August, Jim Absher, 4.9M uvm; McLean, VA)

While much is said about the fact that veteran suicide is a national problem that needs a solution, not much is said about the effects of those suicides -- how loved ones and friends deal with the loss of a loved one, friend, or acquaintance who is an important part of their life.

Often the survivors are faced with many issues besides the obvious loss of a loved one or friend. Quite often they have to deal with losing the family breadwinner, a person they look to as an example, or someone they have shared meaningful life experiences with. Also, survivors are the ones left to mourn and question, often blaming themselves and wondering what they could have done to prevent their loved one from taking their own life.

The Department of Veterans Affairs says that for every suicide, an estimated average of 135 people are affected. While suicide prevention is very important and helps thousands of veterans and their families every year, programs to help survivors deal with the after-effects of suicide are less common.

To help these survivors, the VA's Office of Mental Health and Suicide Prevention has created a support program, known as the Uniting for Suicide Postvention (USPV) program.

You don't need to be a veteran to get assistance from the program.

The USPV program provides postvention information and resources to assist survivors as they navigate their healing journey, both immediately after the loss and in the months and years that follow.

The Veterans Crisis Line is available 24 hours a day at 800-273-8255 or by text at 838255. Their website also offers online chat and support for those who are deaf or hard-of-hearing. The website also has links to many local resources that can offer assistance. .

Quality postvention can facilitate survivors' healing. It helps them understand and address the complex thoughts and emotions that make coping after a suicide loss particularly challenging, officials said. USPV offers a place where loss survivors can explore painful and challenging emotions they may be experiencing. It strives to create a community of shared healing by improving education about postvention and access to support and resources.

Experts consider exposure to suicide a risk factor for suicide. Survivors are at greater risk for substance use disorders and mental health issues than those who haven't experienced such a loss. This includes including thoughts of suicide. Those exposed to suicide in the workplace are 3.5 times more likely than others to take their own lives. The VA says that the risk for new suicide attempts doubles for military units with five or more suicide attempts in a year.

Grief after loss can be so intense that it prevents survivors from seeking help at a critical crossroad. But by helping survivors heal after a suicide, postvention reduces the risk of additional suicides in the deceased person's circle. In that way, postvention healing is a vital component of prevention.

For details on assistance programs available to survivors of suicide, and to hear how others dealt with their loss visit the VA website.

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You can also learn about mental health support for veterans from the VA.

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1.5 - Military Times: **Postmaster pledges veterans' prescriptions won't be hurt by mail service changes** (21 August, 2.3M uvm; Vienna, VA)

The head of the United States Postal Service on Friday acknowledged "dips" in service in recent months but denied any large-scale failures or deliberate mail slowdowns were to blame for problems with veterans prescription deliveries or other postal operations.

"We are working here feverishly to get the system running, add stability, and also to hire more workers to handle the delivery process," Postmaster General Louis DeJoy said during testimony before the Senate Homeland Security and Governmental Affairs Committee.

"We serve 161 million people. We still deliver at 99.5 percent of the time. We have significant efforts to continue to improve on that process, and everybody is working feverishly to get that right."

Friday's hearing was focused on concerns that the USPS will not be able to handle — or may actively work against — the rush of mail expected ahead of the November presidential election.

Millions of Americans (including service members stationed outside their home states) are expected to use the service to cast their ballot, in light of the ongoing coronavirus pandemic, raising worries about the reliability of the system.

But numerous lawmakers also relayed anecdotes of veterans struggling to get mailed prescriptions in a timely fashion because of postal service changes in recent months, a worrisome trend given limited access at Veterans Affairs pharmacy sites in recent months because of the virus outbreak.

"One veteran fills prescriptions for his VA benefits, and he told me there has been a 'noticeable slowdown in mail delivery delays that have caused me to ration my medication,'" Sen. Maggie Hassan, D-N.H., told DeJoy. "He started cutting back on dosage to have pills or skipping alternate days to make them last."

Veterans advocates have reported similar complaints from members in recent months, and incomplete answers from federal agencies on the reasons for slowdowns.

Veterans Affairs officials this week said the average delivery time for veterans prescriptions has slipped from 2.3 days in summer 2019 to nearly 2.9 days this summer, but noted that is still faster than the three to five days the department advises veterans to expect when receiving medicine through the mail.

"VA continually monitors prescription delivery times throughout the country and the department has always used a variety of methods to ensure timely delivery, including in-person pharmacies, USPS, and commercial carriers," Deputy Assistant Secretary for Public Affairs Curt Cashour said in a statement.

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The postmaster attributed much of the recent service problems to worker shortages and procedure changes related to the coronavirus outbreak. He said he is confident "the postal service will deliver on this election" and pledged to make sure delivery of ballots, medications and other critical mail is not harmed in coming months.

Earlier this week he delayed some operation reform plans within the system, but DeJoy said he expects to resume those changes after the November election.

"We need to be sustainable, and we need to cover our costs," he said. "I have a plan to do that."

Most — but not all — of the criticism from the Senate committee of the post office came from Democrats on the panel. Sen. Rand Paul, R-Ky., blasted accusations of election interference as a "partisan witch hunt" and hailed DeJoy's efforts as much-needed reforms for a government bureaucracy.

DeJoy is expected to testify before House lawmakers concerning the same mail delay issues on Monday.

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1.6 - Military Times: **IRS reopens deadline for veterans who missed coronavirus stimulus checks** (21 August, Leo Shane III, 2.3M uvm; Vienna, VA)

Veterans Affairs officials are reminding families who missed out on some coronavirus stimulus checks last spring that they have a few more weeks left to claim that cash.

In a social media post Friday morning, VA Secretary Robert Wilkie urged veterans who think they may be eligible for the money to contact the Internal Revenue Service and see if they are owed any money.

At issue are payments of up to $500 per dependent child for disabled veterans who do not typically meet the threshold for filing annual income tax returns. The money was part of a massive emergency spending package pass in the spring designed to offset financial losses due to the coronavirus pandemic, then in its initial months.

After Congress approved one-time payouts of up to $1,200 per person, the IRS struggled to get those stimulus checks to some veterans whose current address and bank account information was not up-to-date in their systems.

The agency eventually partnered with VA officials to use some veterans benefits records to help with that challenge, but could not identify all of the individuals who may have been eligible to receive the additional $500 child payments along with the other stimulus payouts.

IRS officials set up a special registration site for veterans and other Americans who don't regularly file annual tax returns, but set a cutoff of early May to apply. Agency leaders said individuals who missed out on that deadline would have to wait until spring 2021 to receive the money as part of next year's income tax returns.

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But late last week, IRS officials reopened the application process. Veterans who missed out on the child credits now have until Sept. 30 to register, with payouts expected to be delivered by mid-October.

"To help with this, we are allocating additional IRS resources to ensure eligible recipients receive their full payments during this challenging time," IRS Commissioner Chuck Rettig said in a statement.

In addition, veterans who did not receive their $1,200 stimulus checks in the spring can also register with the department in an attempt to get that money this fall.

Officials did not say how many veterans may still be eligible for the payouts, but advocates have said that the money could be a critical lifeline for low-income families facing new challenges related to closings of businesses, public offices and other community assistance programs related to coronavirus.

The IRS non-filers tool is available on the agency's web site.

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1.7 - Stars and Stripes: Family seeks damages after veteran's suicide inside VA mental health unit (21 August, Nikki Wentling, 1.7M uvm; Washington, DC)

The family of Sgt. Brieux Dash, a veteran who died by suicide in a Department of Veterans Affairs mental health unit last year, filed a claim against the VA on Friday, arguing that the agency's "deliberate indifference" and "complete disregard for patient safety" contributed to Dash's death.

Dash, 33, hung himself March 14, 2019, on a door in the locked mental health unit at the West Palm Beach VA Medical Center. His death prompted an investigation by the VA Office of Inspector General, which found unsafe practices in the unit.

Managers of the unit didn't pay enough attention to training requirements, the IG's office wrote in its report. There was also a lack of oversight from regional and national offices, as well as staffing issues, inoperable cameras and too much time between nurses' safety rounds. In addition, no one had recognized the risk posed by corridor doors.

Dash's wife, Emma, and their three children, ages 17, 15 and 5, are pursuing wrongful death claims under the Federal Tort Claims Act "because the VA breached its duty to provide Brieux with a place of safety and prevent his suicide," reads the claim, filed Friday by Bertling Law Group.

Dash was an Army veteran who had deployed twice to Iraq, once in 2007 and again in 2009. He had a 50% disability rating with the VA for his depression and post-traumatic stress disorder.

"Brieux had a difficult time transitioning to civilian life," the claim reads. "The realities of war made him a different man."

He attempted suicide twice before, once in 2016 and again March 11, 2019. After Dash tried to use a belt to hang himself March 11, his wife called emergency responders, who took him to the

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West Palm Beach VA. Emma Dash worked as a pharmacy technician at the VA hospital and told officers that's where he should go.

"She now experiences deep remorse and guilt for making that recommendation," the claim says.

At the unit — a 25-bed, high-intensity, locked mental health area — Dash was red-flagged as being at high risk for suicide. During his multiple days in the unit, Dash was cooperative, social and sleeping and eating well, the IG reported. He agreed to take prescribed antidepressants and was eventually designated as "low risk" for suicide.

However, when Dash's discharge was delayed on the fourth day of his hospital stay, he became agitated and screamed that he wanted to go home.

"In a fit of rage, Brieux isolated himself behind the closed door of room 235-1, where he wrapped a self-made noose around his neck and hung himself from the corridor door," Emma Dash's claim reads.

A fellow patient found Dash, who was later pronounced dead in the hospital's emergency room.

Following the IG report last year, the hospital initiated a plan that included more frequent and random safety rounds in the unit. The hospital director told the IG that they would install over-the-door-alarm systems and working cameras.

At the time, the IG's office asserted that hospital leaders deflected responsibility, failed to perform their duties and "lacked awareness of patient safety requirements."

"Facility leaders and managers only started to respond aggressively to longstanding deficient conditions after" Dash's suicide, the IG's report states.

In addition to the unsafe practices at the hospital, Emma Dash's claim says VA employees didn't contact her in a timely manner to plan for her husband's discharge.

"This critically important communication failure resulted in a significant delay of Brieux's discharge and caused further destabilization of his physical and mental condition," according to the claim.

Emma and Brieux Dash met at West Potomac High School in Alexandria, Va., at age 14, the claim says. They had their first child in 2002 and were married in 2006, the same year Dash joined the military.

Before his suicide, Dash had recently lost his job and said for several days that he thought his family would be better off if he were dead.

Four days before his hospitalization, he received a notice from the VA, stating that the agency had overpaid him nearly $20,000 in benefits and would be stalling any future payments until the amount was paid. Emma Dash's claim says the letter "sent Brieux into a downward spiral of depression, anxiety, emotional distress and fragility."

The family has "sustained an indescribable loss since Brieux died by suicide," the claim concludes. "The VA should do the right thing by admitting liability and reasonably compensating the estate of Brieux Dash for the damages it has sustained."

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Peter Bertling, the family's attorney, planned to file separate claims for Emma Dash and each of the three children.

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2. Improving Customer Service

2.1 - Connecting Vets: Family of veteran who died by suicide in locked hospital unit files claim against VA seeking answers (21 August, Abbie Bennett, 10M uvm; Washington, DC)

Sgt. Brieux Dash, an Army veteran, 33, was a loving and devoted husband and father to his children. But gruesome repeated deployments to Iraq and "the realities of war made him a different man and he received minimal assistance from the VA," his family said.

In March 2019, Dash was admitted to the West Palm Beach VA Medical Center because he tried to harm himself after a recent car accident, the loss of his job and the death of his father-in-law, which his family said all worsened his mental health, including his service-connected post-traumatic stress disorder.

While being held in a locked mental health unit at the VA, Dash died by suicide, and a VA watchdog report released last year reported multiple failings on the part of VA that may have contributed to his death.

Dash's family, including his wife, Emma, and their three children, ages 17, 15 and 5, are all pursuing wrongful death claims under the Federal Tort Claims Act.

Their attorney, Peter Bertling, told Connecting Vets they want to know "what really happened to Brieux while he was admitted to the mental health unit" and are seeking "accountability and corrective action within the VA Healthcare system to prevent this type of tragedy from ever happening again." Bertling's law firm filed the claim against VA on Friday.

The VA Inspector General's investigation and subsequent report on Dash's death found that he was appropriately screened for suicide risk, provided medication management, placed on close observation status, and had on-going assessments, interventions, and a discharge plan. But the report also revealed multiple failings by VA, including unsafe conditions, nonoperational cameras, inconsistent policies, unmet standards, a lack of oversight, and too much time between nurses' safety rounds that all could have contributed to the veteran's death.

As a result, patients may have gone as long as 25 minutes without being checked, and "had the cameras been fixed and monitored as required ... it is possible that an employee may have seen the patient (Dash) ... and possibly been able to intervene," the report said.

His family's claim revealed another act by VA that they believe contributed to his death -- that could even have been the trigger for his suicide.

On March 7, 2019, after the car accident, family death and losing his job, Dash received a notice from the VA that said he was overpaid nearly $20,000 in separation pay and his disability payments would be withheld to pay it back, the claim says. Dash had a 50% disability rating for

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his PTSD and depression after deployments to Iraq in 2007 and 2009. He had attempted suicide in 2016 and did so again, four days later, on March 11, 2019.

"This 'important notice' was the proverbial straw that broke the camel's back and sent Brieux into a downward spiral of depression, anxiety, emotional distress and fragility," the claim reads, arguing the notice from VA may have triggered his second suicide attempt.

After Dash tried to hang himself on March 11, his wife called emergency responders who took him to the VA where she worked as a pharmacy technician. He was admitted to the 25-bed, high-intensity locked mental health unit, "red flagged" as a high suicide risk. During the days of his stay, Dash was cooperative, social, sleeping and eating well and agreed to take prescribed anti-depressants, the report said. He was eventually classified as "low-risk" for suicide.

But on the fourth day of his stay, when his discharge was delayed, Dash became agitated. He yelled that he wanted to go home. He isolated himself behind the closed door of room 235-1 and hung himself on March 14, 2019, the family's claim reads. No one at VA had recognized or addressed the known safety risk posed by the hallway doors.

Safety and law enforcement cameras at the unit hadn't worked for "at least three years," the report said.

Leaders' alleged lack of knowledge or action on the cameras, doors or other safety issues "represented a deflection of responsibility and failure to perform their duties," the report said. Of senior leadership, the report said their disregard of safety risks "reflected a myopic view of the facility's responsibility to ensure patient safety."

While the unit was sufficiently staffed the day of the veteran's death, one of the nursing assistants assigned to check on patients was performing other duties during that time, the report said.

VA "knew of its duty to protect Brieux Dash from environmental hazards that are established risks for" suicide, the claim reads.

And an effort to fix the safety issues and other failings only began after the veteran's death, the OIG report said.

"Facility leaders and managers only started to respond aggressively to long-standing deficient conditions after" the death, according to the report.

The hospital director told investigators staff would install over-the-door alarm systems and working cameras and increase safety rounds in the unit.

Dash and Emma met at West Potomac High School in Alexandria, Virginia when they were 14, the claim reads, interspersed with photos of the smiling family. They had their first child in 2002 and were married in 2006, the same year Dash enlisted in the Army and before his first deployment to Iraq.

"While I applaud any attempts by the VA and DoD to prevent deaths by suicide, these organizations need to be held accountable when they fail to follow their own policies and procedures, fail to properly train their staff, fail to comply with applicable standards of care, and fail to learn from their past mistakes," Bertling said. "I will continue to hold the VA and DOD

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accountable for the deaths by suicide they could have prevented. Our veterans and active-duty military deserve so much better."

Dash's family has "sustained an indescribable loss since Brieux died by suicide," the claim closes. "The VA should do the right thing by admitting liability and reasonably compensating the estate of Brieux Dash for the damages it has sustained."

VA officials declined to comment on Dash's death or the claim, citing the pending litigation.

Florida VA spokeswoman Mary Kay Rutan said "suicide prevention is VA's highest clinical priority and the department is taking significant steps to address the issue," adding that VA has reduced the number of in-hospital suicides from 4.2 per 100,000 patient admissions to less than 1 per 100,000 n mental health units, "an 82.4% reduction, suggesting that well-designed quality improvement initiatives can lead to a reduction in the occurrence of these tragic events."

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2.2 - Connecting Vets: Senators push USPS leader for answers on mail delays, including veteran prescriptions (21 August, Abbie Bennett, 10M uvm; Washington, DC)

Capitol Hill lawmakers on Friday confronted U.S. Postal Service Postmaster General Louis DeJoy on reported delays in USPS service, which has affected some veterans' prescription deliveries.

Sen. Rob Portman, R-Ohio, told DeJoy about "heartbreaking stories" he's heard from those affected by USPS delays, including a veteran with chronic obstructive pulmonary disease (COPD), waiting to receive his inhaler in the mail.

"We are working here feverishly to get the system running, add stability, and also to hire more workers to handle the delivery process," Dejoy said. "We all feel bad about the dip in our service level. We serve 161 million people. We still deliver at 99.5% of the time ... Everybody's working feverishly to get that right ... We're considering dramatic changes to improve the service to the American people."

While DeJoy acknowledged some service interruptions, he denied any major failures or intentional delays.

Three days before his appearance in the Senate, DeJoy announced he planned to halt changes that some argued led to the reported mail delays, until after the November election.

Internal memos and USPS staff, including some veterans like Cole Butterfield, an Army vet and American Postal Workers Union leader in Oregon, said package delays, including veterans' prescriptions, were caused by new policies that discouraged overtime, meaning packages were left behind if they would delay carriers on their routes.

DeJoy, a top donor to President Donald Trump, took over USPS on June 15. DeJoy issued a memo during his first month leading USPS which mentioned the Post Office's continued financial struggles and announced new policies, including that the USPS would now accept delayed mail to save costs.

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"One aspect of these changes that may be difficult for employees is that — temporarily — we may see mail left behind or mail on the workroom floor or docks (in Processing and Distribution Centers), which is not typical," the memo reads, adding that USPS should avoid overtime payments caused by "late and extra trips."

It was those changes that lawmakers wanted to know more about on Friday, during DeJoy's testimony before the Senate Homeland Security and Government Affairs Committee.

Sen. Jacky Rosen, D-Nevada, was one of few lawmakers on the committee to directly address delays some veterans have experienced for "lifesaving medications" during her questioning. Most senators' questioning focused on how election mail may be affected.

DeJoy's opening statement also did not address veterans' prescription delays.

Rosen asked DeJoy if he did any "specific analysis of how veterans would be impacted" by the changes he made. DeJoy repeatedly couldn't, or wouldn't address the question. He said, under his changes, that "theoretically, everyone should have gotten their mail faster." Eventually, DeJoy refused to provide specific analysis Rosen requested but said he would provide truck schedules.

Rosen said that was not the case, and asked DeJoy if he would commit to being sure that people receive their deliveries on time, including veterans' mail-order prescriptions.

"I'm working towards on-time delivery," he said, promising that the postal service "will deliver on this election" and that delivery of other critical mail, such as prescriptions, would not be harmed in coming months.

Sen. Maggie Hassan, D-New Hampshire, read from a letter from a veteran who said "there has been a 'noticeable slowdown in mail delivery delays that have caused me to ration my medication.' He started cutting back on dosage to have pills or skipping alternate days to make them last."

Veterans like Amber Torija, a retired Marine, told Connecting Vets similar stories. Torija said that most of her 12 different prescriptions typically arrive within a day or so, but recently took nearly a week. She's still waiting on two of her prescriptions.

Ranking member Gary Peters, D-Mich., said he heard from a constituent who was hospitalized because of delayed mail-order prescriptions.

"Seeing the slow down I started reducing my meds I was taking so I wouldn't completely run out because I looked and some had warnings not to stop taking suddenly," she said. "I was actually just released from the hospital and am supposed to do breathing treatment every four hours but instead I push it to just once or twice a day unless I needed it in an emergency."

Not all senators at the hearing blamed DeJoy's decisions for mail delays. Some, like Chairman Ron Johnson, R-Wisconsin, Sen. Rand Paul, R-Texas, and Sen. Mike Enzi, R-Wyoming, spent much of their time praising DeJoy and apologizing to him for what they considered partisan attacks by their colleagues. Some senators seemed to argue that accounts of delays were not all true.

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"I am in no way denying the many of these complaints are genuine ... We take those seriously," Johnson said. "But there's no denying that many of these complaints are ginned up ... I'm looking to separate the fact from the fiction."

Those senators took DeJoy at his word that much of the delays were caused by lack of USPS staffing and other issues directly caused by the coronavirus pandemic, and some said they supported major cost-saving measures at the financially troubled USPS, including potentially limiting delivery days, raising prices or limiting delivery service to more rural or remote areas of the country.

DeJoy is expected to testify before House lawmakers on the same issues on Monday.

Connecting Vets first reported the delays affecting veterans, according to dozens of veterans and caregivers, VA pharmacy staff and pharmaceutical company leaders, on Aug. 5. By Aug. 21, more than 200 veterans and caregivers, along with dozens of VA employees, pharmaceutical leaders and USPS staff confirmed that Postal Service issues are delaying veterans' medications, sometimes by weeks. They provided documents showing medication shipping delays, internal memos and more.

USPS delays could significantly affect veterans since the vast majority of Department of Veterans Affairs prescriptions are fulfilled by mail from a group of seven massive, automated hub pharmacies across the country, the Consolidated Mail Outpatient Pharmacy (CMOP) system. That centralized pharmacy system processes about 80% to 90% of all VA outpatient prescriptions and almost all (90%) of those are shipped through USPS. The other prescriptions are typically filled at local VA medical facilities.

VA's mail-order pharmacy system processes 120 million prescriptions per year, nearly half a million prescriptions daily and each working day, more than 330,000 veterans receive a package of prescriptions in the mail. Veterans who live further from VA medical facilities, especially in rural and remote areas of the country, often depend on mail-order prescriptions.

USPS is also one of the country's largest veteran employers, with nearly 100,000 veterans on staff (about 15% of the total USPS workforce). About 60% of the veterans working at USPS have a disability rating, the agency estimates.

VA prescriptions mailed by the U.S. Postal Service in the past year have seen delays of nearly 25%, the federal agency recently told Disabled American Veterans, and VA told Congress previously that to help mitigate delays, the department was forced to switch to alternative delivery services in some areas, such as UPS and FedEx, among other measures.

"VA always encourages veterans to order routine prescriptions in advance" and the department "continually monitors prescription delivery times throughout the country and uses a variety of methods to ensure timely delivery, including in-person pharmacies, USPS and commercial carriers," VA Press Secretary Christina Noel told Connecting Vets.

VA prescriptions delivered by USPS "are averaging less than three days delivery time, and more than 95% of VA prescriptions delivered by UPS next-day service have been on time," Noel added, referring all other questions to USPS.

VA's website says prescriptions "usually arrive within three to five days" of being ordered or even an average of "60 hours from filling to delivery," and advises veterans to request refills at

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least 10 days in advance of running out. That estimate appeared consistent with the normal wait times veterans described to Connecting Vets, and some vets said they have yet to see significant delays.

When asked if VA is tracking any delays in medication being sent to veterans, VA spokesman Curt Cashour told Connecting Vets, "No."

But some veterans said they were contacted by VA about their prescriptions only after sharing information about the delays they experienced with Connecting Vets' and appearing by name in subsequent news stories.

Some veterans are still waiting to receive their medications, like Melissa Ned, a U.S. Navy vet, who's waited weeks for her two leukemia medications to arrive. She can't just go to her nearest Department of Veterans Affairs hospital to get them -- it's two hours away and its pharmacy has been mostly closed during the pandemic.

"I gave up calling the VA pharmacy since COVID-19," she said. "Nobody answered and I automatically got disconnected."

Marine veteran Karen Brown said her prescriptions recently arrived but were more than a week late, and when she called her doctor and VA pharmacy to check on them, she said she was made to feel like a burden.

"All the time you're feeling like a bother," she said. "It's just the way it is. I'm grateful for what I have, but it's always a bother."

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2.3 - WDIV (NBC-4): Department of Veterans Affairs reports delays in prescription deliveries by US Postal Service (21 August, Dave Bartkowiak Jr., 3M uvm; Detroit, MI)

The Department of Veterans Affairs is switching to other mail delivery services after it says a number of veterans have reported delays in receiving critical medicines shipped via the United States Postal Service.

The Disabled American Veterans organization released the following statement this week:

“The VA has now confirmed to us that the United States Postal Service (USPS), which is responsible for delivering about 90% of all VA mail-order prescriptions, has indeed been delayed in delivering these critical medications by an average of almost 25% over the past year, with many locations experiencing much more significant delays. To help mitigate these postal delays, the VA has been forced to switch to alternative delivery services in a number of areas across the country and is taking other actions to expedite processing and delivery of prescriptions.

It is simply unacceptable that America's veterans, particularly those who were injured or made ill in defense of this country, should face the prospect of not receiving necessary medications in a timely manner considering such delays can be the difference between health and sickness, or even worse.

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Moreover, millions of veterans also rely on the post office to deliver claims decisions, hearing notifications and other critical messages from the VA, all of which must be timely to ensure veterans receive the benefits they have earned through their service and sacrifice.

Fast and reliable mail delivery is especially important for veterans who live in rural areas or otherwise have difficulty accessing VA health care, pharmacy or benefits in person.

We call on the Administration and Congress to immediately take whatever actions are necessary to ensure that the USPS has all the funding necessary to deliver critical prescriptions and mail to America's veterans without delay and without interruption.

Whatever the long-term future of the USPS may be, reducing or delaying mail operations during a national health emergency is not an option. Our nation's veterans, particularly those disabled by their service, deserve nothing less than high-quality and timely health care and benefits no matter their geographic location, and for the foreseeable future that requires a fully functioning United States Postal Service."

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2.4 - The Post and Courier: SC veterans rely on postal service for medications by mail, causing worry about delays (21 August, Thomas Novelly, 1.2M uvm; Charleston, SC)

Robert Coleman is used to waiting for mail. But the Marine Corps veteran and James Island resident said he wasn't expecting the refill for his arthritis prescription to be held up for so long, especially because he ordered it "about a month ago."

Other veterans in the Lowcountry have passed their concerns on to the office of U.S. Rep. Joe Cunningham, a Charleston Democrat who is a member of the House Committee on Veterans' Affairs.

His staff reports receiving several complaints from retired service members expressing worry about how political gamesmanship and financial trouble might affect their prescriptions.

"Lowcountry seniors and veterans rely on the USPS to deliver life-saving prescriptions and pay their bills, small businesses rely on the USPS to receive supplies and conduct commerce, and voters rely on the USPS to vote safely and securely," Cunningham said in a statement.

"We urgently need legislation to fund the USPS and reverse the Postmaster General's destructive actions," he added.

Some of the recent acts at the Postal Service that Democrats have criticized include removal of mailboxes and high-speed sorting machines ahead of election season.

The Palmetto State has the ninth highest military retiree population in the nation and is home to more than 400,000 veterans, according to the South Carolina Military Base Task Force. More than 80 percent of these men and women receive medication through the mail.

While veterans and advocates are raising concerns nationwide about delays in medication delivery, others report it hasn't been a widespread issue in South Carolina so far.

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Tonya Lobbestael, a spokeswoman at Charleston's Ralph H. Johnson VA Medical Center, said there haven't been reports of delays in the Holy City.

Charleston's Consolidated Mail Outpatient Pharmacy has shipped an estimated 172,000 packages in the last three months, with an average delivery time of two days, she said. Additionally, she said there were no delays from medicine sent by mail, which can take three to five days on average.

But advocates continue keeping their guard up and are monitoring potential problems with mail delivery.

Maj. Gen. William F. Grimsley, South Carolina's secretary of veterans' affairs, told The Post and Courier he "has not heard a significant amount of complaints so far" relating to delays in mailing medication. He added that he has been speaking to congressmen and senators to stay up-to-date on the situation.

"We need to be aware of this and we need to watch this very closely," Grimsley said.

Also watching is Cunningham's November opponent, Republican Nancy Mace, who said "while we figure out the best way to secure things, like our ballots, we should also ensure the mail continues to run well."

She passed the blame on to Democrats, saying they "have a lot of nerve criticizing when they're part of the problem" and pointed out that a GOP proposal being held up in the house would forgive a $10 billion loan the Trump administration issued the USPS last month.

The VA mailed out more than 125 million prescriptions in the last fiscal year alone, according to the department's budget submission for 2021. More veterans have grown dependent on getting their medicine delivered during the coronavirus pandemic as many hospitals observe social distancing measures.

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2.5 - Modern Healthcare: Letters: VA making strides to improve state veterans home inspections (22 August, 507k uvm; Chicago, IL)

The Veterans Affairs Department deserves credit for two recent moves to improve the lives of veterans in its facilities and in state veterans homes.

First, the VA's plan to gradually and safely reintroduce volunteers to its healthcare facilities is an important and timely step. Volunteers serve as some of the most critical eyes and ears in a facility. Many volunteers have established personal relationships with individuals they help care for, and thus serve as a vital link in the communication chain with the VA and other oversight agencies.

Second, I'm glad to see the VA is giving serious consideration to recent recommendations made by the U.S. Government Accountability Office, which called on the VA to strengthen its oversight of inspections conducted in state veterans homes. The issue was the subject of a congressional hearing last month.

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The GAO's feedback was helpful, because the VA deserves the very best from its healthcare facility-inspection contractors. After all, the inspector should serve the VA, not the facility. The inspector should never identify a deficiency but then collaboratively allow the facility to fix the issue during the inspection. Without a rigorous inspection process that creates a paper trail of deficiencies, a facility could lapse back into negative practices in between site visits and never fully address underlying problems.

-Leah Heimbach

President and owner

Healthcare Management Solutions

Paying more for the same flawed healthcare coverage

I was not surprised to read that job-based health insurance coverage is projected to cost more next year.

Private insurance companies have an overhead rate of 12% versus about 2% for Medicare, in large part due to marketing and other administrative expenses. The only way for them to compete is either through cherry-picking (via having fewer truly ill clients), withholding reimbursement for needed care, or through higher rates. None of these strategies are desirable from the consumer's standpoint.

In the 1970s, the percentage of America's gross domestic product consumed by healthcare expenditures was 8%. It's more than doubled to 18%. A major reason for the difference in costs is our emphasis on private insurance companies.

And let's not forget that as Americans lost their jobs during the pandemic, in many cases they also lost their health insurance.

What's the obvious remedy? We must have Medicare for All. Single-payer works in Canada, for example, and it can work just as well here (as it does in so many other developed countries). All Canadians are covered and per capita costs ($4,826) are a fraction of what we pay ($10, 209).

Single-payer is the ultimate solution, but is opposed by the massive and influential healthcare industrial complex for obvious self-interested reasons. And they spread their money around in both parties, influencing policy for their own benefit.

As voters, we will once again have the power to enact change in a few short months via who we send to Washington.

-Jack Bernard

Peachtree City, Ga.

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2.6 - The Bakersfield Californian: **OTHER VOICES: Does Kevin McCarthy stand with vets?**
(21 August, Chris Neiweem, 302k uvm; Bakersfield, CA)

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I enlisted in the U.S. Army, served in the second Iraq War and expect our elected leaders, regardless of political party, to support the well-being of our troops and veterans. But, I am a Republican because I believe conservatives are stronger on national defense, and more closely share the values of the men and women who serve in this country's military.

This is why I was surprised to read a complaint from Campaign for Accountability that asked the inspector general of the Department of Veterans Affairs to look into whether House Minority Leader Kevin McCarthy used his elected office to influence a decision on which company will get the contract to build a new VA clinic in Bakersfield. The concern with this potential influence campaign by McCarthy is that the VA selected the bid not because it was the best option for the health of local veterans, but rather to please the powerful congressman.

I was the veteran advocate who led testimony in Congress on the Clay Hunt SAV Act, a very important bill that I worked on with many advocates, along with McCarthy's office. His record on veterans issues has been good, which is why this bothers me.

Understand, I believe that McCarthy has a strong record on supporting veterans. In fact, in the past I have worked with his office on veterans' issues and found his staff to be sincere and well meaning. On Capitol Hill, staff are typically reflective of their boss.

But the Campaign for Accountability press release was shared with me because of my record of fighting for veterans. I trusted the source who sent me the release, and I agreed to take a look. At first, I was skeptical about the accusations, because Campaign for Accountability is generally considered to be affiliated with the Democratic Party.

However, after looking at the Campaign for Accountability complaint, I think the American people deserve answers. Not because I believe the minority leader did something wrong, but because we must ensure our veterans are getting the best available medical care. This is why my organization has also called on the VA to investigate what happened.

What struck me about the watchdog group's complaint was that it seemed the bidding process was rigged in favor of a company called SASD Development Group. SASD was seeking to build a new, replacement VA clinic in Bakersfield to replace an older clinic that was being run by another company called Progress for Bakersfield Veterans, or PBV. Time and again, McCarthy has been in favor of the SASD proposal even weighing in with secretary of the VA.

According to Campaign for Accountability's letter, in August 2017, the VA issued a solicitation of offers for a new Bakersfield VA clinic. In 2018, SASD won that bidding process. But the following year, PBV protested, making a series of claims against the VA, painting a picture of a deeply flawed process. Ultimately, the contract was again awarded to SASD and PBV is still protesting.

What I find most compelling about the letter to the VA inspector general is that after PBV protested the 2018 decision by the VA, the VA "sent a letter to the GAO stating that the contracting officer for the procurement had determined that corrective action was required and the VA would pay the reasonable costs associated with pursuing the bid protest, the total relief to which the protestor was entitled." In other words, the VA was willing to pay PBV for the costs associated with their protest, because they screwed things up.

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In 2019, again, the VA conceded that "PBV was entitled to further corrective action in the form of payment for all reasonable costs associated not only with the costs of proposal preparations, but fees for pursuing its protests, including consultant and expert witness costs, in addition to its attorney's fees." Are you starting to see a pattern?

Local media in Bakersfield also pointed out that Minority Leader McCarthy testified in Congress in favor of the SASD proposal. McCarthy stated that the current clinic was being paid $2 million a month, and that the new SASD facility would be bigger than the current PBV operated clinic. In fact, the SASD proposed clinic is actually smaller. The congressman's office claimed they mistakenly confused information about the rent provided to them by the VA. Either way, this bad information remains on the congressman's website.

Honestly, it is my hope that the VA's inspector general takes a look at this situation and determines that there was no wrongdoing by McCarthy. Because, we deserve to know the truth. More importantly, our veterans deserve the best medical care.

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2.7 - WTAJ (CBS-10, Video): Local veteran receives national recognition for volunteer efforts (21 August, Devin Jackson, 245k uvm; Altoona, PA)

Joe Cupples is a Red Coat Ambassador at the James E. Van Zandt VA Medical Center in Altoona.

He greets veterans at the door, and shows them where to go.

"Helping the veterans navigate the system, find their appointments. if they need a wheelchair or assistance," Cupples said.

He says his main focus is to make the veterans feel comfortable and welcome...and as a marine, he wants to make sure they feel appreciated.

Now Cupples has gotten some appreciation of his own. Among the thousands of Red Coat Ambassadors in what is the largest health care system in the country, Cupples is at the top.

For 2020, Cupples is the Red Coat Ambassador of the year. He was shocked to receive the award.

"Once I started as a Red Coat Ambassador here, my thoughts were for what I do, helping the veterans, do the same thing every day, try to do a bit better if I can, make sure they are comfortable with what they're doing," Cupples explained.

"When I found out it was national, I couldn't believe it."

When COVID-19 hit, volunteers weren't allowed in the facility for a while to protect the health of the residents. Cupples was told to go home, but he didn't stop volunteering. He began to Skype the veterans that were stuck in the hospital under quarantine, and says he got as much out of it as they did.

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"Learning how to Skype veterans here at the VA helped me, helped me feel I was still connected," Cupples continued.

"And the response I got from veterans and nurses made me feel appreciated"

Cupples says he gets his reward every day from the veterans he serves. But the national recognition does put a smile on his face.

"It makes you feel appreciated, really appreciated for what you do."

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2.8 - East Oregonian: Walla Walla VA to host livestreamed musical performance (21 August, 168k uvm; Pendleton, OR)

The Walla Walla VA Medical Center will host a virtual musical performance titled "ENCORE!" as part of Re-Creation's "Tours for Veterans." This event, scheduled for noon Wednesday, Aug. 26, will be streamed live on YouTube Live Stream.

The event can be found on Walla Walla VA's Facebook page at https://bit.ly/327aALM. The performance is free and open for all to watch.

Re-Creation's Tours For Veterans has been serving veterans homes and hospitals across America for the past 45 years. The group typically travels nationwide to each facility, but with respect to current protocols has remounted each show to be streamed live to each facility or community. "ENCORE!" features the best in American music and some of our nation's finest young entertainers.

The show remains sponsored in part by: The Bowlers to Veterans Link, Re-Creation's longest-running sponsor and a charity funded by the Bowlers of America and supporting our troops and veterans since 1942; the Elks National Veterans Service Commission, providing housing for Re-Creation nation-wide for more than 36 years and, for now, helping to provide the means for Live Streaming; and the Florida State Elks Association, providing grants for Re-Creation CD and DVD production and distribution to every vets home and hospital, and special grants for vehicles and trailers.

Re-Creation was founded in 1976 and performs in all 50 states. Credits include appearances at some of the nation's most prestigious fairs and festivals, at local, regional, state and national corporation banquets and conventions, and at major resort areas. Civic clubs, fraternal groups, schools, and public and private organizations now keep Re-Creation booked for more than 300 concerts each year.

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2.9 - The Sumter Item: Columbia VA to safely reintroduce health care services (21 August, 115k uvm; Sumter, SC)

The Columbia VA Health Care System is implementing a plan to safely expand health care services in all of its locations across the state. On Monday, the facility began this process by

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increasing most services by 25 percent of what was provided in early March when COVID-19 first affected the state. The increase in volume will occur while continuing to maintain the same high standards to which the community has become accustomed.

While primary care and mental health continued full operation through the maximizing of personalized virtual care options like telehealth, phone consults and wellness checks, certain care will resume through face-to-face encounters. As part of the facility's Moving Forward plan, the Columbia VA will accommodate expanded face-to-face appointments when clinically necessary, depending on the service.

The Columbia VA will continue to offer and prioritize appointments for many services through virtual modalities, which have been a valuable link to our veterans during this challenging time. The scheduling of in-person services and appointments will take into account the independent risk and urgency of each veteran. While limited face-to-face appointments may increase, there will continue to be no walk-in clinics available at this time. Only confirmed and scheduled patients will be allowed into the facility, unless they are experiencing a medical emergency.

"The safety of veterans and staff is the highest priority when we consider how we can provide health care services and procedures during the ongoing COVID-19 pandemic," said David Omura, medical center director and chief executive officer. "VA will consider guidance from various agencies including federal, state and local government as we gradually reintroduce additional health care services. As a high-reliability organization, safety is always paramount and will continue to guide our decision making."

Although the Columbia VA never stopped providing care to veterans, the facility will start to perform work that no longer falls only in the category of "emergent and urgent services." Pre-COVID-19, the health care system typically provided 3,700 outpatient appointments per day; during the past week alone, the Columbia VA has already increased to more than 3,100 outpatient appointments per day.

The biggest areas of focus will be to increase outpatient services by 25% of current volume at the seven VA community-based outpatient clinics across the state. Since these services have already been expanded at the main medical center in Columbia, greater attention will be given to increasing surgical procedures that can be performed in-house as opposed to sending veterans out into the community.

In accordance with CDC guidelines, and with current public health concerns, all aerosol-generating procedures are still postponed as additional time is needed to address how such procedures can be performed safely. The Columbia VA will continue to follow and monitor CDC guidelines pertaining to these procedures and will make any necessary modifications as guidelines change.

The Veterans Health Administration has developed a risk-based framework to prioritize non-urgent procedures, in addition to the urgent services currently being performed. Evaluation of factors such as patient health, staff safety and resource considerations will guide expansions and scheduling decisions. Additionally, rigorous safety measures will remain in place at the Columbia VA to include mandatory employee and veteran COVID-19 screening, universal and appropriate personal protective policy such as face coverings or face shields, physical distancing requirements and frequent disinfection of high-touch surfaces.

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As additional facilities reintroduce services across the country, the Columbia VA will also share best practices learned with other VA and private-sector facilities so we can ensure we continue to provide veterans the best care they can receive in a safe environment.

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2.10 - Independent Tribune: It started with a box: Atrium Health Cabarrus launches new Veterans Recognition Program (21 August, Victoria Young, 115k uvm; Concord, NC)

Atrium Health Cabarrus has fully launched its new Veterans Recognition Program after a few delays due to needed materials and COVID-19.

The program, which was originally scheduled to start earlier this year, launched Memorial Day. It honors patients who have identified as veterans with a special welcome and appreciation of their service.

Patients are asked if they are veterans once they are admitted into the hospital, said Tripp Grooms, Veterans Recognition Program chair and director of business operations. If a patient identifies as a veteran, he or she is presented with a welcome kit that includes personal care items, playing cards and other things to make the hospital stay more pleasant. A flag is also placed on the patient's door. In order to help fund the program, the Cabarrus Healthcare Foundation received a grant from NASCAR Driver Brad Keselowski's Checkered Flag Foundation. As of August 20, the hospital has distributed 115 kits since the program launched in May.

The program also put in place a "Code Honor", which launched July 4. It is a protocol used when a veteran patient passes away at the hospital. The protocol calls for a team to drape the patient's stretcher with the American flag before a security team escorts the deceased veteran and the family from the room. When a veteran passes, the family is presented with the "Code Honor" option, Grooms said.

"The point of communication starts with the family and the loved ones at the bedside asking them if they are interested in having us proceed with the 'Code Honor'," he said. "If they say no, then our regular process when someone passes at our facility proceeds. If they say yes, then we ask them if they are interested in participating as well with the unfolding of the flag at the bed side."

The idea for the program came about after Carmen Frutig, an Intensive Care Unit nurse, started honoring veterans in her unit after taking care of an Air Force veteran in the ICU who passed away, she said. The veteran was an organ donor and she wanted to honor him in some way before his body went into surgery.

"The day before we took him into surgery I was asking around, 'What do we do for veterans?' I felt embarrassed, and I felt like it was shameful. We needed to do something," she said.

She and the other co-workers went to the hospital's gift shop and got a flag charm. They then informed the family that coworkers would line up down the hall to honor his service as his body was led to surgery. After that experience, Frutig said, she wanted to do more.

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“I knew right then I was going to do something to honor our veterans that went into the ICU,” she said.

She decided to go to a craft store to buy a wooden box and decorated it with patriotic flare. She then bought flag magnets, lapel pins and thank you cards. She called it the “Honor Box”. She and her co-workers started asking veterans when they entered the hospital if they were veterans. If a patient answered, yes, a group from the ICU would go into the room, put a flag magnet at foot of bed, hung a patriotic ornament on the patient’s room door and left a thank you card.

As Frutig and other co-workers in the unit continued to honor veterans, it started a conversation about recognizing veteran patient’s service as well as the proper way to honor a deceased veteran in every unit of the hospital. Frutig said she had reached out to Veteran Affairs to learn the correct way to honor a veteran. That is what sparked “Code Honor”.

Two teams are a part of the “Code Honor” protocol, security and the nursing administration. In order to learn how to fold, unfold and drape the flag, they went through training. During that training, the teams discussed ways to approach patient’s families about the protocol.

“Nobody wants to see someone pass, but with this type of program – honoring their service and their sacrifice – a lot of our teammates felt honored to be considered for that program and were excited to participate in the training to learn a little bit more about what the typical process for honoring a deceased veteran,” Grooms said.

The program was initially supposed to launch in February or March of this year. But the materials needed for the kits were delayed, and once they arrived, COVID-19 hit. The program’s launch was paused so the hospital could better assess the pandemic situation. This also brought slight changes to how the program is run during the pandemic.

While Frutig and her co-workers were able to go into the veteran’s room as a group to thank the patient for their service and visit with them, COVID-19 limits contact. When a veteran is in a COVID unit, Grooms said, they still get the special welcome, just with essential personnel and some added PPE.

“When it is a situation where a veteran is on a COVID Unit, what we do is we drop the bag off at the nurses’ station and the nurse assigned to that patient on a COVID unit is charged with providing that bag to them,” he said.

And while the number of people in the room may be reduced, the conversation isn’t.

“That kit is such a symbol and conversation starter.” Grooms continued: “When they do go in the room and provide that bag, it does ignite a positive conversation and an acknowledgement of their service.”

For Frutig, she said that knowing that all admitted veterans can be honored has special meaning to her.

“I have two boys in the military – my oldest is in the Army and the youngest is in the Navy,” she said. “I think about them and what they have sacrificed so far in their young lives. I look at these older gentlemen and what they have given up, and I see their families and they are so thankful.”

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Frutig has watched the Veterans Recognition Program launch in the hospital and see how her pursuit to learn the proper way to honor a veteran that has passed in the hospital has sparked a new protocol. Knowing that over 100 patients have received welcome kits through the program, showed her that many veterans walk through the hospital's doors, she said. And while the hospital has not needed to use the "Code Honor" yet, she is thankful that it is there.

"I had no idea when I superglued my decals on my box," she said, "that this is what would come of all of it."

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2.11 - Chicago Crusader: USPS slowdown delays veterans' medication deliveries (21 August, Brett Copeland, 50k uvm; Chicago, IL)

On August 20, President Donald Trump admitted that he was creating a slowdown of service and deliveries at the United States Postal Service to make it more difficult to process mail-in ballots. No matter the politics, the reality is that any slowdown of the USPS will result in delivery delays for veterans' critical medications.

The Department of Veterans Affairs has pioneered delivering prescription drugs to patients through the mail. Most veterans' prescription drugs cost less than civilian Americans', as the VA's large network and the number of patients allows it to negotiate better rates for medications. Combined with the mail delivery, the cost savings and benefits of not having to leave home for your critical medications are particularly important during the global pandemic.

As a result of military service, veterans suffer from more chronic health conditions than most Americans. Exposure to toxic chemicals like Agent Orange has been linked to high blood pressure and diabetes. Having the ability to take medication on a strict schedule means life or death for many military veterans.

And with the pandemic, the use of the V.A.'s mail program has only increased. The V.A. fills about 80 percent of veteran prescriptions by mail. That is nearly 120 million prescriptions a year or 330,000 veterans daily. The V.A. says that veterans made 11.2 million prescription refill requests through the V.A.'s online portal, an 8.1 percent increase compared to the same period in 2019.

The added pressure on veterans cannot come at a worse time. Department of Veterans Affairs Secretary Robert Wilkie said that he fully expects coronavirus cases to 'boomerang' this fall. As students return to schools across the country, there will also be a large number of older veterans returning from their summer vacation spots to southern states.

Florida, a state that has largely let COVID-19 run unchecked, will welcome back nearly one million 'snowbirds' or winter residents. Hopefully, veterans will have their USPS-mailed medications restored by then.

Despite the fact that most veterans are able to get care or medications from the Department of Veterans Affairs, there is a sizable number who have been discarded by the U.S. Military. There are approximately 500,000 veterans with an 'Other-Than-Honorable' (OTH) discharge status, which means they're unable to receive health care or benefits from the Department of Veterans Affairs.

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On August 25, the Veterans Healthcare Policy Institute will hold a forum with four leading experts and veteran advocates to examine the long-term impact an OTH discharge has on the physical and mental health of veterans. Discussion will also cover why some veterans are tagged with the OTH discharge status as a way to punish them or make an example out of them—as is the case with some military sexual assault survivors.

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2.12 - Estes Park Trail Gazette: Letters to the Editor: August 21, 2020 (21 August, Anthony Bellotti, 23k uvm; Estes Park, CO)

[…]

Rep. Neguse is helping send VA's cruel, wasteful kitten experiments to the litter box

Do you want your hard-earned money wasted to buy, cripple, torture, and kill kittens in Department of Veterans Affairs labs?

I definitely don't—and White Coat Waste Project's (WCW) 2-million members and supporters are grateful to have Rep. Joe Neguse (D-CO) once again leading the fight to stop the federal government from wasting Colorado taxpayers' money on this cruel boondoggle.

WCW's new investigation reveals the VA has spent more than $8.4 million taxpayer dollars to abuse 6-month-old kittens in three government labs. Government white coats even film and photograph some of the grisly abuse taking place at VA facilities in Cleveland, Louisville, and Los Angeles.

This wasteful spending is downright bizarre. Kittens have fake poop made of bran, potato flour, and saline pushed into their anuses. Their spines are split open, and they are implanted with electrodes. Other kittens have electrodes surgically implanted into their brains, before they are killed and have their brains removed.

Records show that kittens have accidentally suffered seizures, depression, and bloody urine, in addition to the harms deliberately inflicted on them. At least one was killed following complications from surgery.

These "cat-stipation" experiments are opposed by most taxpayers and squander precious resources needed for veterans' care.

Following our exposé, Rep. Neguse and 29 of his colleagues in Congress from both sides of the aisle, including seven military veterans, sent a letter to VA Secretary Robert Wilkie expressing their "grave concerns about painful and outdated cat testing at the Department of Veterans Affairs."

"We are disturbed to learn that questionable VA experiments on cats have continued at facilities in Cleveland, Louisville, and Los Angeles at great expense to taxpayers," the group wrote. "We are concerned that the VA's use of cats for invasive and terminal taxpayer-funded research may not be warranted."

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Bravo Rep. Neguse!

Indeed, last year Congress enacted legislation directing the VA to phase out its experiments on cats by 2025. In July, the U.S. House also voted to cut funding for all of the VA's dog tests. Rep. Neguse supported both common-sense measures.

He also led on related issues prompting major reforms: Introducing the PUPPERS Act to de-fund "maximum pain" experiments and other cruel and wasteful dog testing at the VA, and cosponsoring the KITTEN Act—a bill which led to the USDA's notorious "kitten slaughterhouse" lab shutting down, and the survivors being adopted into loving homes.

Congress has drawn a line in the sand with the VA cat labs, too, thanks to Rep. Neguse's leadership. But, as the letter-writers recognize, the 2025 phase-out isn't soon enough.

It's well-documented things are bad for animals and taxpayers at the VA.

This summer, the National Academies of Sciences issued a scathing report affirming what White Coat Waste Project has been saying for years: the VA's barbaric dog testing program is in need of drastic reform. And right after that report was issued, a brand-new Inspector General's report found the agency illegally spent taxpayer money on dog experiments involving 51 dogs in eight unauthorized experiments, costing taxpayers $393,606.

Especially now, with the economy in a recession and the federal deficit at a record $2,807,295,000,000, taxpayers shouldn't be forced to pay millions for VA bureaucrats to cripple kittens and shove fake poop up their butts.

Let's "cut the crap" and end the VA's cat experiments right now. Taxpayers in Colorado and across the country should be grateful to Rep. Neguse for leading the charge to relegate this taxpayer-funded kitten cat-astrophe to the litter box. I know our 2 million members and supporters are.

Anthony Bellotti

White Coat Waste Project

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2.13 - Bossier Press-Tribune: **Overton Brooks VA Medical Center schedules relocation for pharmacy and lab services** (21 August, Randy Brown, 7k uvm; Bossier City, LA)

The Overton Brooks VA Medical Center mobile lab service and drive-thru pharmacy will relocate on Monday, August 24.

Veterans will notice a more permanent exterior structure, delivering the most exceptional customer service expected from the Shreveport VA. The move takes place Saturday and Sunday. No interruption to service is expected.

The location is adjacent to the right of the main entrance when drivers use the main driveway from Stoner Avenue. Please see the diagram provided.

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Service hours will remain the same. (Lab services: Monday-Friday 7 a.m. – 3:30 p.m., Pharmacy hours: Monday – Sunday 8 a.m. – 4 p.m.)

Parking Lot 8, near the Basement South Entrance, will return to Veterans Handicap Parking. Employees whose parking relocated to accommodate the Drive-Thru Pharmacy will return to their original handicap parking location.

The Overton Brooks VA Medical Center thanks Veterans for their patience, as the Shreveport VA continues to offer more face-to-face services.

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2.14 - Kilgore News Herald: **Shreveport VA set to begin limited visitation** (21 August, 5k uvm; Kilgore, TX)

The Overton Brooks VA Medical Center in Shreveport will begin limited visitation starting Monday.

Starting that day, visiting hours will be from 3 7 p.m., seven days a week. Visitors may enter the hospital at the following locations:

The basement south entrance across from the parking garage between 3 and 5:30 p.m.; and

The emergency department between 3 and 6:30 p.m.;

The following restrictions will be enforced to ensure patient, visitor and employee safety,

Symptom screening and temperature monitoring will be performed upon entrance to the hospital;

Wearing a mask or face covering is required by everyone entering the facility;

All visitors must check-in at the nurse's station on each floor;

Veterans are allowed only one visitor at a time;

Visitors are only allowed on non-COVID floors;

No visitors will be allowed in the emergency department, intensive care or COVID patient care wards;

Visitors must be at least 12 years old; and

Overnight visits are not allowed.

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2.15 - West Virginia News: **Lawsuit filed in another suspicious death at VA Medical Center** (21 August, Matt Harvey, 1k uvm; Lewisburg, WV)

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The family of another veteran who died under suspicious circumstances at the Louis A. Johnson VA Medical Center in Clarksburg has sued the Department of Veterans Affairs.

Tony O'Dell, the attorney for Tiano O'Dell PLLC in Charleston who has filed most of the lawsuits, also filed this one on behalf of the family of Russell Ross Posey Sr., 92, of Roanoke, who died July 3, 2018, at the VA hospital.

Serial killer Reta Mays, who has admitted murdering seven other veterans at Louis A. Johnson VA Medical Center, admitted committing assault with intent to murder Posey.

Mays, 46, of Reynoldsville, agreed she had given Posey and the other seven unnecessary insulin injections while working as a nursing assistant at the facility.

U.S. Attorney Bill Powell "did not call it a homicide because he said he could not prove the insulin was the 'but for' cause of death," O'Dell said. "But, we believe the insulin shot was the event that led to his quick decline and death. He never recovered to baseline and died 14 days later."

Mays remains jailed pending sentencing.

The lawsuit filed on behalf of Posey's family is the sixth against the government.

There has been no indication the Department of Veterans Affairs will move to quickly settle the lawsuits.

Wesley Walls, chief of the Public Affairs and Community Relations Service at the Louis A. Johnson VA Medical Center, issued a statement following Mays' plea hearing.

"Our hearts go out to those affected by these tragic deaths. Clarksburg VA Medical Center discovered these allegations and reported them to VA's independent inspector general more than two years ago. Clarksburg VA Medical Center also fired the individual at the center of the allegations," Walls said.

"We're glad the Department of Justice stepped in to push this investigation across the finish line and hopeful our court system will deliver the justice Clarksburg-area veterans and families deserve," Walls said.

In all of the lawsuits, O'Dell and other attorneys have alleged Veterans Affairs failed when it hired Mays; failed in its training or lack of training of her; and failed to follow protocols that should have resulted in the discovery of her activities before she could have inflicted so much pain, suffering and death.

Posey was a World War II Navy veteran, serving from 1943 to 1946, U.S. Attorney Powell has said.

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2.16 - Techlink: **Six new medical technologies developed by the Department of Veterans Affairs** (21 August, Laci McDowell, Bozeman, MT)

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Researchers at the VA, located at medical centers throughout the U.S., conduct basic and advanced preclinical and clinical research on rehabilitation, mental health, prosthetics, pain management, and chronic diseases affecting military veterans.

This week's technology roundup features six new technologies picked from their growing collection of innovations.

Securing a license agreement to a partially-developed VA technology allows companies to bring new medical products to market more cheaply and easily.

And TechLink is here to help you navigate the licensing process.

At no cost to you.

Screening tools for discovery of novel anabolic pharmaceutical agents
VA scientists developed a new approach to identify pharmaceutical agents that inhibit (reduce or attenuate) muscle loss.

The technique is also suited to identifying agents that both inhibit muscle loss and increase muscle mass or agents that selectively inhibit muscle loss or increase muscle mass.

Hydrogel nanocomposite for intraocular lens material
A VA scientist developed a reversible hydrogel system comprised of copolymers that can be a hydrogel in an oxidized state and a solution when in a reduced state.

The hydrogel is formed with embedded nanoparticles, creating a nanocomposite material whose refractive index and modulus can be controlled to mimic the human eye.

Treatment for diastolic dysfunction and heart failure
A VA scientist has recently invented a new treatment for diastolic dysfunction. This cardiac condition occurs when the muscles of the heart become stiff.

It involves the administration of a molecule called tetrahydrobiopterin, which regulates the availability of the nitric oxide that modulates cardiac relaxation.

Treatment for amyloid protein misfolding diseases
VA scientists have recently invented a new type of treatment for amyloid protein misfolding disorders such as light chain amyloidosis, Alzheimer’s disease, and Parkinson’s disease.

It involves incorporating therapeutic agents into nanoliposomes to protect cells against damage.

Sleep study for diagnosis of post-traumatic stress disorder
A VA scientist has recently invented a new type of test to diagnose post-traumatic stress disorder with a sleep study.

It analyzes the brain wave pattern of a patient and looks for specific neuromarkers associated with PTSD to provide a measure of the severity of the condition.

VA scientists recently invented a novel treatment to target cancers driven by mutations in RAS genes, which comprise about a third of all human cancers.

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Due to favorable experimental results, the VA's treatment option for RAS-driven cancers involves the administration of an engineered bacterial SNARE-cleaving toxin.

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3. **Business Transformation**

4. **DOD Cooperation / Electronic Health Records / MISSION Act Implementation**

5. **Suicide Prevention**

6. **Women Veterans / Homelessness / Benefits / Cemeteries**

6.1 - WFLA (NBC-8, Video): VA admits mistake, but veteran still left without decision on his benefits (21 August, Steve Andrews, 3M uvm; Tampa, FL)

All Bill Davis wanted from the VA was an update on the status of his appeal for benefits but what he received left him shaking his head.

For seven years Davis, an Air Force Veteran who now resides in Hudson, skirmished with the VA who repeatedly denied his claims that his illnesses are service-related.

More than a year ago, a Board of Veterans Appeals judge told Davies he needed a letter from a doctor stating how his sarcoidosis of the lungs was connected to his time in the military. Daivs provided letters from two doctors.

"They're waiting for time to run out," Davis said.

In July of this year, frustrated by a lack of communication from the VA, Davis reached out to 8 On Your Side and we contacted Congressman Gus Bilirakis' office and the VA in Washington for answers.

Davis recently received a letter from the VA and learned that during the last 12 months, his case went nowhere because of a mistake by the VA.

"We received a letter from the VA stating that there was a malfunction with the audio equipment when I had my hearing," Davis explained.

Katrina Eagle an attorney who handles only veterans cases calls this VA incompetence.

"Inexcusable incompetence to say the least," Veterans Advocate and attorney Katrina Eagle said. According to Ms. Eagle, usually, a hearing recording is sent out immediately so a transcript can be created.

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"That the Board figured out it was garbled in August 2020 seems to suggest that the recording was never sent out in the first place," Eagle stated. "It should never have taken them a year to figure out the audio messed up."

Davis' doctors think his illnesses are more likely than not caused by his exposure to chemical agents, like Trichloroethylene, a known cancer-causing chemical cleaner the Air Force commonly used.

Bill worked on OV-10 fighters in Thailand and Vietnam and believes he was also exposed to toxic herbicides while serving in Southeast Asia.

According to the Director of the VA's Office of Media Relations in Washington, D.C., the problem with the audio from Davis' hearing was an isolated mistake that resulted in discipline for the employee involved.

In an email the VA's Susan Carter explained, The transcription team listens to the digital audio recording within approximately 30 days and transcribes the appeal. The error, in this case, was discovered but standard follow up procedures with the Veteran were not followed."

Ms. Carter adds the VA has already been in touch with Davis to advise him of his options and it is working to resolve the issue as soon as possible.

For Davis, he describes dealing with the VA exhausting and feels the VA is treating him more like he's looking for a handout than the benefits he earned.

"It's not right," Davis said. "It really does drive so many vets to suicide, they just go I can't deal with it anymore."

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6.2 - Enid News and Eagle: VA offering grants to address veteran homelessness in Oklahoma (21 August, 204k uvm; Enid, OK)

U.S. Department of Veterans Affairs (VA) announced Thursday it will award four grants totaling $1.4 million to community organizations that address veteran homelessness.

The Grant Per Diem Program provides funding to community organizations that provide transitional housing and supportive services for homeless veterans, with the goal of helping them achieve residential stability, increase their skill levels and income and obtain greater self-determination, according to a press release.

The award period begins Oct. 1, and will support three different types of grants to address homeless veterans' needs.

Per Diem Only grants are used to provide transitional housing beds and operate service centers for veterans experiencing homelessness. These grants provide funding in the form of per diem payments to reimburse grantees for the cost of care provided to veterans during the award period.

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Special Need grants provide funding to organizations that incur additional operational costs to help veterans with special needs who are experiencing homelessness, including women, individuals with chronic mental illnesses and Veterans who care for minor dependents.

Transition in Place grants provide funding to community agencies that place veterans experiencing homelessness in transitional housing while providing them with supportive services. These services are designed to help veterans become more stable and independent, with the ultimate goal of veterans assuming full responsibility for the lease or other housing agreement. When that goal has been achieved, the transitional residence becomes the veteran's permanent residence and supportive services come to an end.

The GPD program has provided veterans who are homeless with community-based transitional housing and supportive services since 1994. The number of veterans experiencing homelessness in the U.S. has declined by 50% since 2010 — resulting from the GPD program and other VA efforts, according to a VA press release.

In July of this year, frustrated by a lack of communication from the VA, Davis reached out to 8 On Your Side and we contacted Congressman Gus Bilirakis' office and the VA in Washington for answers.

Davis recently received a letter from the VA and learned that during the last 12 months, his case went nowhere because of a mistake by the VA.

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7. Other

7.1 - Connecting Vets (Audio): Toxic Avengers: Grunt Style and BurnPits 360 team up to hammer Congress & VA (21 August, 10M uvm; Washington, DC)

Forty-minute audio: Tim Jensen, Grunt Style & Rosie Torres, BurnPits360 founder, bring the hammer down on Congress & VA who are failing to help vets suffering from diseases related to burn pits and other toxic exposures. The upcoming conference features Jon Stewart, former VA Secretary Dr. David Shulkin & more. Watch the Military Toxic Exposure Conference, Aug 28, 7p EST on Grunt Style Facebook.

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From: Tucker, Brooks
Sent: Wed, 26 Aug 2020 10:38:19 +0000
To: (b)(6) @gmail.com
Subject: Fwd: 26 August Veterans Affairs Media Summary and News Clips
Attachments: 200826_Veterans Affairs Media Summary and News Clips.docx, 200826_Veterans Affairs Media Summary and News Clips.pdf

Get Outlook for iOS
From: VA Media Analysis (b)(6) aptiveresources.com>
Sent: Wednesday, August 26, 2020 5:05:37 AM
To: VA Media Analysis (b)(6) @aptiveresources.com>
Subject: [EXTERNAL] 26 August Veterans Affairs Media Summary and News Clips

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

If you wish to be added to the distribution list, please reply to (b)(6) *@aptiveresources.com and we will direct your request to the appropriate person. Thank you.*

VA Media Analysis

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1. Top Stories

Coronavirus / COVID-19

1 - Military Times: Veterans Affairs has now reported more than 50,000 coronavirus cases (25 August, Leo Shane III, 2.3M uvm; Vienna, VA)
The Department of Veterans Affairs on Tuesday surpassed 50,000 coronavirus cases among its patients since the start of the pandemic in March, with more than half of those positive tests coming in the last 50 days alone. Despite the milestone, the department has seen a significant decrease in its number of active coronavirus cases in recent weeks.

Hyperlink to Above

2 - WRC (NBC-4, Video): Maryland Veterans Home Emerging From COVID-19 Crisis (25 August, Scott MacFarlane, 1.2M uvm; Washington, DC)
A major state assisted living and nursing center for military veterans is emerging from the depths of a COVID-19 outbreak, according to records and interviews conducted by the News4 I-Team. The Charlotte Hall Veterans Home in St. Mary's County, Maryland, suffered at least 60 resident deaths and required the quarantine of at least 60 staffers during an outbreak of the virus in late spring.

Hyperlink to Above

3 - The Record (Video): Opinion: We demand accountability after the Paramus Veterans Home crisis (25 August, Reps. Bill Pascrell (D-N.J.) and Josh Gottheimer (D-N.J), 489k uvm; Woodland Park, NJ)
Months after the first reports of the COVID-19 outbreak that devastated the state-run Paramus Veterans Home, our veterans and their loved ones deserve more than our sympathy. They deserve complete action and accountability for failure to follow commonly accepted protocols, starting with the immediate resignation of the Paramus Veterans Home CEO.

Hyperlink to Above

4 - Muskogee Phoenix: Our View: Thankful for VA employees helping others (25 August, 49k uvm; Muskogee, OK)
Muskogee should be so proud of the staff with the Eastern Oklahoma VA Health Care System. The Claremore Veterans Center saw spikes in COVID-19 cases for veterans and for their staff. The EOVAHCS responded in several ways.

Hyperlink to Above

1.1 - Dayton Daily News: Dayton VA's record 'incredible' when it comes to coronavirus response, top leader says (24 August, Sec. Robert Wilkie, 659k uvm; Dayton, OH)
Dayton is one of the original three sites chosen to host a National Home for Disabled Volunteer Soldiers, an organization that eventually became today's Department of Veterans Affairs. It's no surprise the Dayton VA Medical Center was prepared to care for Veterans when COVID-19 emerged. During my recent visit, I saw that this VA facility was able to enlist the expertise of its team of professionals to save lives, and the numbers prove it.

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Hyperlink to Above

1.2 - FOX News (Video): USPS delays endanger 14M who won't get medications on time (25 August, Vandana Rambaran, 72.4M uvm; New York, NY)
Democratic lawmakers are urging the Senate to agree to $25 billion of funding approved by the House for the U.S. Postal Service, arguing that more than 14 million people won't receive their medications on time if heavy delivery delays continue.

Hyperlink to Above

1.3 - Military Times: Huge slate of veteran suicide prevention measures set for debate next month (25 August, Leo Shane III, 2.3M uvm; Vienna, VA)
Democratic leaders of the House Veterans' Affairs Committee this week announced plans to mark up a hefty slate of suicide prevention bills early next month as Senate lawmakers and administration officials lament that already existing solutions to the problem aren't moving fast enough through Congress.

Hyperlink to Above

1.4 - Stars and Stripes: Trump's VA accountability office has recommended discipline for seven leaders since 2018 (25 August, Nikki Wentling, 1.7M uvm; Washington, DC)
An office created by President Donald Trump to root out poorly performing Department of Veterans Affairs leaders has received thousands of complaints since 2018, has investigated 389 of them and has recommended disciplinary action against seven senior employees.

Hyperlink to Above

1.5 - Stars and Stripes: Army veteran's remains were lost in the mail for nearly two weeks (25 August, Steve Beynon, 1.7M uvm; Washington, DC)
For nearly two weeks, the family of deceased Army veteran Scott Egan did not know where his cremated remains were. Egan had died in St. Louis in July at a Department of Veterans Affairs hospital, according to a report from Fox61, a local Connecticut TV station, and for 12 days his remains remained missing until a postal worker drove two hours each way to deliver the veteran's ashes, once they were found.

Hyperlink to Above

2. Improving Customer Service

2.1 - NPR (Morning Edition, Audio): Veteran's Appendectomy Launches Excruciating, Months-Long Battle Over Bill (25 August, Elizabeth Lawrence, 45.3M uvm; Washington, DC)
Harness was uninsured for seven years before this incident. (Though he now has VA Health Care, he had initially avoided looking into VA Health Care because he felt "other vets needed it more.") His employer didn't offer insurance, and the Affordable Care Act plan he qualified for cost $350 a month — money he didn't have.

Hyperlink to Above

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2.2 - Connecting Vets: VA accountability office, meant to root out bad leaders, advised action against 7 since 2018 (25 August, Abbie Bennett, 10M uvm; Washington, DC)
A Department of Veterans Affairs office of accountability, established by President Donald Trump and hailed as one of his hallmark efforts to help veterans, has recommended action against seven leaders in the last two years.

Hyperlink to Above

2.3 - Connecting Vets: Lawmakers call on USPS Postmaster General to prioritize veterans, troops (25 August, Abbie Bennett, 10M uvm; Washington, DC)
Capitol Hill lawmakers are calling on the leader of the U.S. Postal Service to prioritize veterans and troops after reports of delays affecting mail-order prescriptions and other critical deliveries. In a letter sent this week to USPS Postmaster General Louis DeJoy, Senate Veterans Affairs Committee Chairman Jerry Moran, R-Kansas, asked that, as DeJoy considers reforms to the Postal Service, he ensure that mail-order prescription deliveries remain a top priority.

Hyperlink to Above

2.4 - Connecting Vets: Post office finds cremated remains of veteran after 12 days (25 August, Julia LeDoux, 10M uvm; Washington, DC)
A Connecticut woman said her veteran brother's cremated remains went missing for 12 days after she tried to mail them to her sister. Jean Egan told news outlets on Aug. 21 that she had tried to mail the remains of Scott Egan to her sister in Maryland on Aug. 7, the Journal Inquirer reported.

Hyperlink to Above

2.5 - Connecting Vets: Veterans Affairs hospitals surpass 50,000 COVID-19 cases, 500 deaths in August (25 August, Abbie Bennett, 10M uvm; Washington, DC)
The Department of Veterans Affairs surpassed 50,000 total cases of the coronavirus Tuesday evening and has added more than 500 deaths from the fast-spreading virus so far this month -- the most since May. VA officials recorded 50,001 total COVID-19 cases Tuesday evening. More than half of the total number of positive coronavirus cases at the department came in the last two months.

Hyperlink to Above

2.6 - WBTV (CBS-3): Salisbury VA Medical Center's nursing home continues to perform at a 5-star level (25 August, David Whisenant, 1.5M uvm; Charlotte, NC)
The Community Living Center (CLC) at the W.G. (Bill) Hefner VA Medical Center continues to provide care for veterans at an outstanding level, according to a press release, maintaining a five-star rating for the second quarter of fiscal year 2020.

Hyperlink to Above

2.7 - Modern Healthcare: Opinion: Protect the critical roles the Postal Service plays (25 August, 370k uvm; Chicago, IL)
We are writing as a diverse group of women healthcare leaders who represent medicine, nursing, hospitals, health systems, research, policy and finance. Healthcare is our industry, our professional identity and our life's work. The health of American families is the cornerstone of our collective mission, vision and values.

AMERICAN OVERSIGHT

Hyperlink to Above

2.8 - Nevada Current (States Newsroom): **'Extremely frustrating' mail delays for prescriptions hit veterans, rural areas** (25 August, Jacob Fischler, 72k uvm; NV)
Jan Stowe, a Vietnam War veteran from Traverse City, Mich., says she was unable to move her head and neck for several days last month after going without medication to treat extreme muscle spasms. Stowe, a Department of Veterans Affairs patient who receives her medication through the U.S. Postal Service, said in an interview with States Newsroom that she missed four or five days taking her prescription for diazepam, commonly marketed as Valium, because of mail delays.

Hyperlink to Above

2.9 - Times-Herald: **Fires put stress on Vallejo-area veterans. Fairfield VA at Travis Air Force Base closed for now** (25 August, Richard Freedman, 69k uvm; Vallejo, CA)
The year was already bad enough for veterans. Now the fires. "As if economic, unemployment, social, educational and community disruptions brought by COVID are not enough, these wildfires are adding more major stressors," said veterans advocate, Ret. Col. Nestor Aliga of Vallejo.

Hyperlink to Above

2.10 - Jackson Star-News: **Disabled Veteran of the Year battles to save others** (25 August, Suzette Lowe, 13k uvm; Ripley, WV)
In 2001, at the age of 22, Adam Dean Greathouse thought his life was over. He had family who loved him, children who needed him. But in his mind, his purpose and plan for his life was gone. That year, the E-4 corporal in the United States Army who was deployed to Kosovo, suffered a chemical burn that ate holes in his lungs.

Hyperlink to Above

2.11 - WOAY (ABC-50, Video): **Beckley VA Medical Center recognized nationally for patient experience** (25 August, Jacob Comer, 2k uvm; Oak Hill, WV)
The Beckley VA Medical Center has been recognized as a top nationwide hospital for patient experience. The VAMC was rated by the Hospital Consumer Assessment of Healthcare Providers and Systems. They're a nationally-recognized hospital assessor that uses patient surveys to rate medical centers.

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2.12 - Knowable Magazine: **Caring for the carers** (25 August, Katherine Ellison, Palo Alto, CA)
Nearly four years after her longtime partner's death, Michelle Murphy still wakes at night in a panic, imagining that she forgot to help him breathe. At 61, Jeffrey Senne was diagnosed with amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease. Murphy had become his main financial support and caregiver in their woodsy Northern California home, and ended up devoting 11 years to looking after him.

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3. **Business Transformation**

4. **DOD Cooperation / Electronic Health Records / MISSION Act Implementation**

4.1 - EHR Intelligence: VA Integrates Patient Scheduling EHR Tool as EHRM Feature (25 August, Christopher Jason, 31k uvm; Danvers, MA)
The US Department of Veterans Affairs (VA) has launched the Centralized Scheduling Solution (CSS), a new appointment scheduling EHR tool at the VA Central Ohio Healthcare System, as part of its Electronic Health Record Modernization (EHRM) endeavor.

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5. **Suicide Prevention**

6. **Women Veterans / Homelessness / Benefits / Cemeteries**

6.1 - Military.com: The VA Is Now Offering Transition Services Specially Tailored for Female Veterans (25 August, Jim Absher, 5.6M uvm; McLean, VA)
The Department of Veterans Affairs is teaming up with the Department of Defense to offer Women's Health Transition Training (WHTT) for female service members who are transitioning to civilian life.

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6.2 - Lincoln Journal Star: Editorial: Another victory for developing Victory Park (26 August, Editorial Board, 807k uvm; Lincoln, NE)
Go forward, go fast," Lancaster County Commissioner Deb Schorr said of a plan to move services for area senior citizens from the downtown Aging Partners facility to Victory Park, the evolving Veterans Affairs Hospital grounds.

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6.3 - WLBT (NBC-3, Video): VA helps homeless veterans to find a place of their own (25 August, Roslyn Anderson, 481k uvm; Jackson, MS)
Passing by a homeless person on the street you may not realize that many served this country in the military. PTSD and addiction have let some of them down paths they never imagined. The Veterans Affairs Administration is reaching out to help Mississippi's homeless veterans with treatment and a place to call home.

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6.4 - WALB (ABC/NBC-10, Video): VA medical center hosts drive-thru baby shower for 'warrior moms' (25 August, 189k uvm; Albany, GA)
The Malcom Randall Veterans Affairs (VA) Medical Center, in Gainesville, Fla., hosted a "Warrior Moms" baby shower where 24 moms attended the baby shower from all over, including both Florida and Georgia. Valdosta resident and Warrior Mom Samantha Corriell expressed her gratitude towards the VA and the Women Veterans Program for inviting her to the event.

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6.5 - KTEN (NBC-10, Video): Vets hit hard by COVID crisis (25 August, 141k uvm; Denison, TX)
There's been an sharp increase in the number of homeless veterans in Oklahoma since the start of the coronavirus pandemic. The KI BOIS Supportive Services for Veteran Families program, which serves 24 counties in southeastern Oklahoma, said demand for its services has surged nearly 50 percent. The organization received $560,000 from CARES Act funding distributed by the U.S. Department of Veterans Affairs.

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6.6 - WXPR (NPR-91.7): Northwoods National Cemetery Dedicated Aug. 14 (25 August, Ken Krall, Rhinelander, WI)
In a quiet ceremony August 14, the new Northwoods National Cemetery was dedicated in Harshaw west of Rhinelander. Under Secretary of Memorial Affairs Randy Reeves sent out a release Monday saying the dedication was before a few veterans and families because of concerns over a large crowd and COVID-19. Reeves said he regretted not being able to invite the many veterans and families.

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7. Other

7.1 - Forbes: Ten Ways Binge-Buying Bureaucrats Spent $91 Billion In A Year-End 2019 Shopping Spree (25 August, Adam Andrzejewski, 86.9M uvm; New York, NY)
Christmas comes in September, not December, for federal contractors. In the final month of the fiscal year, federal agencies scramble to spend the leftovers in their annual budgets. They worry that spending less than Congress appropriated this year will mean a thinner budget next year.

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7.2 - U.S. News & World Report (AP): 6th Circuit: OK to Ration Hepatitis C Treatment to Prisoners (25 August, Travis Loller, 27.4M uvm; Washington, DC)
In a split decision, a panel of the 6th U.S. Circuit Court of Appeals on Monday upheld Tennessee's rationing of life-saving hepatitis C drugs to prisoners as constitutional. The 2-1 decision found that officials did not act with deliberate indifference to prisoners' medical needs and it was reasonable to prioritize the sickest patients for treatment given the Tennessee Department of Correction's limited resources.

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7.3 - Military.com: Why Veterans Are Quitting Federal Jobs at Higher Rates Than Non-Vets (25 August, Richard Sisk, 5.6M uvm; McLean, VA)
Veterans leave their government jobs at higher rates than non-veterans due to a variety of issues, including dissatisfaction with the "meaningfulness" of the work, according to a new Government Accountability Office report. The study examined employment data from 2014-2018, before the COVID-19 pandemic put retaining a job at a premium

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7.4 - Government Executive: GAO: Federal Agencies Lag in Retaining Veteran Employees (25 August, Erich Wagner, 819k uvm; Washington, DC)
The Government Accountability Office last week reported that although agencies in recent years have improved in their efforts to hire veterans, they have struggled to retain those employees at the same rate as non-veteran workers. Since a 2009 executive order aimed at boosting veteran hiring in the federal government, agencies have boosted the ratio of veterans in the workforce from 26% to 32% in 2017.

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7.5 - Nextgov: VA Awards Sole Source Contract to Upgrade, Automate Its COVID-19 Visualization Tool (25 August, Aaron Boyd, 119k uvm; Washington, DC)
The Veterans Affairs Department is using a specific data visualization tool in its fight against the COVID-19 pandemic and recently awarded a $1.5 million sole source contract to upgrade and automate the software.

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1. Top Stories

Coronavirus / COVID-19

1 - Military Times: **Veterans Affairs has now reported more than 50,000 coronavirus cases**
(25 August, Leo Shane III, 2.3M uvm; Vienna, VA)

The Department of Veterans Affairs on Tuesday surpassed 50,000 coronavirus cases among its patients since the start of the pandemic in March, with more than half of those positive tests coming in the last 50 days alone.

Despite the milestone, the department has seen a significant decrease in its number of active coronavirus cases in recent weeks. As of Monday evening, 137 VA hospitals were monitoring 3,942 current cases of the fast-spreading illness, a drop of about 32 percent in the last month.

VA officials have said that they do not consider the active-case counts or the cumulative coronavirus totals as appropriate measures of the spread of the illness, and point instead to the hospitalization rate among patients with positive tests.

So far in August, about 15 percent of all patients who test positive for coronavirus have required hospitalization. That's the lowest rate in the last five months. In July, the figure was 17 percent. In the prior four months, the figure topped 20 percent.

Currently only two department sites — one in North Chicago, one in Gainesville, Fla. — have reported more than 100 active coronavirus cases on campus. That number was as high as 14 late last month.

Of the 50,000-plus cases among VA patients in the last six months, about 87 percent of the cases were veterans. The remainder are a mix of dependents, military personnel, VA employees and community members receiving care at veterans hospitals as part of the department's federal mission to serve as a backup health system for the nation.

At least 2,636 VA patients have died from the illness since March 18. More than 520 of those deaths were in August so far, making it the deadliest month for virus patients in the system since May, when 740 deaths were recorded.

In June and July, that number did not top 500. The department is on pace to hit nearly 650 in August alone.

Along with the patient deaths, the department has seen 49 fatal cases of the virus among its employees. All but nine of those occurred before July 9.

The decrease in active cases and increase in fatalities comes as large sections of America are seeing similar trends after a summer spike in coronavirus transmissions, particularly in the south and west.

More than 176,000 Americans have died from complications related to the virus in the last six months.

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VA officials have said they are preparing for the possibility of another surge in cases this fall, in line with predictions from national health experts.

But the department has also worked to reopen many medical care sites to non-emergency patients, staff and visitors in recent weeks, in an effort to return to normal operations.

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2 - WRC (NBC-4, Video): Maryland Veterans Home Emerging From COVID-19 Crisis (25 August, Scott MacFarlane, 1.2M uvm; Washington, DC)

A major state assisted living and nursing center for military veterans is emerging from the depths of a COVID-19 outbreak, according to records and interviews conducted by the News4 I-Team.

The Charlotte Hall Veterans Home in St. Mary's County, Maryland, suffered at least 60 resident deaths and required the quarantine of at least 60 staffers during an outbreak of the virus in late spring.

Staffing shortages and personal protective equipment shortages grew so severe during the peak of the crisis, the U.S. Department of Veterans Affairs provided emergency federal help to serve residents and contain the outbreak. The VA serves as the emergency backstop for private and community medical centers during calamities and pandemics and was called upon to help Charlotte Hall respond to the virus.

The Charlotte Hall facility, which serves approximately 160 veterans with assisted-living care and 280 veterans with skilled nursing care, sits on 126 acres in St. Mary's County. It offers deeply discounted services for the state's military veterans.

As COVID-19 spread in the complex, operators shut down units and worked to isolate infected patients and quarantine infected staff. As cases increased, staff levels dropped.

Charlotte Hall officials told the News4 I-Team the VA sent 18 nurses to work 12-hour shifts during late May and early June as coronavirus cases mounted. The agency's nurses were deployed from West Virginia and Pennsylvania, an agency spokesperson told the I-Team.

Maryland Secretary of Veterans Affairs George Owings said the federal VA sent "large numbers of personal protective equipment," including masks and gowns to help Charlotte Hall remain stocked as it responded to the virus.

"We sent a safety team to fit (Charlotte Hall employees) N95 masks and we sent supply teams to see how they were stocking and ordering equipment they needed for the staff," said Michael Heimall, director of the Washington DC VA Medical Center.

Robert Walton, head of a Mid-Atlantic regional office of the U.S. Department of Veterans Affairs, said emergency support will remain available if other medical facilities suffer shortages amid the pandemic. "We have surge beds available and if facilities need our support, we're ready to help them in any way that we can," he said.

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Charlotte Hall officials told the I-Team they have rebounded from the depths of the crisis. As of late August, a spokesman said the facility had zero positive COVID-19 tests. He said the facility significantly reduced visitation and isolated patients beginning in mid-March.

Gabi Mecca, whose husband was a patient and died from a non-COVID-19 cause in late April, said she was only permitted to visit her husband in-person during his final days, while in hospice care.

Mecca said the restrictions were warranted, considering the scope and size of the risk. "Charlotte Hall did a selfless act, to keep on trucking during this time," she said.

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3 - The Record (Video): Opinion: We demand accountability after the Paramus Veterans Home crisis (25 August, Reps. Bill Pascrell (D-N.J.) and Josh Gottheimer (D-N.J), 489k uvm; Woodland Park, NJ)

Months after the first reports of the COVID-19 outbreak that devastated the state-run Paramus Veterans Home, our veterans and their loved ones deserve more than our sympathy. They deserve complete action and accountability for failure to follow commonly accepted protocols, starting with the immediate resignation of the Paramus Veterans Home CEO. With flu season right around the corner, we need to have full confidence that our long-term care facilities, like the Veterans Home, will take every step possible to protect our seniors.

In April, when we first learned of the rapid spread of the virus at the state facility, and more than 30 veterans had died in a matter of weeks, we didn't hear from facility administrators or leadership, but from families who were worried sick about the safety of their loved ones.

That was heartbreaking and unacceptable. We both requested immediate support from the Secretary of the Department of Veterans Affairs to assist the facility, and demanded a federal investigation by the Department's Inspector General into what went wrong. At our urging, 56 VA personnel and 65 NJ National Guard members would be sent to the home, helping stem the tide of the outbreak. The National Guard arrived within hours, and the VA sent medics days later.

At one point, as many as 98% of residents had either tested positive for COVID-19, were awaiting test results, or were already hospitalized. In total, eighty-one residents and veterans in Paramus — who proudly served our country with honor — tragically died from the virus, as well as one caregiver. Because of disasters at the veterans homes in Paramus, Menlo Park, and other homes, New Jersey has more cases and deaths from COVID-19 in long-term care facilities of any state in the nation.

Earlier this month, we learned from a Centers for Medicare and Medicaid Services (CMS) federal inspection report just how bad things were at the state-run facility. Our veterans and the hard-working, compassionate caregivers weren't protected. For months, administrators and leadership failed to adequately protect residents and employees, while going silent as families searched for answers. The inspectors detailed shocking violations of health and safety measures, including a failure to maintain social distancing and to separate infected residents from the healthy, failure to ensure all residents wore masks, woefully inadequate amounts of PPE distributed to staff, lack of proper training for personnel, and a total breakdown in infection control procedures — including unsanitary practices in dining and other areas.

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One family of a misidentified 91-year-old Korean War veteran in the facility was told the resident no longer had a fever and was doing much better, when he had actually died hours earlier. Another 91-year-old veteran — who later died — shared a room with a fellow resident who had already tested positive, with only a curtain dividing them. And this past week's reporting on public inspection records confirmed just how rampant and deep the mismanagement ran at the facility and how administrators completely failed residents and staff.

That even some of this tragedy could've been avoided is an outrage. Yet, to date, no penalties have been issued, and the CEO of the facility remains in charge.

Enough is enough. What should real accountability entail?

First, the New Jersey Department of Military and Veteran Affairs must take full responsibility for the failure to contain the virus, both through preventative measures and once the outbreak began in the facility. That is why we have demanded the immediate resignation of the home's CEO. But residents and veterans were not let down by just one administrator, but by an entire lack of leadership. Senior leaders at the department, including the director of the Division of Veteran's Healthcare Services, must answer for why they failed to prepare the facility for an outbreak, and did not have or request adequate supplies of masks and face coverings required to protect residents and staff.

Second, the State Legislature must follow-through on its promise to fully investigate the failure, without fear or favor. We applaud state Sen. Vin Gopal, chairman of the New Jersey Senate Military and Veterans' Affairs Committee, as well as state Sen. Joseph Lagana, Assemblywoman Lisa Swain, and Assemblyman Chris Tully, for having echoed our call for increased transparency from DMVA leadership.

Third, we are actively working on increasing federal oversight of state-run veterans homes going forward. We recently demanded answers during a congressional hearing of the House Committee on Veterans Affairs to probe the crisis. At Paramus, the Centers for Medicare and Medicaid Services should reassess its decision to not impose penalties for any failure or noncompliance on its report from April. The VA should require inspection contractors to identify all failures to meet the VA's quality standards as deficiencies and list this information on the department's Access to Care website. We also demand to know why the Occupational Safety and Health Administration (OSHA) never followed-up on concerns from March regarding inadequate provision of PPE to staff members.

Finally, the state must come clean to lawmakers and the public. We wrote to the governor, health commissioner, and adjutant general in April, requesting a full briefing and detailed answers to our questions about the failures at the homes. In June, following the report from Mannatt Health, which failed to address the dire situation at state's veterans homes, we wrote an additional request for an update on testing and staffing levels.

To date, we have not received a written response to either letter from the authorities responsible for these facilities. Ultimately, the public deserves answers and the families should not have to sue the state to uncover the truth about what happened to their loved ones.

We are overdue for answers and accountability. The veterans whose untimely passing could have been avoided are no longer with us. It is a shame that the facility's administrator and leadership remain in charge. This facility needs a change in leadership to ensure that such a

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disaster never happens, with a second wave of the virus in the fall, or ever again — and that means, at the very least, the CEO of the Paramus facility must resign.

Bill Pascrell represents New Jersey's 9th Congressional District. Josh Gottheimer represents New Jersey's 5th Congressional District.

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4 - Muskogee Phoenix: **Our View: Thankful for VA employees helping others** (25 August, 49k uvm; Muskogee, OK)

Muskogee should be so proud of the staff with the Eastern Oklahoma VA Health Care System.

The Claremore Veterans Center saw spikes in COVID-19 cases for veterans and for their staff. The EOVAHCS responded in several ways.

EOVAHCS Engineering staff converted the third floor of the facility to a negative pressure COVID-only ward.

Employees volunteered to work with staff at the Claremore Veterans Center to help care for veterans.

Because many Claremore staff have been unable to work because they either tested positive or were awaiting results, EOVAHCS deployed more than 30 employees from various services to help out.

Mark Morgan, director of EOVAHCS, said he was proud of the employees who volunteered.

"My team brings a higher level of nursing care than is required in a nursing home setting but, in this situation, it is warranted as our veterans need more attention while they combat the COVID-19 virus," he said.

Ross Foote, chief of Inpatient Nursing at EOVAHCS, is one of those volunteers.

Many of the patients in Claremore are from Muskogee and are familiar with some of the staff at Jack C. Montgomery VA Medical Center.

These volunteers are risking their health, which is not something most people would be eager to do. As of Aug. 20, there had been 129 cases of COVID-19 and 36 deaths at the Claremore Veterans Center have been attributed to COVID-19.

We are so grateful that there are people ready to step up and work in these dangerous situations but are determined to help out our veterans who so desperately need them.

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1.1 - Dayton Daily News: **Dayton VA's record 'incredible' when it comes to coronavirus response, top leader says** (24 August, Sec. Robert Wilkie, 659k uvm; Dayton, OH)

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Dayton is one of the original three sites chosen to host a National Home for Disabled Volunteer Soldiers, an organization that eventually became today's Department of Veterans Affairs.

It's no surprise the Dayton VA Medical Center was prepared to care for Veterans when COVID-19 emerged. During my recent visit, I saw that this VA facility was able to enlist the expertise of its team of professionals to save lives, and the numbers prove it.

As so many health care systems have learned during the last several months, older populations are most vulnerable to the coronavirus. Dayton recognized this quickly and moved to test all patients and staff at the on-campus nursing home it operates, and limited access to that facility.

As a result of those efforts and the implementation of comprehensive safety protocols, only one resident at the Dayton VA nursing home has tested positive for COVID-19 as of mid-August. The one staff member who tested positive for the virus was quickly removed from the facility.

That's an incredible record, especially during a period of extreme uncertainty challenging other nursing homes across the country.

Similar care was taken inside the Dayton hospital, where 130 veterans and staff members tested positive for COVID-19, after more than 3,000 tests were administered.

The virus never overwhelmed the Dayton VA. As of early August, the facility was treating just one patient for COVID-19 and examining a few dozen others who were showing possible symptoms.

The ability of Dayton's staff to manage the virus allowed them to offer aid and assistance to its neighboring VA facilities as well as to local patients.

When medical masks were needed in the early days of the crisis, Dayton VA employees went to work constructing cloth masks that are still being used today by Veterans, employees and staff at other VA locations in Ohio.

When COVID-19 forced Dayton to close its food pantry, it turned that service into a drive-through facility that gave Veterans access to food and supplies[CS1] while minimizing contact with others.

An hour east, at the ambulatory care center in Columbus that I also visited, similar steps were taken to ensure VA staff could keep reaching out to Veterans through telehealth appointments and adding a curbside pickup option through its pharmacy. Columbus sent cards to Veterans who are at high risk of suicide so they could stay connected during these unprecedented times.

The Columbus facility also made sure it took care of its staff by creating a meditation room set up by its chaplain and encouraging yoga and exercise to destress.

When the history of VA's COVID-19 response is compiled, it will likely be examined in Dayton. Last April, I authorized VA to build the National VA History Center in two buildings that were constructed soon after President Lincoln called on America to "care for him who shall have borne the battle, and for his widow, and his orphan."

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During my recent visit, I stood in front of the old headquarters building for the central branch of the National Homes for Disabled Volunteer Soldiers which was built in 1871. I also saw the old clubhouse, built in 1881, where Veterans had a place to play cards or chess, to write and read and to meet with visitors while they recuperated.

I was reminded the early success seen in Dayton is what gave America confidence the government could play a role in fulfilling Lincoln's charge to the nation.

After years of delay, we are finally on the road to creating a public exhibit to tell the story of how we evolved into the modern VA, along with an archive space that will help VA organize documents and materials to publicize this important story.

Dayton is not only an important part of that history — it will be a destination for anyone studying the history.

America is built upon equality and freedom and it is blessed that so many of her citizens volunteer to wear the uniform and defend these ideals. In Dayton these veterans are served by a VA that has answered Lincoln's call and will soon be served by a VA that tells the story of how America has cared for them since Lincoln spoke 155 years ago and counting.

Robert Wilkieis the 10th Secretary of Veterans Affairs.

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1.2 - FOX News (Video): USPS delays endanger 14M who won't get medications on time
(25 August, Vandana Rambaran, 72.4M uvm; New York, NY)

Democratic lawmakers are urging the Senate to agree to $25 billion of funding approved by the House for the U.S. Postal Service, arguing that more than 14 million people won't receive their medications on time if heavy delivery delays continue.

In the midst of the coronavirus pandemic, which has infected and killed more people in the U.S. than any other nation, consumers are relying heavily on the postal service to deliver medications when they can't leave their homes. Many, however, have reported having to go days without prescriptions because of late mail.

"Ninety percent of veterans get the VA prescriptions by the mail," Sen. Dick Durbin, D-Il., said, referring to the Department of Veterans Affairs. "With so many patients postponing healthcare appointments due to COVID-19, opting to get their prescriptions delivered by mail, the timely delivery of that mail is critically and personally important."

According to research by the Kaiser Family Foundation, more than 14 million people received mail-order prescriptions through Medicare and private insurance as of 2018. An additional 330,000 veterans receive medications each day through the mail, according to ConnectingVets.com.

Senate Majority Leader Mitch McConnell, a Kentucky Republican, has pledged not to a pass a bill funding only the postal service, however, and President Trump has threatened to veto the House measure. Members of the GOP-led Senate have said there's no need for legislation that's essentially a reversal of cost-cutting measures by the post office.

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The bill would also halt mail delays until at least next year, as concerns regarding mail-in ballots mount ahead of the November election.

The ruckus over the postal service was triggered by initiatives under new Postmaster General Louis DeJoy, a fundraiser for Trump, who slashed overtime for workers and took other measures that slowed mail services, prompting speculation that his actions were an attempt to support Trump's opposition to mail-in ballots.

DeJoy, who took the position in June, has said he would postpone implementing his new policies until after the election "to avoid even the appearance of any impact on election mail," but health officials are still concerned.

In Cook County, Ill., home to the city of Chicago, "patients have experienced major delays in mail deliveries for their needed daily medication prescriptions due to the U.S. Postal Service's cutbacks. We are worried about people being able to receive their medications on time without disruption," Dr. Claudia Fegan, the chief medical officer of the Cook County Health Department, said at a news conference on Facebook Live.

"Our patients are seniors. They're veterans. They are people who have mobility and transportation issues, and are at higher risk for COVID-19."

Prior to March, fewer than 1% of the 20,000 prescriptions that Cook County Health fills each month were delayed; that number jumped to 23% in July, Fegan said.

"We have some ZIP codes where 50% of our mail order prescriptions were delayed," she added.

The postal service manages 1.2 billion prescription drug shipments a year amounting to roughly 4 million each day, six days a week, the National Association of Letter Carriers reported earlier this year.

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1.3 - Military Times: **Huge slate of veteran suicide prevention measures set for debate next month** (25 August, Leo Shane III, 2.3M uvm; Vienna, VA)

Democratic leaders of the House Veterans' Affairs Committee this week announced plans to mark up a hefty slate of suicide prevention bills early next month as Senate lawmakers and administration officials lament that already existing solutions to the problem aren't moving fast enough through Congress.

The conflict leaves congressional efforts on suicide prevention muddled at a time when outside advocates had hoped for more deliberate action on the issue, following the White House's own delayed push on the topic earlier this summer.

Earlier this month, the Senate unanimously passed the Commander John Scott Hannon Veterans Mental Health Care Improvement Act, which includes a new grant program to encourage collaboration with community organizations on suicide prevention, new hiring rules to

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quickly fill mental health staffing gaps at the Department of Veterans Affairs, and a host of new data requirements to better track potential causes of suicide.

According to VA statistics, about 20 veterans and active-duty service members die by suicide each day, a number that has remained largely unchanged in recent years despite considerable efforts aimed at increasing outreach to at-risk veterans.

Several prominent veterans groups and House Republicans have pushed for immediate consideration of the Hannon bill, calling it an critical need. The newly-announced committee hearing, scheduled for Sept. 10, will cover that bill as well as parts of 31 other proposals on the topic. Most of the new proposals have been rolled out since the start of July.

Typically, those kind of mark-up events cover only about a dozen pieces of legislation, but the shortened legislative schedule due to the looming November elections have added extra work — and urgency — to the schedule.

“If we’re serious about reducing veteran suicide, we need sweeping legislative action backed up by mental health experts and veteran stakeholders that addresses recommendations from the PREVENTS Task Force and Department of Defense,” committee chairman Mark Takano, D-Calif., said in a statement.

“Never before has this Committee advanced monumental veterans policy without first fully understanding what it will cost American taxpayers, and more importantly, what impact incomplete legislative efforts could have on veterans’ lives. We are committed to ensuring VA provides high quality and timely care and benefits to our nation’s veterans.”

House leaders have expressed concerns that the Senate bill — which itself took more than a year to advance out of that chamber — omits several key topics like firearms safety among veterans, targeted care for minority veterans groups and additional requirements on mental health grants to ensure that outside groups are providing worthwhile resources.

But supporters worry that work is unnecessarily slowing down the Senate package, which they see as critical in addressing suicide prevention.

“This bill alone won’t end the tragedy of veteran suicide, but it is an undoubtedly important next step that will save lives,” committee ranking member Phil Roe, R-Tenn., said in a letter to House leadership last week. “We should take it without hesitation and then we should get back to work.”

In a conference call with veterans groups on Monday, VA Secretary Robert Wilkie — who has voiced strong support for the suicide prevention grant program and publicly sparred with House Veterans’ Affairs Committee leaders — said he is pessimistic about the chances of passing the Hannon bill this year given the recent lack of legislative progress.

In June, the White House unveiled the results of its 15-month push on the issue, the President’s Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) which is designed to bring together a host of federal government and community efforts on the issue.

It called for more federal coordination with community providers on mental health outreach, promotion of “safe storage” programs for firearms owners and a public awareness campaign on

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suicide prevention set to launch this fall. House lawmakers have noted that several of the White House's stated goals aren't included in the Senate bill.

Takano called the Hannon bill — which received strong support from Senate Democrats — "a promising start" but said House lawmakers "must complete the work necessary to tackle this crisis" before finalizing any plans.

If House lawmakers advance suicide prevention legislation this fall, it will come in a shortened window of congressional work. Lawmakers are scheduled to head to Capitol Hill for most of September but return to their home districts for most of October and November, giving Congress only a few working weeks to finalize a bill before the end of 2020.

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1.4 - Stars and Stripes: Trump's VA accountability office has recommended discipline for seven leaders since 2018 (25 August, Nikki Wentling, 1.7M uvm; Washington, DC)

An office created by President Donald Trump to root out poorly performing Department of Veterans Affairs leaders has received thousands of complaints since 2018, has investigated 389 of them and has recommended disciplinary action against seven senior employees.

The VA Office of Accountability and Whistleblower Protection substantiated six allegations of misconduct and one instance of whistleblower retaliation, according to its annual report, which was shared with Congress this week. In at least one case, however, no disciplinary action was taken.

The report highlights the office's work over 19 months, from October 2018 to May 2020.

Trump created the office in 2017, fulfilling a campaign promise to make it easier to say, "You're fired," to VA workers. He often touts the office as one of his biggest achievements, and it's being highlighted as a reason to reelect him. During the Republican National Convention on Monday, Natalie Harp, a member of Trump's campaign advisory board, said if Trump hadn't been elected, "there would still be no accountability at the VA."

Of 3,463 complaints submitted to the office from October 2018 to May 2020, 389 cases were determined to be in its purview. The office investigates matters against VA leaders or supervisors suspected of breaking the law, abusing their authority or endangering veterans, among other things.

The office substantiated allegations against seven employees and recommended to top VA officials that they be disciplined. It was unsure Tuesday whether the employees in some of the cases were disciplined and to what extent.

While the report didn't include the employees' names, it detailed four of the cases. In one, the office recommended a demotion for the chief of staff of a VA medical center because the chief of staff failed to separate an employee from a suspected sexual harasser. The medical center followed through on the recommendation and the employee was demoted.

In another instance, a chief of staff at a VA hospital closed a surgery center without ensuring veterans could receive care elsewhere. The office determined it was a neglect of duty that

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potentially endangered veterans' care. However, the hospital didn't follow the office's recommendation that the chief of staff be suspended.

An investigation by the office led to the removal of two senior executives because of discrimination, the report states. The office also found that a hospital supervisor had retaliated against a whistleblower by recommending they be fired. The supervisor had left his or her VA position before any disciplinary action could be taken.

While the office investigated 389 allegations in the past 19 months, much of its time was spent fixing problems with the office that existed since its outset. The VA Office of Inspector General revealed last year that the office took "troubling" actions, was confused about its mission and retaliated against those it was tasked to protect.

The IG accused the former directors of the office, first Peter O'Rourke and then Kirk Nicholas, of "leadership failures" that led to "significant deficiencies" in how it operated. The IG found cases of limited and one-sided investigations that had a "chilling effect" on other whistleblowers' willingness to come forward.

The current director of the Office of Accountability and Whistleblower Protection, Tamara Bonzanto, was appointed in January 2019. In a preface to the report, she wrote the office has "undergone a radical transformation." Bonzanto established new policies, improved investigations and increased training, she said.

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1.5 - Stars and Stripes: Army veteran's remains were lost in the mail for nearly two weeks
(25 August, Steve Beynon, 1.7M uvm; Washington, DC)

For nearly two weeks, the family of deceased Army veteran Scott Egan did not know where his cremated remains were.

Egan had died in St. Louis in July at a Department of Veterans Affairs hospital, according to a report from Fox61, a local Connecticut TV station, and for 12 days his remains remained missing until a postal worker drove two hours each way to deliver the veteran's ashes, once they were found.

His sister Jean Egan said she tried to mail his ashes from her home in Connecticut to her sister in Maryland with expedited two-day delivery through the U.S. Postal Service. But her brother's remains never arrived.

The Postal Service has yet to provide the family with a reason for the delay, Egan said in the Fox61 report. Postal Service officials also did not respond Tuesday for a request for comment.

"If Postmaster General [Louis] DeJoy cannot do his duty to the American public, and military families like mine, then he should be removed from his post," Egan said Friday during a news conference in New Haven alongside Sen. Richard Blumenthal, D-Conn.

Egan spoke with reporters along with Blumenthal as DeJoy prepared to face House Oversight Committee Democrats on Monday on whether recent delays in postal services and cuts to postal workers' overtime will hinder the presidential election in November.

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"I think the postmaster general owes the Egan family an apology," Blumenthal said during the news conference. "And he ought to do it right now."

The Postal Service has come under fire recently following reports of delayed mail deliver, funding concerns and President Donald Trump's comments that mail-in voting leads to fraud and warning of a "rigged" election.

On Monday, DeJoy rejected accusations from House Democrats that he has taken inappropriate actions to sabotage the postal service ahead of the election. Some Democrats contended that since DeJoy has taken his position running the Postal Service, he has weakened the service's capacity to handle mail-in ballots. Trump appointed DeJoy, a former fundraiser for the Republican National Convention, to the job recently as the coronavirus pandemic threatened the Postal Service's financial viability.

"With the cutbacks, I learned with the removal of automated equipment that every parcel had to be hand scanned," Egan said. "It took five days to scan my brother's remains into the system."

Disabled American Veterans, a national veterans organization, also sounded the alarm last week over cutbacks to USPS has delaying prescription deliveries from the Department of Veterans Affairs. The VA fills 80 percent of its prescriptions by mail — about 120 million prescriptions per year arriving daily to 330,000 veterans.

The VA denies significant issues with delivery, but the department told Disabled American Veterans that it has detected hot spots with delivery delays, including Detroit, Arizona and parts of New York and New Jersey. In areas with delays, the agency has switched to other delivery services, such as Federal Express and UPS.

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2. Improving Customer Service

2.1 - NPR (Morning Edition, Audio): Veteran's Appendectomy Launches Excruciating, Months-Long Battle Over Bill (25 August, Elizabeth Lawrence, 45.3M uvm; Washington, DC)

In late August 2019, Shannon Harness awoke to serious pain in the lower right side of his abdomen — a telltale sign of appendicitis.

Harness booked it to the emergency room of the only hospital in the county: Heart of the Rockies Regional Medical Center in Salida, Colo. After a CT scan, doctors told Harness he had acute appendicitis and required immediate surgery.

A surgeon performed an appendectomy that night and released Harness the next day.

But a couple of days later, Harness felt sharp pains where his appendix had been. The pain grew until he was on the floor screaming.

"It was disturbing," says his partner Eliza Novick-Smith. "He has a pretty high pain tolerance," given previous injuries from military service and mountain biking.

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Harness went back to the hospital, where another CT scan revealed a blood clot the size of a brick floating in his pelvic area, a rare complication that most likely came from clipping and stapling the appendix tissue in the first surgery, his surgeon says. Harness would need another operation to check for the source of bleeding and to remove the clot.

After four more days in the hospital, he went home. It took him a couple of months to fully recover.

Then the bill came.

Patient: Shannon Harness, 39, a Marine Corps veteran and an operations manager for a company that builds mountain bike trails across the United States. At the time of this incident, Harness had no insurance.

Total owed: The original hospital bill was $80,232 for both surgeries: The first surgery cost $35,906 and the clot surgery cost $44,326. This amount does not include payments to the surgeon, anesthesiologist, pathologist or radiologist.

Service provider: Heart of the Rockies Regional Medical Center, a nonprofit critical access hospital in Colorado, where the surgeries were performed. Anesthesia, radiology and pathology were performed by other providers.

Medical services: Laparoscopic appendectomy, followed by a second surgery a few days later, to resolve complications.

What gives: Uninsured patients are extremely vulnerable to exorbitant hospital bills. It's difficult to negotiate with a hospital without the leverage and bargaining power of an insurance company. Worse, uninsured patients are often billed three or four times what an insurer or government program would pay for the same service, says Anthony Wright, executive director of Health Access California, an organization advocating for affordable health care in California.

"As somebody who's uninsured, you are getting an unnegotiated rate," Wright says — a rate derived from the hospital's master price list. Insurers typically pay a rate that is a tiny fraction of that cost.

Harness was uninsured for seven years before this incident. (Though he now has VA Health Care, he had initially avoided looking into VA Health Care because he felt "other vets needed it more.")

His employer didn't offer insurance, and the Affordable Care Act plan he qualified for cost $350 a month — money he didn't have.

One option for uninsured patients is a hospital's financial assistance program, a requirement in some states. In Colorado, every hospital is supposed to have a comprehensive charity care program for uninsured patients that earn less than 250% of the federal poverty level.

Heart of the Rockies hospital determines financial assistance on a sliding scale of family size and income. They also offer a self-pay discount of 15% to uninsured patients. Harness said the hospital's financial services office initially told him he was ineligible for their assistance program as well as the Colorado Indigent Care Program. Harness had worked overtime the previous

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month and missed the qualification by around $200. The hospital would use only his past two pay stubs to verify his income, he says.

The hospital wouldn't answer any questions about Harness' care or bills, even though he gave it permission to do so.

Another quirk of the U.S. health care system that Harness encountered is that when surgeries don't go as planned, and need revision with another operation, the patient (or his insurer) typically pays again. Medicare and some insurers have experimented with "bundled payments," through which the hospital gets a set fee for the surgery and any follow-up care for 90 days thereafter.

Resolution: Harness filed a grievance with the hospital with the help of Novick-Smith, who is a lawyer, to push back on the bills for the two surgeries — $35,906 for the first and $44,326 more for the second —and express concerns with the quality of care.

Healthcare Bluebook, which estimates costs based on insurers' claims data, says a fair price for an appendectomy in Salida is around $12,600. Dr. Gina Adrales, director of minimally invasive surgery at Johns Hopkins Medicine in Baltimore, says the complication Harness experienced is not common. The complication rate for an appendectomy is fairly low, she says.

In November, the hospital decided to give Harness a 30% discount for both surgeries — leaving him with a still hefty bill of $56,162.40.

The couple followed up repeatedly with the hospital for months, often finding representatives "hard to reach." More than six months later, in March, the hospital told Harness he would have to pay for the second surgery because it was a risk he accepted by agreeing to the appendectomy.

Adam Fox, director of strategic engagement at Colorado Consumer Health Initiative, says it's "especially important" to push back on bills resulting from surgical complications. "It usually indicates that something didn't go right in the first surgery and at least that second surgery should be provided at a substantially reduced cost to the individual," he says.

By May, the hospital gave in. Lesley Fagerberg, Heart of the Rockies' vice president of financial services, wrote a response to Harness' grievance, reducing the total bill by roughly the amount charged for the second surgery. But she didn't explain how the hospital had come to that decision.

"Unfortunately, there was a complication in your appendectomy surgery," Fagerberg wrote. "As explained in the consent to treat, a surgery/procedure has inherent risk. Your case has been reviewed and the total bill has been reduced by $31,218.60."

Harness' final bill from the hospital, Fagerberg wrote, stands at $22,304.17 after adjustments that included a self-pay discount.

Harness and Novick-Smith said that still seemed too high to them, and after some research, offered to pay the hospital $12,000 upfront. The hospital rejected this offer.

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Now, Harness is working out a payment plan with the hospital. The hospital offers an interest-free payment plan if he can pay it off in two years, but for Harness, those monthly payments would be more than his rent.

"I would not be able to do it by myself — I wouldn't have another choice other than taking out a loan," Harness says. "Before the appendectomy, I was looking for property and homes to purchase and that is pretty much completely off the table right now."

Novick-Smith says she's glad the hospital ultimately wrote off the bill for the second surgery. But she still feels angry with the hospital.

"What feels particularly hard is that the hospital markets itself in our community as this vital community resource," she says, "and they provide a lot of jobs. Their lack of transparency and lack of communication with us made this all a whole lot worse, especially because there's nowhere else to go."

The takeaway: The United States health care system is not forgiving to the uninsured, who, paradoxically, often face the highest bills of all patients. The benefit of having insurance is in part that your plan pays much of the bill, but also that you get the benefit of being charged the plan's highly discounted rates. If your employer doesn't provide health insurance, check whether you're eligible for a public program, says Wright.

If you're uninsured and stuck with a huge bill, Fox says, the first step is to ask for an itemized bill to ensure it reflects the actual service you received. The next step is to check the hospital's charity care policy. Another resource uninsured patients can turn to are organizations like the Colorado Consumer Health Initiative.

"It's by no means a perfect solution because there's only so much that we can do to help consumers advocate for themselves in these cases, but we do our best," Fox says.

If all else fails, Wright says, it's best to put pressure on the hospital before they sell the bill to a collections agency. There's less room for negotiation once a bill goes to collections, Wright says. And if all else really fails, you could try calling the press.

Dan Weissmann, founder, reporter and producer of the Arm And A Leg podcast produced the radio version of this story.

Bill of the Month is a crowdsourced investigation by Kaiser Health News and NPR that analyzes medical bills. Do you have an interesting medical bill you want to share with us? Tell us about it.

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2.2 - Connecting Vets: **VA accountability office, meant to root out bad leaders, advised action against 7 since 2018** (25 August, Abbie Bennett, 10M uvm; Washington, DC)

A Department of Veterans Affairs office of accountability, established by President Donald Trump and hailed as one of his hallmark efforts to help veterans, has recommended action against seven leaders in the last two years.

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The VA Office of Accountability and Whistleblower Protection (OAWP) was intended to hunt down and remove bad leadership at the federal agency and has received thousands of complaints against VA leaders since 2018. So far, the office has investigated 389 of those complaints and recommended action against seven staffers in leadership roles.

In the OAWP's annual report to Congress this week, officials detailed investigations into allegations of misconduct and whistleblower retaliation linked to seven leaders. The report covers OAWP's work from October 2018 until May 2020.

The president established the OAWP in 2017, part of a vow to clean up VA, including making it easier to fire VA staff who don't fulfill their duties to veterans. The office is an accomplishment Trump has routinely touted, along with varying counts of the thousands of VA employees removed by the office. But most of those staffers have been lower-level VA employees. Few have been leaders.

The office has faced significant criticism in the past year. In October 2019, the VA Inspector General released a report calling OAWP a failure in its mission to protect whistleblowers. Whistleblowers alerted Congress that the office had not only failed to protect them but that in some cases, it retaliated against the people it was meant to shield. An Inspector General investigation and report released last year largely substantiated those allegations, showing the office conducted subpar investigations, had no standard operating procedure and may have actively targeted at least one whistleblower.

The office did, however, create a draft plan to more than double the number of executives it has, from nine to 19.

Of the 3,463 complaints OAWP received from October 2018 to May of this year, the office decided that 389 fell under its jurisdiction. Of those, OAWP investigators found evidence supporting allegations against seven and recommended that all be disciplined.

The seven leaders were not identified in the report, but investigators shared details about four of the cases.

In the first case, OAWP recommended a VA medical center chief of staff be demoted because they failed to "separate an employee from an alleged sexual harasser." Medical center leaders did demote the chief of staff based on OAWP's recommendation.

In another case, another VA hospital chief of staff shut down a surgery center without making sure veteran patients had another option for care elsewhere. OAWP ruled that the chief of staff neglected their duties and potentially endangered those veterans and recommended that the chief of staff be suspended. Hospital leaders did not follow that recommendation.

Two senior executives were removed because of discrimination substantiated by an OAWP investigation.

A VA hospital supervisor retaliated against a whistleblower, recommending that they be fired, another OAWP investigation revealed, but the supervisor left their VA position before action could be taken against them.

The report did not include full details on all seven, or if disciplinary actions were taken against all of them.

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Though the office has faced criticism from whistleblowers, veterans, lawmakers and advocates in recent years, the president and his supporters and appointees, including VA Secretary Robert Wilkie and his executive leadership staff, continue to promote it as a landmark accomplishment for the administration.

Tamara Bonzanto, appointed director of the OAWP in January 2019, said in the report that her office has "undergone a radical transformation" including new policies, better investigations and more training and accountability. "One theme is constant: accountability in VA matters," she wrote.

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2.3 - Connecting Vets: Lawmakers call on USPS Postmaster General to prioritize veterans, troops (25 August, Abbie Bennett, 10M uvm; Washington, DC)

Capitol Hill lawmakers are calling on the leader of the U.S. Postal Service to prioritize veterans and troops after reports of delays affecting mail-order prescriptions and other critical deliveries.

In a letter sent this week to USPS Postmaster General Louis DeJoy, Senate Veterans Affairs Committee Chairman Jerry Moran, R-Kansas, asked that, as DeJoy considers reforms to the Postal Service, he ensure that mail-order prescription deliveries remain a top priority.

"As you continue your work, I ask that you pay special attention to the relationship between the Department of Veterans Affairs (VA) and USPS, so that together, VA and USPS can continue and improve service to veterans across the country," Moran wrote. "The VA mail order pharmacies provide approximately 120 million outpatient prescriptions to veterans annually, totaling nearly 89 million packages. On a typical day, more than 330,000 veterans receive a VA prescription in the mail, and USPS is responsible for delivering almost 90% of them."

In a House Oversight Committee hearing on Monday, DeJoy said USPS was working to correct any delays in service.

"We are very concerned with the deterioration in service and we are working very diligently," DeJoy said. "We are focused on fixing it. We are starting to see a nice recovery ... We should have cleared it up quicker. We are focused on it ... We are concerned about every delivery that is late and we are working very, very hard to get it back on track,."

When asked if he knew how many veterans depend on USPS to deliver their prescriptions, DeJoy said he did not know.

Though DeJoy acknowledged delays in service, he largely did not take responsibility for them. He attributed most longer delays to the coronavirus pandemic and said recent changes he made were intended to ensure delivery trucks completed their routes on time.

"Theoretically, everyone should have gotten their mail faster," DeJoy told senators last week in a hearing where lawmakers shared stories of veterans waiting for their prescriptions to arrive.

"In light of the difficult environment, I urge you to remain mindful that ongoing management and operational reforms do not negatively impact important functions that VA and our veterans rely

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on," Moran wrote in his letter to DeJoy. "I ask that as operational changes are made, timely and reliable delivery of prescription drugs to veterans remains a priority."

Three days before his appearance in the Senate last week, DeJoy announced he planned to halt changes that some argued led to the reported mail delays, until after the November election.

Internal memos and USPS staff, including some veterans like Cole Butterfield, an Army vet and American Postal Workers Union leader in Oregon, said package delays, including veterans' prescriptions, were caused by new policies that discouraged overtime, meaning packages were left behind if they would delay carriers on their routes.

DeJoy, a top donor to President Donald Trump, took over USPS on June 15. DeJoy issued a memo during his first month leading USPS which mentioned the Post Office's continued financial struggles and announced new policies, including that the USPS would now accept delayed mail to save costs.

"One aspect of these changes that may be difficult for employees is that — temporarily — we may see mail left behind or mail on the workroom floor or docks (in Processing and Distribution Centers), which is not typical," the memo reads, adding that USPS should avoid overtime payments caused by "late and extra trips."

Connecting Vets first reported the delays affecting veterans, according to dozens of veterans and caregivers, VA pharmacy staff and pharmaceutical company leaders, on Aug. 5. By Aug. 21, more than 200 veterans and caregivers, along with dozens of VA employees, pharmaceutical leaders and USPS staff confirmed that Postal Service issues are delaying veterans' medications, sometimes by weeks. They provided documents showing medication shipping delays, internal memos and more.

The vast majority of Department of Veterans Affairs prescriptions are fulfilled by mail from a group of seven massive, automated hub pharmacies across the country, the Consolidated Mail Outpatient Pharmacy (CMOP) system. That centralized pharmacy system processes about 80% to 90% of all VA outpatient prescriptions and almost all (90%) of those are shipped through USPS. The other prescriptions are typically filled at local VA medical facilities.

VA's mail-order pharmacy system processes more than 120 million prescriptions per year, nearly half a million prescriptions daily and each working day, more than 330,000 veterans receive a package of prescriptions in the mail. Veterans who live further from VA medical facilities, especially in rural and remote areas of the country, often depend on mail-order prescriptions.

USPS is also one of the country's largest veteran employers, with nearly 100,000 veterans on staff (about 15% of the total USPS workforce). About 60% of the veterans working at USPS have a disability rating, the agency estimates.

VA prescriptions mailed by the U.S. Postal Service in the past year have seen delays of nearly 25%, the federal agency recently told Disabled American Veterans, and VA told Congress previously that to help mitigate delays, the department was forced to switch to alternative delivery services in some areas, such as UPS and FedEx, among other measures.

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"VA always encourages veterans to order routine prescriptions in advance" and the department "continually monitors prescription delivery times throughout the country and uses a variety of methods to ensure timely delivery, including in-person pharmacies, USPS and commercial carriers," VA Press Secretary Christina Noel told Connecting Vets.

Military families

In another letter to DeJoy sent last week, Senate Veterans Affairs Committee ranking member Jon Tester, D-Mont., led 28 other Democrat other senators in raising concerns about how operational changes at USPS could disproportionately harm deployed troops and their families.

USPS is the only service that can deliver to the Army and Fleet Post Office addresses used by the military overseas, and troops and their families stationed domestically also rely heavily on USPS. For many of them, absentee ballots are the only way they can vote.

"This population of Americans is disproportionately affected by any actions that restrict or delay the mail, which is sometimes the only reliable connection they have with loved ones during their military service," the senators wrote. "Service members rely on USPS for the delivery of medicines, ballots, bills and countless other pieces of vital mail.

"Even more alarming is the reality that service members depend on the mail to exercise their most important rights as American citizens: the right to vote. Absentee ballots are the only way that most of the military community can use their constitutionally protected right to cast a ballot. Making absentee voting more difficult disenfranchises the very Americans who serve and sacrifice on the front lines in defense of our right to vote and live in a democratic society – a cruel irony to our men and women in uniform that must be remedied immediately."

In recent Senate and House hearings, DeJoy has assured lawmakers that USPS has the funding and resources to ensure that election-related mail arrives on time, though he advised people to request and mail their ballots early.

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2.4 - Connecting Vets: **Post office finds cremated remains of veteran after 12 days** (25 August, Julia LeDoux, 10M uvm; Washington, DC)

A Connecticut woman said her veteran brother's cremated remains went missing for 12 days after she tried to mail them to her sister.

Jean Egan told news outlets on Aug. 21 that she had tried to mail the remains of Scott Egan to her sister in Maryland on Aug. 7, the Journal Inquirer reported.

Egan told the Connecticut Post that she mailed the package with two-day expedited shipping and noted their contents on the outside of the package. A week later, they still were not delivered.

Speaking before a group of reporters with U.S. Sen. Richard Blumenthal, D-Conn., in Suffield Friday, Egan said her brother was "missing in action" inside the postal service due to budget cuts, and that Postmaster General Louis DeJoy had been "derelict" in his duty to the American people and military families.

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In a tweet, Blumenthal said Egan's remains were lost for 12 days "due to the delays & disruptions from Postmaster General's cutbacks & downsizing," the latest broadside against the embattled federal agency that has faced criticism for service delays ahead of the November elections.

In his tweet, Blumental called on DeJoy to apologize to the Egan family and offer an explanation for the delay.

"There was misdirection given at the point of mailing and we are working with our personnel around the state to, again, raise awareness in proper procedures for handling cremated remains," Maureen Marion, a spokeswoman for the postal service's New England region, told the Connecticut Post.

Blumenthal later tweeted for DeJoy to resign.

"By conducting cutbacks & downsizing, DeJoy is sabotaging our mail with damaging, debilitating delays," the tweet reads.

Egan said her brother died in a Veterans Administration hospital in Virginia. He served in the military from 1973 to 1988 and has a son currently serving in the U.S. Navy.

Scott and Jean Egan's father served during the second world war, she said.

Egan contacted Blumenthal and U.S. Sen. Chris Murphy after entering the tracking number for the package on the day it was supposed to have been delivered and realizing it had first been scanned into the system that same day — five days after she dropped it off, the Connecticut Post reported.

The package sat in a U.S. Postal Service facility in Springfield until it was found, according to the Journal Inquirer.

"Some 12 days after those remains were sent they were delivered by a postal worker who drove for two hours each way...without overtime to deliver those remains to Jean's sister," Blumenthal said Friday.

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2.5 - Connecting Vets: Veterans Affairs hospitals surpass 50,000 COVID-19 cases, 500 deaths in August (25 August, Abbie Bennett, 10M uvm; Washington, DC)

The Department of Veterans Affairs surpassed 50,000 total cases of the coronavirus Tuesday evening and has added more than 500 deaths from the fast-spreading virus so far this month -- the most since May.

VA officials recorded 50,001 total COVID-19 cases Tuesday evening. More than half of the total number of positive coronavirus cases at the department came in the last two months.

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Of those 50,001 total cases, 3,761 cases at 137 VA hospitals are considered "active" and the rest are veterans, employees and other patients who are recovering at home or have passed the 14-day mark since testing positive.

Most of VA's more than 50,000 cases were veteran patients -- about 87% -- while others are family members, VA staff, military personnel and others VA has cared for as part of its Fourth Mission to serve as America's backup healthcare system in emergencies.

While active cases seem to steadily be falling among department patients, deaths continue to rise and August is now the second-deadliest month of the pandemic so far.

As of Tuesday, 2,637 VA patients have died of the virus. Of those, 527 died in August, making it the deadliest month of the pandemic since May when 740 VA patients died. At the current rate, VA could see as many as 650 patient deaths in August, though in June and again in July, deaths did not reach 500.

Department officials have consistently said that they do not consider case counts as appropriate measures of the spread or severity of the virus throughout VA. Instead, officials point out a continually decreasing rate of hospitalizations at VA hospitals.

August has seen the lowest rate of hospitalizations for VA patients so far in the pandemic, at 15%, compared to 17% in July and more than 20% in prior months.

More than 4,500 VA employees have now also tested positive for the virus since March and 49 have died. Of those deaths, 40 happened before July and seven VA staff have died in August so far.

About 5.3% of VA patients who have died because of the coronavirus, higher than the 3.1% of Americans who have died, though VA officials have cautioned against such comparisons since VA's patient population can differ significantly from the average American.

So far, VA has administered more than 576,000 COVID-19 tests nationwide.

VA senior leaders have said they are preparing for a potential surge of the coronavirus in the fall and winter, in line with warnings from other experts.

"We are preparing in the event this boomerangs on the country in the fall and in the winter," VA Secretary Robert Wilkie said recently. "We are preparing for the eventuality of flu and COVID coming together."

The flu epidemic of 1918 is the closest medical experts can come to evaluating how the COVID-19 pandemic might play out based on past experiences in the United States, Stone said, adding that 1918 saw a much deadlier second wave in the fall and winter.

"We'll be prayerful that there's not a second wave, but I don't think we can predict it," Stone said.

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2.6 - WBTV (CBS-3): Salisbury VA Medical Center's nursing home continues to perform at a 5-star level (25 August, David Whisenant, 1.5M uvm; Charlotte, NC)

SALISBURY, N.C. (WBTV) - The Community Living Center (CLC) at the W.G. (Bill) Hefner VA Medical Center continues to provide care for veterans at an outstanding level, according to a press release, maintaining a five-star rating for the second quarter of fiscal year 2020.

"Maintaining a five-star rating requires a lot of work and attention to detail," said Dr. Mark Heuser, associate chief of staff for Geriatrics and Extended Care. "The starting point is understanding that by providing the best care and documenting that care accurately will translate into excellent measures, which is reflected in the five-star rating system used for all long-term care facilities in the US, not just VA."

The rating considers the facility's RN staffing levels, quality measures, and the survey. Long Term Care Institute conducts the survey, which according to Lauren Crotts, chief nurse for Geriatrics and Extended Care, is the hardest metric.

"They interview patients, family, staff, review policies, and perform chart reviews," said Crotts. "It's a complicated process. They look at the whole environment of care, how much like home it is, how institutionalized it is, does your staff know the Veterans. The survey is so difficult because you never know what you're going to get. It's very complex. It's all about the type of surveyors and what they are looking for."

A couple of years ago VA adopted the same measurements as the civilian sector so it could compare its facilities with those in the community. Salisbury VA saw its previous VA rating drop to one star with the institution of the new system. It wasn't that the care had changed; the metrics had.

"When the new measurement was started, we didn't have the opportunity to fully understand the complete tool and the few changes made to it by the VA," said Heuser.

The fact is VA could play it safe and only accept low-risk admissions—a no fall risk or someone in relatively good health—to make getting a high rating easier. But VA doesn't do that.

"We don't shy away from difficult admissions because of how it may impact our quality measure," said Crotts. "We look at it as a challenge. We take care of very complex wounds.

Right now, we are ranked better than many of the facilities we compare to in our community."

Since the beginning of the pandemic, only one resident of the 124-bed CLC has tested positive for COVID-19 even though multiple employees have.

"That probably is a result of good techniques that the staff are using every day, not only their hand washing but in their use of personal protective equipment," said Heuser. "It's a real compliment to the staff."

Though the CLC boasts a five-star rating, CLC leadership and staff are looking for ways to become even better.

"Even though we are five stars in quality, we are implementing a new program to review quality data from a different angle," said Crotts. "It's important to continually update our practices and

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look at new ways of dissecting the data. Just because we are sitting at five stars doesn't mean we aren't going to shoot for better."

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2.7 - Modern Healthcare: Opinion: Protect the critical roles the Postal Service plays (25 August, 370k uvm; Chicago, IL)

We are writing as a diverse group of women healthcare leaders who represent medicine, nursing, hospitals, health systems, research, policy and finance. Healthcare is our industry, our professional identity and our life's work. The health of American families is the cornerstone of our collective mission, vision and values.

We are deeply troubled by the changes already made, as well as postponed but threatened cutbacks at the U.S. Postal Service. We view preserving the Postal Service as vital to the fight against COVID-19 and the support of vulnerable populations like seniors, minorities and disabled people. We also look to the Postal Service to protect Americans' right to vote, giving them a voice in setting the healthcare agenda.

None of us could function without a high-performing Postal Service. Each piece of the healthcare system—providers, insurers, government and suppliers—relies on a consistent, predictable mail service.

Cutbacks to mail delivery could short-circuit healthcare's ability to prevent, diagnose and treat disease and deliver the kind of high-quality, safe, affordable care that Americans deserve.

The consequences of Postal Service slowdowns are especially dire for patients and their families. Millions of Americans, including rural residents, seniors, and 80% of veterans, rely on the post office to deliver medications, medical supplies, equipment and tests, and health information.

Americans with chronic conditions look to the Postal Service to deliver supplies, tests and medications to treat diseases like diabetes, cancer, asthma, epilepsy, heart failure, high blood pressure, chronic obstructive pulmonary disease, stroke and now COVID-19.

What would happen if patients and families could no longer depend on the timely delivery of supplies, equipment and medications—ranging from glucose monitors, nebulizers and orthopedic supports to colon cancer tests, surgical masks and medications for diabetes or heart disease? These products do more than enhance the quality of patients' lives. They save lives and extend lives.

The bottom line: The Postal Service delivers more than the mail; it delivers health and well-being. Unfortunately, recent cuts have put the life-saving capacity of the post office at risk. Groups like the Veterans Affairs Department, National Nurses United and the American College of Physicians have documented and zeroed in on the health risks of medication delays.

The issue is not how to slash Postal Service costs but how to expand and accelerate its services to strengthen the nation's health. How could the Postal Service make it easier for Americans to secure medications and medical tests, equipment and supplies?

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The Postal Service also plays a vital role in safeguarding Americans' right to vote in the November presidential election. Americans rely on voting to make their voices heard on health and healthcare issues—from COVID-19, Medicaid and Medicare expansion and surprise billing, to the ACA's future, drug prices and telehealth.

Americans deserve an easy, accessible and efficient mail-in voting system in this year's election. Only then can Americans truly engage in their own health and design a vibrant national healthcare agenda for the coming decade

Forcing in-person voting counters the advice of public health experts and puts vulnerable Americans at risk for the possible "twindemic" of flu and COVID-19.

America and American healthcare stand at a pivotal moment. The Postal Service must honor its commitment to deliver health-enhancing and life-saving supplies, tests, medications and equipment while exploring new ways to enhance and expand its core mission. Healthcare views the Postal Service as a business partner and champion of the right to vote. Let's restore and strengthen its services. Our health and healthcare depend on it.

Stephanie C. Alexander, former CEO, PeraHealth; senior vice president and general manager of healthcare informatics, Premier

Madeline Bell, president and CEO, Children's Hospital of Philadelphia

Linda Bergthold, Ph.D., former principal, Willis Towers Watson and William M. Mercer

Odette Bolano, president and CEO, St. Alphonsus Health System

Dr. Christine Cassel, senior adviser on strategy and policy, department of medicine, University of California at San Francisco

Maureen Cotter, healthcare actuary

Dr. Molly Joel Coye, former health commissioner, New Jersey and California

Dr. Jennifer Daley, corporate medical executive

Alexandra Drane, co-founder and CEO of Rebel Health and Archangels

Susan Edgman-Levitan, executive director, MGH Stoeckle Center for Primary Care Innovation at Massachusetts General Hospital

Dr. Lisa Egbuonu-Davis, former vice president of patient outcomes and solutions, Sanofi; former vice president of U.S. Medical, Pfizer

Dr. Susan Ehrlich, CEO, Priscilla Chan and Mark Zuckerberg San Francisco General Hospital and Trauma Center

Dr. Rebekah E. Gee, CEO for healthcare services, LSU Health

Elinor Hall, former administrator, Health Division, Oregon Department of Human Resources

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Barbara B. Hill, former CEO, ValueOptions

Carmen Hooker Odom, former secretary of North Carolina Department of Health and Human Services

Dr. Risa Lavizzo-Mourey, University of Pennsylvania professor of medical ethics and health policy; president emerita, Robert Wood Johnson Foundation

Margaret Laws, president and CEO, Hopelab

Fawn Lopez, publisher and vice president, Modern Healthcare

Linda McGoldrick, non-executive chair, Financial Health Associates International

Kathy Mershon, former officer of a Fortune 500 healthcare company

Debra L. Ness, president, National Partnership for Women & Families

Amy Perry, CEO, Hospital Division, Atlantic Health System

Mary A. Pittman, DrPH, president and CEO, Public Health Institute

Dr. Deborah B. Prothrow-Stith, dean, College of Medicine, Charles R. Drew University of Medicine and Science

Dr. Rita Redberg, professor of medicine, University at California at San Francisco

Dana Gelb Safran, ScD, former chief of performance measurement and improvement officer, Blue Cross and Blue Shield of Massachusetts

P.K. Scheerle, chairman and CEO, Gifted Healthcare

Nancy M. Schlichting, former president and CEO, Henry Ford Health System

Linda D. Sonntag, Ph.D., former general partner, Axiom Venture Partners

Lisa Suennen, leader of Manatt Digital and Technology and Manatt's venture capital practice

Wendy White, chair emeritus, Healthcare Businesswomen's Association; chair, Global Genes; co-founder, RareiTi

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2.8 - Nevada Current (States Newsroom): 'Extremely frustrating' mail delays for prescriptions hit veterans, rural areas (25 August, Jacob Fischler, 72k uvm; NV)

Jan Stowe, a Vietnam War veteran from Traverse City, Mich., says she was unable to move her head and neck for several days last month after going without medication to treat extreme muscle spasms.

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Stowe, a Department of Veterans Affairs patient who receives her medication through the U.S. Postal Service, said in an interview with States Newsroom that she missed four or five days taking her prescription for diazepam, commonly marketed as Valium, because of mail delays.

Without the drug, her movement was restricted, and she started experiencing withdrawal symptoms, she said. It wasn't life-threatening, she said, "but it was life-altering."

"It's not life-saving," she added. "It's not like insulin, or heart medication or anything like that. But it was just extremely frustrating and uncomfortable."

Stowe is not alone. Veterans, people who require specialty medications, rural residents far from pharmacies and others who receive their prescription medications through the Postal Service say they have experienced delays and other delivery disruptions after the Trump administration made changes to post office operations.

The anecdotes have added fuel to Democrats' criticism of a Postal Service overhaul they say is to blame, and involve a key group that President Donald Trump has worked to court throughout his presidency—veterans, who rely heavily on the mail for their medications.

The Postal Service has removed sorting machines and other infrastructure from post offices and limited postal workers' hours since Postmaster General Louis DeJoy joined the agency in June. DeJoy has said removal of sorting machines was underway before he joined the government and has disputed that he's limited overtime hours. A July memo to all Postal Service employees, though, restricts extra trips to ensure on-time delivery.

DeJoy has also rebutted allegations that he's acting at the behest of President Donald Trump to deliberately sabotage the upcoming elections.

There is little indication prescription delivery problems are widespread. The VA said its average shipping time in July was about 2.9 days, up from 2.3 days the previous month— a 25 percent increase but still within the three to five days the VA aims at for delivery. The country's major pharmacies and shippers of prescription drugs haven't complained about late deliveries.

But there is at least anecdotal evidence that patients like Stowe who depend on the mail for prescription medication are seeing delays and it's stressful even for those who've not missed doses. The VA has told the Veterans of Foreign Wars that the Detroit area, along with parts of New York and New Jersey, are hotspots for prescription delivery problems, according to the VFW spokesman Terrence Hayes.

Senators from both political parties, including Nevada Democrat Jacky Rosen, at a Homeland Security and Governmental Affairs Committee hearing Friday told DeJoy about constituents who'd had problems receiving medication.

Rosen's office said in each of the last two weeks, more than 1,000 Nevadans have called or written, worried about the effect mail delays may have on their prescription deliveries. In that time, Rosen's office received more communications about that issue than any other, including coronavirus.

The problem can be especially acute for people who need specialty drugs that aren't generally available at most pharmacies. People who live in rural areas, which are likely farther from specialty pharmacies, are particularly dependent on mail orders.

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Ben Wilson, a progressive activist in southwest Wisconsin, usually receives his HIV medication through the mail, he said. That spares him a 70-mile round trip to the hospital pharmacy in La Crosse to pick up the prescription in person.

Earlier this month, Wilson said, he received a call from a pharmacy worker who recommended Wilson pick up the prescription himself because postal services could cause him to miss a dose of the daily medication, which could have dire consequences.

Veterans are also more likely than most to rely on the Postal Service. The VA Mail Order Pharmacy processed about 120 million prescriptions in fiscal 2016, according to the department. Every workday, about 330,000 veterans receive medications from a Department of Veterans Affairs pharmacy. About 90 percent of those deliveries are sent through the Postal Service.

John Rose, an Army Security Agency Vietnam veteran from Troy, Mich., receives 14 prescriptions from the VA. They usually arrive one to three days after he orders them, but have taken nine or 10 days recently, he said.

"They're really normally very good," Rose said. "With Trump screwing with the post office and everything like he is, everything's slowed down."

Stowe, who served as a nurse in the Women's Army Corps during Vietnam, receives the medication from a VA hospital pharmacy about 130 miles away in Saginaw. Because the medication is a controlled substance, she can't make the monthly order early. In July, she reordered it seven days before it ran out, but it took 11 or 12 to arrive, she said.

An internal USPS document published Monday by the office of House Government Oversight and Reform Chair Carolyn Maloney, D-N.Y., showed Postal Service deliveries were recently delayed. The document showed a steep decline in service standards since July, Democrats said.

Much of the Democratic opposition to the administration's handling of the Postal Service has focused on the impact on the election, in which many voters are expected to vote by mail out of fears of spreading infection through in-person voting. Trump said earlier this month he opposed providing more funding for the USPS because he wanted to prevent universal vote by mail.

But the medication issue has upset Americans as well and given Democrats a new target.

Trump "is putting the lives of Nevada's seniors at risk by trying to defund the post office," Nevada Sen. Catherine Cortez Masto said in her Democratic National Convention address last week. "Here's what that means: They won't be able to get their prescriptions, because he wants to win an election."

In a bipartisan vote Saturday, the U.S. House approved a bill to provide $25 billion in emergency appropriations for the USPS, though the Senate appears unlikely to take up the legislation.

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2.9 - Times-Herald: Fires put stress on Vallejo-area veterans. Fairfield VA at Travis Air Force Base closed for now (25 August, Richard Freedman, 69k uvm; Vallejo, CA)

The year was already bad enough for veterans. Now the fires.

"As if economic, unemployment, social, educational and community disruptions brought by COVID are not enough, these wildfires are adding more major stressors," said veterans advocate, Ret. Col. Nestor Aliga of Vallejo.

"I think our veterans are even more affected because all these stressors may pile up to worsen their combat-related PTSD," Aliga said. "Also, since many of our veterans are already suffering from pre-existing service-connected disabilities like heart and lung issues, this constant exposure to fine particulate matter from wildfire and building-material smoke can lead to irregular heartbeats, aggravated asthma, and other issues like cancer."

To make a veteran's life even more challenging, the Fairfield VA Outpatient Clinic at Travis Air Force base remains closed because of smoke and other VA Clinics, including Mare Island's, offers limited services during COVID-19, Aliga said.

"Given the damage and disruption that COVID and the wildfires are causing, it is not surprising that almost everyone is suffering," Aliga said. "While the initial relief to be alive may be followed by distress, fear, and anger, survivors may find it hard to stop thinking about what happened, be on-edge or hyper-vigilant, have trouble focusing or even resting."

For most, "these feelings will lighten over the first few weeks," Aliga said. "But for those who lost a loved one, were injured, or are homeless, those reactions may be more intense, wide-reaching, and longer-lasting before getting better."

After disasters, Aliga said veterans respond much like anyone: "Reestablishing a perception of safety; regaining control and security; connecting with loved ones and community; resiliently fighting through the crisis; and then a sense of hope, optimism, belief or faith that things will work out."

Aliga emphasized that "we must be mindful of feelings of distress after disasters that cannot be resolved by a simple fix .. that it really takes a village."

Aliga said he and his colleagues at the American Legion Manuel L. Quezon Post 603 and Veterans of Foreign Wars Karl H. Kreh Post 1123 do "buddy checks" weekly of fellow veterans.

"This is similar to what we did in the military — always checking on the health and welfare and helping to improve the tactical and technical proficiency of our 'battle-buddies,'" Aliga said.

"I've been getting a lot of calls about homeless veterans," Aliga continued, adding that the's heard of several who lost their homes in the Vacaville fires.

Aliga works with Elizabeth Hoffman and Rebuilding Together Solano County to help get free food to veterans and he expects an uptick in those in need because of the fires.

"Any veterans in need of food deliveries, we can help," Aliga said by phone Tuesday afternoon.

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With the added pressure of surviving COVID-19 and now a fire, Aliga said many veterans turn to alcohol or drugs.

"And I hate to say it, but they will often take their problems to their families. Human beings will do more to hurt their loved ones than others," Aliga said. "Child abuse … spousal abuse issues all go up. Alcoholism goes up. And if they had PTSD from combat it compounds it."

The VA Clinic on Mare Island is at 201 Walnut Ave., and is open 8 a.m. to 4:30 p.m. Monday through Friday. For information, (707) 562-8200. Other VA clinics are in Martinez, 50 Muir Rd, Martinez, (925) 372-2000, Santa Rosa, 3841 Brickway Blvd., (707) 569-2300, and the Sacramento VA Medical Center, 10535 Hospital Way, Mather, (916) 843-4200.

Veterans who are homeless or at imminent risk of homelessness should contact the National Call Center for Homeless Veterans at (877) 4AID-VET (877-424-3838) for assistance. https://www.va.gov/homeless/

Veterans in crisis must call the Veterans Crisis Line: Call 800-273-8255, then select 1, or chat online at www.VeteransCrisisLine.net/Chat or text to 838255. https://www.mentalhealth.va.gov/suicide_prevention/

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2.10 - Jackson Star-News: **Disabled Veteran of the Year battles to save others** (25 August, Suzette Lowe, 13k uvm; Ripley, WV)

In 2001, at the age of 22, Adam Dean Greathouse thought his life was over. He had family who loved him, children who needed him. But in his mind, his purpose and plan for his life was gone.

That year, the E-4 corporal in the United States Army who was deployed to Kosovo, suffered a chemical burn that ate holes in his lungs. Symptoms that began with tightness in his chest eventually led to hallucinations, labored breathing, and the inability to stand.

Two months later, he woke up in a hospital in Germany with a ventilator, unable to move his arms or feel anything below the hips. The lack of oxygen had caused a traumatic brain injury (TBI) and extensive damage to his lungs, along with organ failure.

Greathouse didn't care about any of that. All he knew was "I was not a soldier anymore." And that meant in some ways he was no longer Adam Greathouse. But he was still a fighter.

"They only gave me two percent chance of survival," Greathouse said. "I didn't care, I just wanted to get out of there and go home."

The struggles had only begun.

Greathouse fell into alcohol and depression for many years. He and his children had to move in with his parents, Dean and Darlene Greathouse, in Roane County.

"I can't count the number of times I thought of suicide," he said. "I have no doubt now that God kept me from going through with it. He had a mission for me even though I couldn't see it at the time."

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Never one to sugarcoat his struggles or the demons he has faced, Greathouse said, “I felt like a failure, that my mom was taking care of me. Much as my parents loved me and I appreciated them, it felt like a prison without doors.”

When his mom talked about having faith and hope, Greathouse thought she was crazy, that the life he was leading was the best it was ever going to get. Then his future wife came into the picture.

“She has been the only woman I’ve really loved but she was tough,” he said. “She told me that I was drinking away the second chance God gave me. For several years, I’d push her away, but she wouldn’t give up.”

Neither would his parents.

“My mom kept begging me to go the Hershel ‘Woody’ Williams VA in Huntington,” Greathouse said. “I remember my dad getting a call from a group asking for money for veterans. He said not till someone helps my son because he was deployed but never came home. I finally gave in and went.”

Greathouse said he counted on the services at the VA to fail. But with his first encounter with his brain injury nurse he describes as a “little country lady,” trust began to build.

Always competitive, Greathouse took advantage of the physical programs the VA offered. One particular event in 2012 changed the trajectory of his life.

“I took part in the National Disabled Winter Sports Clinic in Colorado,” he said. “It offered adaptive sled hockey, snowmobiling, a rock-climbing wall but also classes on adapting to life after injury and becoming more independent.”

From that point, Greathouse dedicated his life to his fellow disabled veterans.

Working with patient centered care and staff engagement, Greathouse has spoken to hundreds of veterans and VA staff members. He takes his message to groups beyond the VA as well.

“Adam speaks with every new employee at the VA,” said Brian Nimmo, the Navy veteran who is the center’s director. “His testimony is very powerful and each one goes out realizing how every interaction with a veteran makes an impact, either good or bad. We give better care because of Adam Greathouse.”

The powerful impact Greathouse has had on veterans at the VA and beyond earned him Disabled American Veteran’s (DAV) highest honor, the 2020 Disabled Veteran of the Year.

“It’s an honor, but I’m most proud of my 5,184 volunteer hours at the VA,” he said. “I can look a veteran in the eye and see the pain. My mission is to communicate and show them that accepting help is nothing to be ashamed of. I refused mental health assistance for years. And I still do exposure therapy which works with PTSD triggers. I feel drained every time but it’s worth it.”

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Knowing Greathouse's experiences led DAV to recommend him to help with a segment of the television program, "What Would You Do?". The show features actors in scenes of conflict with hidden cameras watching to see how bystanders react.

For the episode involving Greathouse, an actor who actually had a TBI, went to a restaurant where his slow reactions led the waitress, also an actress, to be impatient and aggressive with him. How the other diners reacted was an eye-opening experience. Many confronted the waitress, some came over to help, others approached the manager.

"A lot of things the waitress said have been part of my experience," Greathouse said. "I can't always comprehend the menu and the pressure to order makes me more nervous which slows me down. Just like in the show, I've been accused of being drunk because my words come out haltingly. Or I'm looked at with suspicion because I get jittery while shopping in a store."

Stacy Greathouse has witnessed it several times.

"Sometimes I order for him because I know what he likes," she said. "It takes the pressure off but not everyone has that help."

One local restaurant is a comfortable place for the Greathouses, who lives in Kenna.

"Your Family Restaurant is the best," Greathouse said with a big smile. "There's a waitress there who never gets impatient."

When Greathouse speaks, it's clear that Stacy is his touchstone. He credits her strength and patience.

"Sometimes when I'm speaking to groups, I don't think I'm doing good," he said. "Then I look over and see her smile and it's ok."

Another support in his life gets some credit too, his therapy dog Nash.

"He helped save me because he needed me," said Greathouse. "I love and want Stacy, but she doesn't need me because she's strong. But Nash does."

The veterans who come to the Huntington VA need him too.

Greathouse says it takes "a lot of guts" for a veteran to say he or she needs help. And each of those who do have a unique story.

"I've been told that you can't save everyone," he said. "But on my watch, I will. I'm in this 24/7. When I look at my own journey, I think, holy smokes, look where I'm at now. I will dedicate the rest of my life to the Hershel 'Woody' Williams VA."

For his wife, Stacy, who looks at him with love, pride, and respect, it all comes down to one thing.

"He's a soldier again," she said. "He's just on a different battlefield."

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To contact the Hershel "Woody" Williams VA Medical Center, call 304-429-6741, visit huntingtonva.gov or to 540 Spring Valley Dr., Huntington, WV 25704. The center is open 24 hours.

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2.11 - WOAY (ABC-50, Video): Beckley VA Medical Center recognized nationally for patient experience (25 August, Jacob Comer, 2k uvm; Oak Hill, WV)

BECKLEY, WV (WOAY) – The Beckley VA Medical Center has been recognized as a top nationwide hospital for patient experience.

The VAMC was rated by the Hospital Consumer Assessment of Healthcare Providers and Systems. They're a nationally-recognized hospital assessor that uses patient surveys to rate medical centers. According to Becky Trent, a patient advocate, it's a pleasure to be recognized on the national level.

"I've been the patient advocate for almost eight years and it feels really good. I'm just honored that we are able to achieve something of this caliber," Trent said.

Ratings are determined by random surveys given to adult patients with all types of medical conditions. Patient experience involves anything that a hospital does to make a patient's stay as easy as possible. According to Gavin Vanhoose, a veterans experience officer, it's the little things that make a patient's stay better in the long run.

"It makes you feel good to see that it is being recognized nationally. It is hard; we come to work, and just to provide something as simple as a hello, how are you doing can go a long way," Vanhoose said.

The VAMC has also been upgrading a lot of what they do that involves the patients. From everything involving regular interactions, to how they serve food. Their director Desmond McMullan says it's a pleasure for them to serve veterans in any way they can, especially during a pandemic.

"Every piece of energy, everything that we do is about veterans. So it's important to not only keep our veterans safe, but we must also keep our staff safe, and that's what we're here for," McMullan said.

Nearly 3,500 hospitals have been nationally rated for patient experience. Many hospitals only have three or four stars in this category, and only 266 in the entire nation have five stars. In the state of West Virginia, now counting the VAMC, only four hospitals have five stars in patient experience.

Only eight hospitals in the Veterans Health Administration are nationally recognized with five stars in patient experience.

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2.12 - Knowable Magazine: Caring for the carers (25 August, Katherine Ellison, Palo Alto, CA)

Nearly four years after her longtime partner's death, Michelle Murphy still wakes at night in a panic, imagining that she forgot to help him breathe.

At 61, Jeffrey Senne was diagnosed with amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease. Murphy had become his main financial support and caregiver in their woodsy Northern California home, and ended up devoting 11 years to looking after him. As the disease progressed, Senne, who Murphy says once looked like Harrison Ford, grew bald and frail, lost control of his bowels and could no longer speak or swallow. To prevent him from suffocating, she'd have to wake up at least every two hours to suction the saliva pooling in his mouth.

"I was terrified that he'd die on my watch," she says.

Hypervigilance often comes with the job for the more than 17.7 million Americans, by conservative estimates, who care for older and disabled family members. So does stress, anxiety and long-term harm to the caregivers' physical and financial health. In recent years, the work of caregiving has been lasting longer and becoming more complicated — and as America's population rapidly ages and becomes more disabled, many more of us will be taking it on. Although state and local governments have begun to try to lighten the burden, they could and should be doing much more, experts say.

"Many people know there's a reasonably high possibility they'll occupy this job at some point, but they have no idea how profoundly it will affect their lives," says Richard Schulz, a psychiatrist at the University of Pittsburgh and a national expert on family caregiving. In a recent article in the Annual Review of Psychology, Schulz and four colleagues reviewed the research on family caregiving for the disabled and ill elderly, outlining the enormous toll on caregivers and potential ways to help them. "Our health system has always been narrowly focused on the care recipient," Schulz says. "We have to expand that to include the caregiver, who needs and deserves a lot more support."

Hidden heroes
Caregivers like Murphy take on many tasks: shopping and housework; helping with bathing, dressing and monitoring medicines; managing outside care; making financial decisions; and navigating the fragmented health care system to find quality, affordable extra care. Increasingly, they're also providing the kinds of sophisticated medical support once delivered mainly by trained and licensed professionals, such as cleaning wounds and dealing with feeding and drainage tubes and catheters, because many insurance plans do not cover such care.

At the start, many caregivers enjoy an emotional boost as they help improve someone's life. But as time goes by and the care recipient's health deteriorates, the work becomes harder and drearier. And the more that the caregiver feels the role is involuntary, the more vulnerable he or she is to depression.

A review of 151 studies of caregivers' health found changes in several biological markers of stress, including higher levels of the stress hormone cortisol and C-reactive protein, a marker of harmful chronic inflammation. The study also found caregivers showed impaired immune function and worsened cognitive performance. Spouses caring for partners with dementia also showed heightened risk of heart disease. Caregiving can even shorten lifespans: When

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researchers followed a group of 392 men and women aged 66 to 96 who were caring for their elderly spouses, they found the carers were 63 percent more likely to die over the next four years than a similar group not providing such care.

Money worries often add to the burden, especially for women, who make up 60 percent of family caregivers, usually during the peak of their earning power. Nearly half of caregivers who take time off work report reduced income due to fewer hours, missed promotions and sometimes loss of jobs. On average, a woman aged 50 or older who leaves the workforce to care for an aging parent will lose more than $324,000 in wages and retirement savings.

Murphy, the founder of an executive coaching firm, is a dramatic example of the risk. While caring for her partner, she says, she used up all her savings so she could cut back on hours, pay for some outside caregiving and to set up what she called a “sub-acute hospital” in her home, complete with hospital bed, hydraulic lift to move her partner from bed to chair, nebulizer, suction pump, cough-assist machine and oxygen tanks. The financial toll has been so immense, Murphy says, that as of January this year she has been struggling to pay her rent and other basic living expenses.

“I’m one step away from bankruptcy,” she says. “If this could happen to me, it could happen to anyone.”

On their own

Caregivers like Murphy often say they feel neglected by policymakers, unrecognized by health systems and underappreciated by society — and Schulz and other experts agree that’s often true. The AARP Public Policy Institute titled its 2012 report on the plight of family caregivers “Home Alone.”

Even trained professionals can find themselves unprepared when they’re plunged into the caregiving role. Harvard psychiatrist Arthur Kleinman spent a decade caring for his wife, Joan, after she was diagnosed with early onset Alzheimer’s disease, but was frustrated by how little support the couple received from doctors or the health care system. “None of them knew how to talk to me about what I could expect as time went on,” he says. “It wasn’t intentional; they simply weren’t trained for any of that.”

Making things easier for caregivers would go a long way toward helping care recipients, Schulz says, given how often overstressed caregivers take out their frustration on their wards. While physical mistreatment is rare, verbal and psychological abuse is not. In one study of 265 pairs of caregivers and ill or disabled elderly care recipients, more than one in five of the recipients reported “negative verbal interactions” such as screaming, yelling, insulting and swearing. The abuse was more likely when recipients had greater needs and when the caregivers themselves were elderly, cognitively impaired, in poor physical health or at risk for depression.

Kleinman, Schulz and other caregiving experts say that other developed nations, including Germany, Japan and the Scandinavian countries, do a significantly better job than the United States in supporting family caregivers. A 2007 study by the AARP Public Policy Institute found that Germany’s universal health benefits protect families from the kinds of out-of-pocket expenses that can be catastrophic for Americans. Germany’s family caregivers can also count on a lot more direct support than those in the United States, including up to four weeks of respite per year and social security credits that protect future pensions.

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Germany, Norway, Sweden and several other industrialized countries even pay family members to be caregivers, which the US will do only once the family is sufficiently impoverished to qualify for Medicaid.

Planning for the tsunami

In the United States, the long-predicted “silver tsunami” now gathering force makes it all the more urgent to ramp up meaningful support for family caregivers.

By 2030, 72.8 million US residents — more than one in five — will be 65 or older, with rapid growth in the number of the “oldest old”: those over 80, who are most in need of care. Yet even as this wave builds, the number of potential caregivers is declining as fewer people have children, more couples divorce and more women join the workforce.

To cope with this oncoming crisis, Schulz says that health care and social service providers must begin by systematically identifying and vetting family caregivers: listing them in the patients’ electronic records, assessing their abilities and making sure they understand the tasks they’re taking on. Only then can the health system start to take meaningful steps to help them.

Fortunately, many state governments have been moving forward on this front. In recent years, 40 states have passed the CARE Act (for “Caregiver Advise, Record, Enable”), requiring hospitals to identify and register a caregiver every time an older person is discharged, and to provide instruction to that caregiver about the medical tasks he or she will need to handle at home. The law marks a significant shift from the previous (and often erroneous) assumption that elderly patients were in charge of their own care.

The next step for many family caregivers is to search for local support programs and financial aid, which often leaves them spinning wheels in what Schulz calls “a completely disorganized system, where you’ll find different levels of support wherever you look.” Some states, for instance, provide payments to caregivers through Medicaid, while others don’t. And among the ones that do, some — including Alaska and Arkansas — specifically won’t cover spouses or legal guardians in that role. If the caregivers are fortunate, the care recipient will have a long-term insurance policy that pays them for their time (not all do). Under some conditions, the Department of Veterans Affairs also will train and pay family members who are living with and caring for elderly veterans.

Throughout the country, more than 600 Area Agencies on Aging — state-designated and government-funded public and private non-profit organizations — assist older people who wish to remain in their homes. These agencies typically offer services including adult day care, subsidized meals and transportation. Increasingly, they also support caregivers with stress-relief programs that have been shown to be effective in studies, including physical activity, cognitive behavioral therapy and meditation, as well as respite care — backup support so that caregivers can take breaks.

While all of these techniques can be helpful, Schulz says that the most effective approach is to provide a comprehensive program offering caregivers skill-building workshops, stress-relief options and regular, direct communication with health experts online, by phone or in person.

A leading example of this is a program known as REACH (Resources for Enhancing Alzheimer’s Caregiver Health), which began in 1995 in six US cities as a research effort sponsored by the National Institute on Aging. Over the years, studies have shown that its broad approach, later modified to become REACH II, improves the emotional and physical well-being

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of people who care for loved ones with dementia. It also improves their skill at managing their loved ones' stressful behaviors.

The REACH II method has now been adopted by several US states, as well as the Veterans Administration, the Indian Health Service and internationally, in China, South Korea and Germany, Schulz says. While that signifies some progress, he points out that no comprehensive program for caregivers has yet been formally integrated into the health system on a national level.

Any future support for caregivers won't be enough to help Michelle Murphy, though. Last December, she was diagnosed with stage 3 leukemia. At 68, with no children of her own and no immediate family able to help her, she says she wonders who, if anyone, will step up to care for her when she needs it.

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3. Business Transformation

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - EHR Intelligence: VA Integrates Patient Scheduling EHR Tool as EHRM Feature (25 August, Christopher Jason, 31k uvm; Danvers, MA)

The US Department of Veterans Affairs (VA) has launched the Centralized Scheduling Solution (CSS), a new appointment scheduling EHR tool at the VA Central Ohio Healthcare System, as part of its Electronic Health Record Modernization (EHRM) endeavor.

The appointment scheduling solution aims to simplify the scheduling process to ensure efficiency for veteran patients and VA providers at medical visits. VA plans to implement the EHR tool at all VA health facilities to expedite patient care throughout the health facilities.

"VA has delivered an enhanced scheduling system that will benefit Veterans and health care providers," acting VA Deputy Secretary Pamela Powers, said in a statement.

"This is another successful launch of a major milestone in the EHRM effort and will optimize Veterans' access to health care by improving appointment scheduling. CSS also provides an efficient and transparent method of identifying and eliminating double bookings, flagging canceled appointments and maximizing provider time spent with patients."

The organization said CSS aims to address current administrative challenges by implementing a streamlined appointment management tool that is easy to read on a single workflow and offers scheduling by resources, such as room, clinician, or equipment.

Currently, the organization's scheduling solution requires the user to log into multiple software applications to access the calendars, rooms, clinicians, and equipment. This process is a burden on VA administrators and users.

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In January, VA canceled its contract with Epic to implement its scheduling system, in favor of Cerner's EHR scheduling solution.

This announcement comes just two weeks after POLITICO reported VA is planning to resume the launch of its EHRM program in October 2020, following the organization's third delay since November 2019.

The organization plans to resume the launch even though EHRM interoperability is not operating as intended, and a more extensive EHR version is needed for larger health systems, according to POLITICO's congressional sources. As a result, this may require further delays and a need for additional resources.

A lack of crucial information from several future VA sites is also impacting the department's estimates for the cost of physical upgrades.

While a VA spokesperson disagreed with the assessment, the spokesperson said the organization was "in the process of doing site surveys related to cabling and other network equipment."

"At this time, the majority of the sites have had initial assessments for network infrastructure, providing a more complete picture of the required components, including cabling that needs upgrading for the new EHR," the spokesperson said to POLITICO.

Before the coronavirus outbreak, the Cerner-led EHR project was originally set to launch by the end of 2019, before being pushed to late March 2020. Then, the VA announced another delay to July 2020, due to integration issues.

These reports arise amid previous setbacks in the EHRM development.

In late-April, an Office of Inspector General (OIG) report, centered around the EHRM system, found a variety of potential patient safety issues and EHR capability problems that could occur when the new system launches across the affiliated health systems.

The OIG investigation was prompted when a VA spokesperson stated that six weeks before the initial March 28 launch date, the implementation was only 75 to 80 percent complete at the Mann-Grandstaff VA Medical Center in Spokane, WA.

While the VA said it is aiming to provide the best patient care as possible by way of the 2018 VA MISSION Act, OIG said the new EHR system might not be able to live up to those goals. OIG noted a lack of EHR system stability, a need to use workarounds, poor EHR usability, and a lack of proper EHR training.

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5. **Suicide Prevention**

6. **Women Veterans / Homelessness / Benefits / Cemeteries**

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6.1 - Military.com: The VA Is Now Offering Transition Services Specially Tailored for Female Veterans (25 August, Jim Absher, 5.6M uvm; McLean, VA)

The Department of Veterans Affairs is teaming up with the Department of Defense to offer Women's Health Transition Training (WHTT) for female service members who are transitioning to civilian life.

The voluntary training program is in addition to the normal Transition Assistance Program (TAP) that all separating military members are required to attend, and is not a substitute for TAP training. This training is only available to female service members and will be led by a woman veteran who actually uses VA health care.

The training began as a pilot program in 2018 in response to reports that female veterans were not using their VA benefits as much as male veterans did, mainly because they didn't know what programs were available to them. Due to the great success of the pilot program, a joint VA/DoD Executive Committee voted to make this program a permanent offering by the VA.

Due to the COVID-19 outbreak, this year's remaining training sessions will be offered online only. Sessions will be held twice daily through Dec. 21, 2020. All women are encouraged to attend to learn more about the special benefits for which they may be eligible.

Some of the subjects that will be discussed in WHTT include:

Female specific health care including reproductive services, maternity care, mental health services, newborn care, and gynecological care and musculoskeletal care.
Resources available for servicewomen during the military to civilian transition process.
Special programs available through the VA for women veterans.
Services available through the Center for Women Veterans

According to the VA, a great number of women veterans do not apply for healthcare and other benefits they may be eligible for due to a lack of knowledge of these programs. In fact, since the WHTT program began as a pilot in 2018, women who attended the training sessions applied for VA benefits at a rate 114% higher than in previous years, and they did so quicker,

The VA says that women veterans have a higher prevalence of chronic pain, obesity, musculoskeletal issues and depression than their male counterparts. Further, since 2001, rates of suicide among women veterans has increased by 85.2%, versus 30.5% among men among the youngest age groups.

Women veterans with a mental health diagnosis who do seek VA care often do it later than their male counterparts. VA hopes this new training will let women veterans know what benefits they have available to them and to enroll for care and other benefits as soon as possible.

The program is intended to complement TAP and to provide all servicewomen with specific women's health information that will aid their transition to civilian life. The goal of the program is that participants leave the course feeling empowered to proactively manage their health care and to be comforted by their new support system at VA who can guide them through the military transition process and help them.

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There will be two four-hour long sessions daily Monday through Friday through Dec. 21. Sessions will be held at various times to allow those stationed across the globe to attend at a convenient hour.

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6.2 - Lincoln Journal Star: Editorial: Another victory for developing Victory Park (26 August, Editorial Board, 807k uvm; Lincoln, NE)

Go forward, go fast," Lancaster County Commissioner Deb Schorr said of a plan to move services for area senior citizens from the downtown Aging Partners facility to Victory Park, the evolving Veterans Affairs Hospital grounds.

To that we say, amen.

The plan to move out of the aging Aging Partners building at Ninth and O streets is attractive for many reasons and unappealing for only one.

County board Chairman Sean Flowerday hit on the lone downside: The Lincoln Seniors Foundation, city and county own the current Aging Partners building, which will be sold. Proceeds will pay for improvements at the Victory Park site, but the city and county will be only tenants, not owners, of the facility, and they'll be out their investment at the end of a 100-year lease.

But a century is a long time, and in the meantime, this project does a lot of good.

The move gets senior programming and services out of building that's got sewer and ceiling problems. The move will keep patrons, staffers and taxpayers from getting soaked.

While it might seem counter-intuitive, moving senior services from the center of town to Lincoln's east side – 70th and O streets – actually makes the place more accessible. With ample space for parking and bus service to the front door, it will make it a lot easier for seniors who don't have to navigate downtown parking or a walk from a bus stop.

Sited at Victory Park, the center will share grounds with the redeveloped Veterans Affairs Hospital. The east side of town, just south on 70th Street, is also home to clinics, doctors' offices, surgical centers and CHI St. Elizabeth.

A remodeled site also brings the fitness center under the same roof as the rest of the facilities. Currently, the downtown fitness center is five blocks away.

Tammy Ward, a city councilwoman and former Seniors Foundation executive director, said, "It's a one-stop project, and Lincoln could model this across the country."

Getting its start more than 15 years ago, Victory Park – its facilities for veterans and now seniors in general – is blossoming. In a politically fractured time, taking better care of our veterans and our seniors is a priority we can all get behind, particularly when it makes strategic and fiscal sense.

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6.3 - WLBT (NBC-3, Video): VA helps homeless veterans to find a place of their own (25 August, Roslyn Anderson, 481k uvm; Jackson, MS)

Passing by a homeless person on the street you may not realize that many served this country in the military.

PTSD and addiction have let some of them down paths they never imagined.

The Veterans Affairs Administration is reaching out to help Mississippi's homeless veterans with treatment and a place to call home.

George Nicholas is a veteran who was homeless in 2018 struggling with an addiction to crystal meth.

"I was living in my truck," said Nicholas. "All my clothes and stuff were in it."

The 43 year old is a veteran who was homeless in 2018 struggling with an addiction to crystal meth.

"It was hard because I was begging," said the recovering veteran. "I wasn't working, and I was begging people to feed me or do what ever I can to make a dollar."

In 2007, at age 31 he joined the Army National Guard and was in the infantry during Operation Iraqi Freedom II.

After serving he fell into addiction and ended up being arrested. He has PTSD and while in jail a VA representative contacted him, guiding him to programs that helped him get clean and find housing while undergoing treatment.

Veterans Affairs has awarded grants totaling $2 million dollars to provide transitional housing and supportive services for homeless veterans.

The Grant Per Diem Program offers funding to community agencies that help veterans experiencing homelessness, including mental illness.

"I have stability in my life now," said Nicholas. "I have a roof over my head, clothes and a new car. It changed gratefully."

The Hattiesburg resident is now employed full time, has a better relationship with his family, continues treatment and reaches out to other vets.

"There is plenty of help out there for us veterans," added Nicholas.

The Veterans Affairs Administration reports that homelessness among veterans nationwide has decreased by 50 percent since 2010 through the GPD and other programs.

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6.4 - WALB (ABC/NBC-10, Video): VA medical center hosts drive-thru baby shower for 'warrior moms' (25 August, 189k uvm; Albany, GA)

GAINESVILLE, Fla. (WALB) - The Malcom Randall Veterans Affairs (VA) Medical Center, in Gainesville, Fla., hosted a "Warrior Moms" baby shower where 24 moms attended the baby shower from all over, including both Florida and Georgia.

Valdosta resident and Warrior Mom Samantha Corriell expressed her gratitude towards the VA and the Women Veterans Program for inviting her to the event.

"I hadn't purchased a stroller or car seat yet," Corriell said. "With COVID-19, my hours at work were cut severely, so receiving this will help my husband and I prepare for the baby."

The event took place in the hospital's valet circular driveway. This allowed for the moms to stay in their vehicles while VA staff took pictures and others loaded baby items into their vehicle back seats and trunks.

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6.5 - KTEN (NBC-10, Video): Vets hit hard by COVID crisis (25 August, 141k uvm; Denison, TX)

There's been an sharp increase in the number of homeless veterans in Oklahoma since the start of the coronavirus pandemic.

The KI BOIS Supportive Services for Veteran Families program, which serves 24 counties in southeastern Oklahoma, said demand for its services has surged nearly 50 percent. The organization received $560,000 from CARES Act funding distributed by the U.S. Department of Veterans Affairs.

"In rural southeast Oklahoma this year, we've already served 260 veteran families and anticipate on serving many more," said SSVF program director Tammy Randazzo.

Veteran homelessness over the past few years in Oklahoma had been on the decline, but the SSVF said that has changed in 2020.

"I may have like two new enrollments every few weeks or so; now I'm having like two to three, it's been every week for the past couple of weeks," said SSFV case manager Tanya Newton.

Many new enrollments can be attributed to job loss, eviction, failing to qualify for benefits, or a backlog in benefit delivery.

"If we have a veteran that is job-searching or has found themselves maybe in a financial hardship or crisis, anything that they're trying to do is taking longer," Randazzo said.

The SSVF is using CARES Act funds to provide housing for veterans, and it expects to see demand for its services increase.

"The whole goal of the program is for us to end veteran homelessness," Newton said. "Our goal is to work ourselves out of a job."

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6.6 - WXPR (NPR-91.7): Northwoods National Cemetery Dedicated Aug. 14 (25 August, Ken Krall, Rhinelander, WI)

In a quiet ceremony August 14, the new Northwoods National Cemetery was dedicated in Harshaw west of Rhinelander.

Under Secretary of Memorial Affairs Randy Reeves sent out a release Monday saying the dedication was before a few veterans and families because of concerns over a large crowd and COVID-19. Reeves said he regretted not being able to invite the many veterans and families.

The new facility is set to serve 38,000 veterans, their spouses, and eligible children who live in the region. The VA purchased the 6-acre property at 4520 Lakewood Road in Harshaw for just under $25,000 in 2015. Total cost of development was in the $3.4 million range.

Wisconsin has only one other VA National Cemetery in Milwaukee. There are three state-run facilities.

The cemetery will provide casket burials, in-ground cremation burials, columbarium niches for cremation burials, and a memorial wall. The plot, opening and closing of the grave, headstone or marker, crypt or grave liner, and perpetual care and maintenance are all provided free of charge. T

hose interested in interment at Northwoods or any of the VA's 145 national cemeteries should contact the National Cemetery Scheduling Office at (800) 535-1117.

Reeves release is below.

I was greatly honored to visit Harshaw, WI, on August 14 for the dedication of Northwoods National Cemetery.

The official dedication ceremony of the national cemetery was a highlight for the VA's National Cemetery Administration in the midst of a year unlike any of us has experienced. The most important component missing at our ceremony was a large local audience of veterans, their family members, and patriotic supporters.

We sincerely regret the COVID-19 pandemic prevented us from welcoming as many members of the public as we hoped for the ceremony. With the pandemic still very much a reality, we felt we could not risk the health of anyone in this area and our best option was to limit attendance.

The important news about the Northwoods National Cemetery to share is the VA is here to serve the burial needs of more than 38,000 veterans, their spouses, and eligible children who live in Rhinelander and the surrounding area. We encourage you to visit the beautiful, sacred ground that will be the final resting place of brave, dedicated veterans and their families.

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. Visitors can stop by to pay respects any day from sunrise to sunset. The cemetery will provide casket burials, in-ground cremation burials, columbarium niches for cremation burials, and a memorial wall. The plot, opening and closing of the grave, headstone or marker, crypt or grave liner, and perpetual care and maintenance are all provided free of charge by a grateful nation to veterans and their eligible family members.

Those interested in interment at Northwoods or any of the VA's 145 national cemeteries should contact the National Cemetery Scheduling Office at (800) 535-1117. Thank you for all of your support for making this day possible.

Randy Reeves, Under Secretary of Memorial Affairs

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7. Other

7.1 - Forbes: **Ten Ways Binge-Buying Bureaucrats Spent $91 Billion In A Year-End 2019 Shopping Spree** (25 August, Adam Andrzejewski, 86.9M uvm; New York, NY)

Christmas comes in September, not December, for federal contractors.

In the final month of the fiscal year, federal agencies scramble to spend the leftovers in their annual budgets. They worry that spending less than Congress appropriated this year will mean a thinner budget next year.

So, rather than admit the department could run efficiently on fewer taxpayer dollars, federal agencies embark on a shopping spree. This is the "use it or lose it" spending phenomenon – and it happens every year on the taxpayer dime.

Our OpenTheBooks oversight report – The Use-It-Or-Lose-It Spending Spree, How The Feds Spent $91 Billion In September 2019 detailed 642,567 transactions – or about 21,418 expenditures per day.

In the final nine days of the year, federal agencies signed $51 billion in contracts, which exceeded the spending in each of the trailing eleven months. In the final two days, agencies authorized a whopping $23.8 billion.

In February 2020, President Donald Trump committed to ending the bureaucratic binge-buying in his budget to Congress FY2021. So, we reached out to the budget hawks at the Office of Management And Budget (OMB) for comment.

OMB Director Russ Vought responded: "The practice of use it or lose it spending has cost American taxpayers an untold amount of money. It's a practice that needs to stop and OMB will continue our efforts to end this wasteful spending."

Furthermore, Vought held the agencies accountable, "Agencies rushing to get fiscal year spending out the door in order to meet their arbitrary spending quotas has only ended in millions of dollars in waste—leading to new golf carts and crab legs at agency parties."

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Here are ten ways bureaucrats spent your tax dollars in last year's 2019 year-end shopping spree:

[…]

$447.8 million on furniture – agencies signed nearly 13,042 contracts to purchase furniture in the last 30 days. Notably, the Pentagon spent $123.8 million on office furniture and the General Services Administration spent $10,084 on an entertainment unit. Counting other agencies such as Homeland Security and Veterans Affairs, purchased sit-to-stand desks ($3.3 million), white and bulletin boards ($1.1 million), and sofas ($328,514).

More than $500,000 on booze – Is the fiscal year-end one big party? The Pentagon and the State Department purchased beer and wine, much of which went to embassies and consulates around the world. Contract recipients included Coors Brewing Company TAP -1.1% ($59,282) and Carlsam-Samuel Meisel, Inc ($248,744).

$690.6 million loaded the gun locker – Eight departments made last-minute purchases of guns, ammunition, and other weaponry during the final month of the fiscal year. Even non-military agencies including Veterans Affairs (VA), Treasury, Interior, Education, Health And Human Services, Agriculture, and Labor spent $1.5 million in guns and ammunition.

For example, the VA purchased $650,964 worth of ammunition, handguns, and long guns – a "military police long gun program" with AR15-style weaponry.

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7.2 - U.S. News & World Report (AP): 6th Circuit: OK to Ration Hepatitis C Treatment to Prisoners (25 August, Travis Loller, 27.4M uvm; Washington, DC)

NASHVILLE, Tenn. (AP) — In a split decision, a panel of the 6th U.S. Circuit Court of Appeals on Monday upheld Tennessee's rationing of life-saving hepatitis C drugs to prisoners as constitutional.

The 2-1 decision found that officials did not act with deliberate indifference to prisoners' medical needs and it was reasonable to prioritize the sickest patients for treatment given the Tennessee Department of Correction's limited resources. In a dissent, U.S. Circuit Judge Ronald Lee Gilman wrote that officials may not refuse to treat a patient with a serious medical need "merely to avoid paying the bill."

Before 2011, there was no good treatment for hepatitis C, but that year the U.S. Food and Drug Administration approved new antiviral drugs that are highly effective against the liver-damaging virus, curing most people after two or three months. Although the cost of the antivirals has dropped sharply since 2011, Tennessee says the average cost for treating a prisoner is still $17,000.

Other states have grappled with how to provide the expensive treatment. After a lawsuit, Michigan agreed to provide antiviral drugs to all Medicaid patients with hepatitis C last fall. Louisiana began offering unlimited access to antivirals around the same time thanks to an

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agreement with a drug provider where the state paid a flat fee for five years of unlimited medication.

The 6th Circuit's majority decision relied on the expert testimony of Dr. Zhiqiang Yao, an infectious disease specialist at East Tennessee State University, who testified on behalf of the prisoners at the trial. Yao told the court the current standard of care is to treat anyone infected with hepatitis C with the antiviral medications, regardless of how sick they are. Waiting to provide treatment can put patients at greater risk of cirrhosis, cancer and death, he said.

However, Yao also said that prioritization was understandable, given limited resources, and that he had used a prioritization system himself when working for the Veteran's Administration.

In his dissent, Gilman said the majority failed to consider changing circumstances, writing that the VA ended its rationing policy when data began to show the benefits of early treatment and long-term risks of delay.

The U.S. Preventive Services Task Force issued guidance earlier this year that all Americans ages 18-79 be tested for hepatitis C, saying that finding infection early was critical and that widespread screening would save money.

Gillman also argued that the majority's opinion conflicts with other interpretations of the 8th Amendment, including an Indiana district court's 2018 ruling in favor of treatment for all inmates with chronic hepatitis C. The claim that it is reasonable to consider cost, and not just the suffering of inmates, is essentially arguing that "what is held to be cruel and unusual in Indiana is not cruel and unusual in Tennessee," Gilman wrote.

The Monday ruling upholds a 2019 district court decision in which the judge noted that Tennessee had made a number of changes to improve treatment in the months proceeding the July 2019 trial.

Tennessee Attorney General Herbert Slatery praised the ruling in a news release, stating, "The Sixth Circuit recognized and upheld what the District Court had determined: that the Department has a compassionate, well-thought out plan for treating the patients, using resources that had been significantly increased over the years by the Governor and the General Assembly."

Tennessee last year had about 4,700 inmates with hepatitis C. Since then 1,449 have completed treatment and 176 are currently undergoing treatment, Department of Correction spokesperson Dorinda Carter said in an email.

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7.3 - Military.com: **Why Veterans Are Quitting Federal Jobs at Higher Rates Than Non-Vets** (25 August, Richard Sisk, 5.6M uvm; McLean, VA)

Veterans leave their government jobs at higher rates than non-veterans due to a variety of issues, including dissatisfaction with the "meaningfulness" of the work, according to a new Government Accountability Office report.

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The study examined employment data from 2014-2018, before the COVID-19 pandemic put retaining a job at a premium. It was conducted to gauge how well the government carried out then-President Barack Obama's 2009 executive order to increase veteran hiring for federal jobs.

The 72-page report found that the executive order resulted in an increase of veterans in the federal workforce.

"As of September 2017, almost 32% of the roughly two million federal employees are veterans, up from 26% percent in 2009," the report said, but "some agencies have challenges retaining veterans at similar rates as non-veterans."

The GAO report looked at the retention rates of 24 government agencies -- including the Defense Department, Veterans Affairs, Homeland Security, Justice, Housing and Urban Development, and Agriculture -- and found that non-veterans remained on the job longer than veterans.

Veterans left government jobs at a higher rate (6.7% vs. 5%) than non-veterans and resigned 1.6 times more often, the report found. Veterans also left jobs within the first five years at significantly higher rates, 18.7% compared with 11.1% for the non-veteran workforce.

To discern causes for the lower retention rates among veterans, GAO looked at six workplace factors: satisfaction with pay; meaningfulness of work; confidence in leaders; opportunities for advancement; training and development; and relationships with supervisors.

"Overall, we found that veterans were slightly less satisfied with these factors than non-veterans, which could in part explain the higher attrition rates for veterans," GAO said.

Veterans were 2.4% less likely than non-veterans to report being satisfied with the meaningfulness of their work, the report said.

The report concluded that OPM and the agencies could leverage data better to improve veteran retention rates, and also recommended that "OPM help agencies analyze employee feedback data to identify strategies to boost veteran retention."

OPM agreed with "the spirit of the recommendation," GAO said, but OPM also said it did not have the ability to provide record-level data to agencies, citing limitations under the Privacy Act.

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7.4 - Government Executive: **GAO: Federal Agencies Lag in Retaining Veteran Employees** (25 August, Erich Wagner, 819k uvm; Washington, DC)

The Government Accountability Office last week reported that although agencies in recent years have improved in their efforts to hire veterans, they have struggled to retain those employees at the same rate as non-veteran workers.

Since a 2009 executive order aimed at boosting veteran hiring in the federal government, agencies have boosted the ratio of veterans in the workforce from 26% to 32% in 2017. But in a GAO report released last week, the watchdog said that in recent years, veterans have been leaving the federal workforce at higher rates their non-veteran counterparts.

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Between fiscal 2014 and 2018, an average of 6.7% of veterans left federal service, compared to only 5.0% of similar nonveterans. That dynamic carried across all methods of separation: 3.6% of veterans retired, compared with 3% of nonveterans; 2.3% of veterans resigned compared to 1.5% of nonveterans; and 0.8% of veterans were fired compared to 0.6% of nonveterans.

“After controlling for key demographic and employment factors, we estimated that across all types of attrition, on average, veterans left federal service at 1.2 to 1.6 times the rate of similar nonveterans from fiscal years 2014 through 2018,” GAO wrote.

The disparity in separations is worse when looking at federal workers who were hired and left within the five-year window examined by GAO.

“We found that newly-hired veterans resigned within their first five years of service at 1.7 times the rate of similar nonveterans,” the report stated. “On average, we estimated that 18.7% of veterans resigned within the first five years of federal service, compared to 11.1% of similar newly hired non-veterans—a 7.6 percentage point difference.”

Similarly, while 4.3% percent of veterans were fired within their first five years of service, only 3% of similar newly hired nonveterans were fired, GAO reported.

The key to improving retention efforts to reduce the gap between veterans and nonveterans leaving government could be in tools already available to agencies, namely the annual Federal Employee Viewpoint Survey and the Office of Personnel Management’s Enterprise Human Resources Integration data.

GAO analyzed veteran and nonveteran responses to questions on the annual viewpoint survey and found that veterans answered slightly less positively to several questions that are considered key drivers of employee retention.

“The slightly lower scores among veterans for these key drivers of retention may help explain why veterans are leaving federal service at higher rates,” GAO wrote. “If an agency could improve veterans’ satisfaction with the meaningfulness of their work, fewer veterans may leave federal service. Additionally, most veterans and nonveterans reported not being satisfied with opportunities for advancement, indicating this area may be a good opportunity for agencies to improve retention for all employees.”

The report suggested that agencies could improve on retention by using a combination of FEVS data with OPM’s Enterprise Human Resources data, provided that OPM provides it to agencies in a different format.

“To protect respondents’ privacy and prevent the possibility of an employee being identified, OPM does not provide agencies individual responses (i.e. record-level data) to the OPM FEVS,” GAO wrote. “Individual-level data are needed to conduct regression analysis, but the executive branch agencies that rely on the OPM FEVS for insights into their employees’ attitudes about their workplace are not able to perform the regression analyses needed to identify drivers of retention.”

GAO recommended that OPM use data from the annual viewpoint survey to analyze the key drivers of retention for veterans and identify strategies to improve agencies’ efforts to keep

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employees. In its response, OPM said that it concurred with the "spirit of the recommendation," but that it is prohibited from providing individual-level data due to the Privacy Act.

"Our recommendation does not ask or require OPM to forgo its obligations under the Privacy Act," GAO wrote. "As we state in the report, OPM previously used FEVS data to create an employee engagement index and our recommendation is intended to have OPM replicate that experience by developing key drivers to address challenges with retaining veteran employees."

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7.5 - Nextgov: VA Awards Sole Source Contract to Upgrade, Automate Its COVID-19 Visualization Tool (25 August, Aaron Boyd, 119k uvm; Washington, DC)

The Veterans Affairs Department is using a specific data visualization tool in its fight against the COVID-19 pandemic and recently awarded a $1.5 million sole source contract to upgrade and automate the software.

VA awarded a contract to Four Points Technology through NASA's governmentwide acquisition contract Solutions for Enterprise-Wide Procurement, or SEWP, to acquire, integrate and maintain the latest version of Edge Technologies' visualization tools.

While VA already uses Edge Technologies' software to visualize patient data, the current tools rely on outdated Adobe Flash players with security holes, among other issues. Under the new contract, VA will be upgrading to the EdgeCore tool, which is based on HTML5 and comes with a host of other improvements.

"This acquisition will provide additional visualization and integration capabilities, eliminate security vulnerabilities related to Adobe Flash used in the current version, enhance 508 Disability Compliance, and provide new robotic process automation features," according to the award announcement.

Contracting officers looked at several other potential products, including Microsoft BI, Splunk, Qlikview and Elastic's Kibana, but none would be able to slot in without significant changes to VA's systems.

"Only Edge Core provides the capability to … automatically and seamlessly upgrade existing Edge Technologies dashboards, while also providing enhanced 508 Compliance and security features," contracting officials wrote in the sole source justification. "Due to the proprietary nature of the software, other brands cannot access or use the dashboards created by Edge Technologies products and, therefore, the dashboards would need to be completely rebuilt if other products were used."

Officials estimated the cost of completely replacing the dashboard at $6 million, plus "several thousand hours of engineering and conversion work."

The justification also lauds the EdgeCore platform for being data agnostic and able to "display real time, live visualizations of data from other products as if it were the native, original product dashboard."

"No other product could be substituted," officials said.

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The contract will run for one year, with two one-year option periods for ongoing maintenance.

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Veterans Affairs Media Summary and News Clips

26 August 2020

1. Top Stories

Coronavirus / COVID-19

1 - Military Times: Veterans Affairs has now reported more than 50,000 coronavirus cases (25 August, Leo Shane III, 2.3M uvm; Vienna, VA)
The Department of Veterans Affairs on Tuesday surpassed 50,000 coronavirus cases among its patients since the start of the pandemic in March, with more than half of those positive tests coming in the last 50 days alone. Despite the milestone, the department has seen a significant decrease in its number of active coronavirus cases in recent weeks.

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2 - WRC (NBC-4, Video): Maryland Veterans Home Emerging From COVID-19 Crisis (25 August, Scott MacFarlane, 1.2M uvm; Washington, DC)
A major state assisted living and nursing center for military veterans is emerging from the depths of a COVID-19 outbreak, according to records and interviews conducted by the News4 I-Team. The Charlotte Hall Veterans Home in St. Mary's County, Maryland, suffered at least 60 resident deaths and required the quarantine of at least 60 staffers during an outbreak of the virus in late spring.

Hyperlink to Above

3 - The Record (Video): Opinion: We demand accountability after the Paramus Veterans Home crisis (25 August, Reps. Bill Pascrell (D-N.J.) and Josh Gottheimer (D-N.J), 489k uvm; Woodland Park, NJ)
Months after the first reports of the COVID-19 outbreak that devastated the state-run Paramus Veterans Home, our veterans and their loved ones deserve more than our sympathy. They deserve complete action and accountability for failure to follow commonly accepted protocols, starting with the immediate resignation of the Paramus Veterans Home CEO.

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4 - Muskogee Phoenix: Our View: Thankful for VA employees helping others (25 August, 49k uvm; Muskogee, OK)
Muskogee should be so proud of the staff with the Eastern Oklahoma VA Health Care System. The Claremore Veterans Center saw spikes in COVID-19 cases for veterans and for their staff. The EOVAHCS responded in several ways.

Hyperlink to Above

1.1 - Dayton Daily News: Dayton VA's record 'incredible' when it comes to coronavirus response, top leader says (24 August, Sec. Robert Wilkie, 659k uvm; Dayton, OH)
Dayton is one of the original three sites chosen to host a National Home for Disabled Volunteer Soldiers, an organization that eventually became today's Department of Veterans Affairs. It's no surprise the Dayton VA Medical Center was prepared to care for Veterans when COVID-19 emerged. During my recent visit, I saw that this VA facility was able to enlist the expertise of its team of professionals to save lives, and the numbers prove it.

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1.2 - FOX News (Video): USPS delays endanger 14M who won't get medications on time (25 August, Vandana Rambaran, 72.4M uvm; New York, NY)
Democratic lawmakers are urging the Senate to agree to $25 billion of funding approved by the House for the U.S. Postal Service, arguing that more than 14 million people won't receive their medications on time if heavy delivery delays continue.

Hyperlink to Above

1.3 - Military Times: Huge slate of veteran suicide prevention measures set for debate next month (25 August, Leo Shane III, 2.3M uvm; Vienna, VA)
Democratic leaders of the House Veterans' Affairs Committee this week announced plans to mark up a hefty slate of suicide prevention bills early next month as Senate lawmakers and administration officials lament that already existing solutions to the problem aren't moving fast enough through Congress.

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1.4 - Stars and Stripes: Trump's VA accountability office has recommended discipline for seven leaders since 2018 (25 August, Nikki Wentling, 1.7M uvm; Washington, DC)
An office created by President Donald Trump to root out poorly performing Department of Veterans Affairs leaders has received thousands of complaints since 2018, has investigated 389 of them and has recommended disciplinary action against seven senior employees.

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1.5 - Stars and Stripes: Army veteran's remains were lost in the mail for nearly two weeks (25 August, Steve Beynon, 1.7M uvm; Washington, DC)
For nearly two weeks, the family of deceased Army veteran Scott Egan did not know where his cremated remains were. Egan had died in St. Louis in July at a Department of Veterans Affairs hospital, according to a report from Fox61, a local Connecticut TV station, and for 12 days his remains remained missing until a postal worker drove two hours each way to deliver the veteran's ashes, once they were found.

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2. Improving Customer Service

2.1 - NPR (Morning Edition, Audio): Veteran's Appendectomy Launches Excruciating, Months-Long Battle Over Bill (25 August, Elizabeth Lawrence, 45.3M uvm; Washington, DC)
Harness was uninsured for seven years before this incident. (Though he now has VA Health Care, he had initially avoided looking into VA Health Care because he felt "other vets needed it more.") His employer didn't offer insurance, and the Affordable Care Act plan he qualified for cost $350 a month — money he didn't have.

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2.2 - Connecting Vets: VA accountability office, meant to root out bad leaders, advised action against 7 since 2018 (25 August, Abbie Bennett, 10M uvm; Washington, DC)
A Department of Veterans Affairs office of accountability, established by President Donald Trump and hailed as one of his hallmark efforts to help veterans, has recommended action against seven leaders in the last two years.

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2.3 - Connecting Vets: Lawmakers call on USPS Postmaster General to prioritize veterans, troops (25 August, Abbie Bennett, 10M uvm; Washington, DC)
Capitol Hill lawmakers are calling on the leader of the U.S. Postal Service to prioritize veterans and troops after reports of delays affecting mail-order prescriptions and other critical deliveries. In a letter sent this week to USPS Postmaster General Louis DeJoy, Senate Veterans Affairs Committee Chairman Jerry Moran, R-Kansas, asked that, as DeJoy considers reforms to the Postal Service, he ensure that mail-order prescription deliveries remain a top priority.

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2.4 - Connecting Vets: Post office finds cremated remains of veteran after 12 days (25 August, Julia LeDoux, 10M uvm; Washington, DC)
A Connecticut woman said her veteran brother's cremated remains went missing for 12 days after she tried to mail them to her sister. Jean Egan told news outlets on Aug. 21 that she had tried to mail the remains of Scott Egan to her sister in Maryland on Aug. 7, the Journal Inquirer reported.

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2.5 - Connecting Vets: Veterans Affairs hospitals surpass 50,000 COVID-19 cases, 500 deaths in August (25 August, Abbie Bennett, 10M uvm; Washington, DC)
The Department of Veterans Affairs surpassed 50,000 total cases of the coronavirus Tuesday evening and has added more than 500 deaths from the fast-spreading virus so far this month -- the most since May. VA officials recorded 50,001 total COVID-19 cases Tuesday evening. More than half of the total number of positive coronavirus cases at the department came in the last two months.

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2.6 - WBTV (CBS-3): Salisbury VA Medical Center's nursing home continues to perform at a 5-star level (25 August, David Whisenant, 1.5M uvm; Charlotte, NC)
The Community Living Center (CLC) at the W.G. (Bill) Hefner VA Medical Center continues to provide care for veterans at an outstanding level, according to a press release, maintaining a five-star rating for the second quarter of fiscal year 2020.

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2.7 - Modern Healthcare: Opinion: Protect the critical roles the Postal Service plays (25 August, 370k uvm; Chicago, IL)
We are writing as a diverse group of women healthcare leaders who represent medicine, nursing, hospitals, health systems, research, policy and finance. Healthcare is our industry, our professional identity and our life's work. The health of American families is the cornerstone of our collective mission, vision and values.

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2.8 - Nevada Current (States Newsroom): **'Extremely frustrating' mail delays for prescriptions hit veterans, rural areas** (25 August, Jacob Fischler, 72k uvm; NV)
Jan Stowe, a Vietnam War veteran from Traverse City, Mich., says she was unable to move her head and neck for several days last month after going without medication to treat extreme muscle spasms. Stowe, a Department of Veterans Affairs patient who receives her medication through the U.S. Postal Service, said in an interview with States Newsroom that she missed four or five days taking her prescription for diazepam, commonly marketed as Valium, because of mail delays.

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2.9 - Times-Herald: **Fires put stress on Vallejo-area veterans. Fairfield VA at Travis Air Force Base closed for now** (25 August, Richard Freedman, 69k uvm; Vallejo, CA)
The year was already bad enough for veterans. Now the fires. "As if economic, unemployment, social, educational and community disruptions brought by COVID are not enough, these wildfires are adding more major stressors," said veterans advocate, Ret. Col. Nestor Aliga of Vallejo.

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2.10 - Jackson Star-News: **Disabled Veteran of the Year battles to save others** (25 August, Suzette Lowe, 13k uvm; Ripley, WV)
In 2001, at the age of 22, Adam Dean Greathouse thought his life was over. He had family who loved him, children who needed him. But in his mind, his purpose and plan for his life was gone. That year, the E-4 corporal in the United States Army who was deployed to Kosovo, suffered a chemical burn that ate holes in his lungs.

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2.11 - WOAY (ABC-50, Video): **Beckley VA Medical Center recognized nationally for patient experience** (25 August, Jacob Comer, 2k uvm; Oak Hill, WV)
The Beckley VA Medical Center has been recognized as a top nationwide hospital for patient experience. The VAMC was rated by the Hospital Consumer Assessment of Healthcare Providers and Systems. They're a nationally-recognized hospital assessor that uses patient surveys to rate medical centers.

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2.12 - Knowable Magazine: **Caring for the carers** (25 August, Katherine Ellison, Palo Alto, CA)
Nearly four years after her longtime partner's death, Michelle Murphy still wakes at night in a panic, imagining that she forgot to help him breathe. At 61, Jeffrey Senne was diagnosed with amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease. Murphy had become his main financial support and caregiver in their woodsy Northern California home, and ended up devoting 11 years to looking after him.

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3. **Business Transformation**

4. **DOD Cooperation / Electronic Health Records / MISSION Act Implementation**

4.1 - EHR Intelligence: VA Integrates Patient Scheduling EHR Tool as EHRM Feature (25 August, Christopher Jason, 31k uvm; Danvers, MA)
The US Department of Veterans Affairs (VA) has launched the Centralized Scheduling Solution (CSS), a new appointment scheduling EHR tool at the VA Central Ohio Healthcare System, as part of its Electronic Health Record Modernization (EHRM) endeavor.

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5. **Suicide Prevention**

6. **Women Veterans / Homelessness / Benefits / Cemeteries**

6.1 - Military.com: The VA Is Now Offering Transition Services Specially Tailored for Female Veterans (25 August, Jim Absher, 5.6M uvm; McLean, VA)
The Department of Veterans Affairs is teaming up with the Department of Defense to offer Women's Health Transition Training (WHTT) for female service members who are transitioning to civilian life.

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6.2 - Lincoln Journal Star: Editorial: Another victory for developing Victory Park (26 August, Editorial Board, 807k uvm; Lincoln, NE)
Go forward, go fast," Lancaster County Commissioner Deb Schorr said of a plan to move services for area senior citizens from the downtown Aging Partners facility to Victory Park, the evolving Veterans Affairs Hospital grounds.

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6.3 - WLBT (NBC-3, Video): VA helps homeless veterans to find a place of their own (25 August, Roslyn Anderson, 481k uvm; Jackson, MS)
Passing by a homeless person on the street you may not realize that many served this country in the military. PTSD and addiction have let some of them down paths they never imagined. The Veterans Affairs Administration is reaching out to help Mississippi's homeless veterans with treatment and a place to call home.

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6.4 - WALB (ABC/NBC-10, Video): VA medical center hosts drive-thru baby shower for 'warrior moms' (25 August, 189k uvm; Albany, GA)
The Malcom Randall Veterans Affairs (VA) Medical Center, in Gainesville, Fla., hosted a "Warrior Moms" baby shower where 24 moms attended the baby shower from all over, including both Florida and Georgia. Valdosta resident and Warrior Mom Samantha Corriell expressed her gratitude towards the VA and the Women Veterans Program for inviting her to the event.

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6.5 - KTEN (NBC-10, Video): Vets hit hard by COVID crisis (25 August, 141k uvm; Denison, TX)
There's been an sharp increase in the number of homeless veterans in Oklahoma since the start of the coronavirus pandemic. The KI BOIS Supportive Services for Veteran Families program, which serves 24 counties in southeastern Oklahoma, said demand for its services has surged nearly 50 percent. The organization received $560,000 from CARES Act funding distributed by the U.S. Department of Veterans Affairs.

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6.6 - WXPR (NPR-91.7): Northwoods National Cemetery Dedicated Aug. 14 (25 August, Ken Krall, Rhinelander, WI)
In a quiet ceremony August 14, the new Northwoods National Cemetery was dedicated in Harshaw west of Rhinelander. Under Secretary of Memorial Affairs Randy Reeves sent out a release Monday saying the dedication was before a few veterans and families because of concerns over a large crowd and COVID-19. Reeves said he regretted not being able to invite the many veterans and families.

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7. Other

7.1 - Forbes: Ten Ways Binge-Buying Bureaucrats Spent $91 Billion In A Year-End 2019 Shopping Spree (25 August, Adam Andrzejewski, 86.9M uvm; New York, NY)
Christmas comes in September, not December, for federal contractors. In the final month of the fiscal year, federal agencies scramble to spend the leftovers in their annual budgets. They worry that spending less than Congress appropriated this year will mean a thinner budget next year.

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7.2 - U.S. News & World Report (AP): 6th Circuit: OK to Ration Hepatitis C Treatment to Prisoners (25 August, Travis Loller, 27.4M uvm; Washington, DC)
In a split decision, a panel of the 6th U.S. Circuit Court of Appeals on Monday upheld Tennessee's rationing of life-saving hepatitis C drugs to prisoners as constitutional. The 2-1 decision found that officials did not act with deliberate indifference to prisoners' medical needs and it was reasonable to prioritize the sickest patients for treatment given the Tennessee Department of Correction's limited resources.

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7.3 - Military.com: Why Veterans Are Quitting Federal Jobs at Higher Rates Than Non-Vets (25 August, Richard Sisk, 5.6M uvm; McLean, VA)
Veterans leave their government jobs at higher rates than non-veterans due to a variety of issues, including dissatisfaction with the "meaningfulness" of the work, according to a new Government Accountability Office report. The study examined employment data from 2014-2018, before the COVID-19 pandemic put retaining a job at a premium

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7.4 - Government Executive: GAO: Federal Agencies Lag in Retaining Veteran Employees (25 August, Erich Wagner, 819k uvm; Washington, DC)
The Government Accountability Office last week reported that although agencies in recent years have improved in their efforts to hire veterans, they have struggled to retain those employees at the same rate as non-veteran workers. Since a 2009 executive order aimed at boosting veteran hiring in the federal government, agencies have boosted the ratio of veterans in the workforce from 26% to 32% in 2017.

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7.5 - Nextgov: VA Awards Sole Source Contract to Upgrade, Automate Its COVID-19 Visualization Tool (25 August, Aaron Boyd, 119k uvm; Washington, DC)
The Veterans Affairs Department is using a specific data visualization tool in its fight against the COVID-19 pandemic and recently awarded a $1.5 million sole source contract to upgrade and automate the software.

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1. Top Stories

Coronavirus / COVID-19

1 - Military Times: **Veterans Affairs has now reported more than 50,000 coronavirus cases**
(25 August, Leo Shane III, 2.3M uvm; Vienna, VA)

The Department of Veterans Affairs on Tuesday surpassed 50,000 coronavirus cases among its patients since the start of the pandemic in March, with more than half of those positive tests coming in the last 50 days alone.

Despite the milestone, the department has seen a significant decrease in its number of active coronavirus cases in recent weeks. As of Monday evening, 137 VA hospitals were monitoring 3,942 current cases of the fast-spreading illness, a drop of about 32 percent in the last month.

VA officials have said that they do not consider the active-case counts or the cumulative coronavirus totals as appropriate measures of the spread of the illness, and point instead to the hospitalization rate among patients with positive tests.

So far in August, about 15 percent of all patients who test positive for coronavirus have required hospitalization. That's the lowest rate in the last five months. In July, the figure was 17 percent. In the prior four months, the figure topped 20 percent.

Currently only two department sites — one in North Chicago, one in Gainesville, Fla. — have reported more than 100 active coronavirus cases on campus. That number was as high as 14 late last month.

Of the 50,000-plus cases among VA patients in the last six months, about 87 percent of the cases were veterans. The remainder are a mix of dependents, military personnel, VA employees and community members receiving care at veterans hospitals as part of the department's federal mission to serve as a backup health system for the nation.

At least 2,636 VA patients have died from the illness since March 18. More than 520 of those deaths were in August so far, making it the deadliest month for virus patients in the system since May, when 740 deaths were recorded.

In June and July, that number did not top 500. The department is on pace to hit nearly 650 in August alone.

Along with the patient deaths, the department has seen 49 fatal cases of the virus among its employees. All but nine of those occurred before July 9.

The decrease in active cases and increase in fatalities comes as large sections of America are seeing similar trends after a summer spike in coronavirus transmissions, particularly in the south and west.

More than 176,000 Americans have died from complications related to the virus in the last six months.

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VA officials have said they are preparing for the possibility of another surge in cases this fall, in line with predictions from national health experts.

But the department has also worked to reopen many medical care sites to non-emergency patients, staff and visitors in recent weeks, in an effort to return to normal operations.

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2 - WRC (NBC-4, Video): Maryland Veterans Home Emerging From COVID-19 Crisis (25 August, Scott MacFarlane, 1.2M uvm; Washington, DC)

A major state assisted living and nursing center for military veterans is emerging from the depths of a COVID-19 outbreak, according to records and interviews conducted by the News4 I-Team.

The Charlotte Hall Veterans Home in St. Mary's County, Maryland, suffered at least 60 resident deaths and required the quarantine of at least 60 staffers during an outbreak of the virus in late spring.

Staffing shortages and personal protective equipment shortages grew so severe during the peak of the crisis, the U.S. Department of Veterans Affairs provided emergency federal help to serve residents and contain the outbreak. The VA serves as the emergency backstop for private and community medical centers during calamities and pandemics and was called upon to help Charlotte Hall respond to the virus.

The Charlotte Hall facility, which serves approximately 160 veterans with assisted-living care and 280 veterans with skilled nursing care, sits on 126 acres in St. Mary's County. It offers deeply discounted services for the state's military veterans.

As COVID-19 spread in the complex, operators shut down units and worked to isolate infected patients and quarantine infected staff. As cases increased, staff levels dropped.

Charlotte Hall officials told the News4 I-Team the VA sent 18 nurses to work 12-hour shifts during late May and early June as coronavirus cases mounted. The agency's nurses were deployed from West Virginia and Pennsylvania, an agency spokesperson told the I-Team.

Maryland Secretary of Veterans Affairs George Owings said the federal VA sent "large numbers of personal protective equipment," including masks and gowns to help Charlotte Hall remain stocked as it responded to the virus.

"We sent a safety team to fit (Charlotte Hall employees) N95 masks and we sent supply teams to see how they were stocking and ordering equipment they needed for the staff," said Michael Heimall, director of the Washington DC VA Medical Center.

Robert Walton, head of a Mid-Atlantic regional office of the U.S. Department of Veterans Affairs, said emergency support will remain available if other medical facilities suffer shortages amid the pandemic. "We have surge beds available and if facilities need our support, we're ready to help them in any way that we can," he said.

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Charlotte Hall officials told the I-Team they have rebounded from the depths of the crisis. As of late August, a spokesman said the facility had zero positive COVID-19 tests. He said the facility significantly reduced visitation and isolated patients beginning in mid-March.

Gabi Mecca, whose husband was a patient and died from a non-COVID-19 cause in late April, said she was only permitted to visit her husband in-person during his final days, while in hospice care.

Mecca said the restrictions were warranted, considering the scope and size of the risk. "Charlotte Hall did a selfless act, to keep on trucking during this time," she said.

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3 - The Record (Video): Opinion: We demand accountability after the Paramus Veterans Home crisis (25 August, Reps. Bill Pascrell (D-N.J.) and Josh Gottheimer (D-N.J), 489k uvm; Woodland Park, NJ)

Months after the first reports of the COVID-19 outbreak that devastated the state-run Paramus Veterans Home, our veterans and their loved ones deserve more than our sympathy. They deserve complete action and accountability for failure to follow commonly accepted protocols, starting with the immediate resignation of the Paramus Veterans Home CEO. With flu season right around the corner, we need to have full confidence that our long-term care facilities, like the Veterans Home, will take every step possible to protect our seniors.

In April, when we first learned of the rapid spread of the virus at the state facility, and more than 30 veterans had died in a matter of weeks, we didn't hear from facility administrators or leadership, but from families who were worried sick about the safety of their loved ones.

That was heartbreaking and unacceptable. We both requested immediate support from the Secretary of the Department of Veterans Affairs to assist the facility, and demanded a federal investigation by the Department's Inspector General into what went wrong. At our urging, 56 VA personnel and 65 NJ National Guard members would be sent to the home, helping stem the tide of the outbreak. The National Guard arrived within hours, and the VA sent medics days later.

At one point, as many as 98% of residents had either tested positive for COVID-19, were awaiting test results, or were already hospitalized. In total, eighty-one residents and veterans in Paramus — who proudly served our country with honor — tragically died from the virus, as well as one caregiver. Because of disasters at the veterans homes in Paramus, Menlo Park, and other homes, New Jersey has more cases and deaths from COVID-19 in long-term care facilities of any state in the nation.

Earlier this month, we learned from a Centers for Medicare and Medicaid Services (CMS) federal inspection report just how bad things were at the state-run facility. Our veterans and the hard-working, compassionate caregivers weren't protected. For months, administrators and leadership failed to adequately protect residents and employees, while going silent as families searched for answers. The inspectors detailed shocking violations of health and safety measures, including a failure to maintain social distancing and to separate infected residents from the healthy, failure to ensure all residents wore masks, woefully inadequate amounts of PPE distributed to staff, lack of proper training for personnel, and a total breakdown in infection control procedures — including unsanitary practices in dining and other areas.

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One family of a misidentified 91-year-old Korean War veteran in the facility was told the resident no longer had a fever and was doing much better, when he had actually died hours earlier. Another 91-year-old veteran — who later died — shared a room with a fellow resident who had already tested positive, with only a curtain dividing them. And this past week's reporting on public inspection records confirmed just how rampant and deep the mismanagement ran at the facility and how administrators completely failed residents and staff.

That even some of this tragedy could've been avoided is an outrage. Yet, to date, no penalties have been issued, and the CEO of the facility remains in charge.

Enough is enough. What should real accountability entail?

First, the New Jersey Department of Military and Veteran Affairs must take full responsibility for the failure to contain the virus, both through preventative measures and once the outbreak began in the facility. That is why we have demanded the immediate resignation of the home's CEO. But residents and veterans were not let down by just one administrator, but by an entire lack of leadership. Senior leaders at the department, including the director of the Division of Veteran's Healthcare Services, must answer for why they failed to prepare the facility for an outbreak, and did not have or request adequate supplies of masks and face coverings required to protect residents and staff.

Second, the State Legislature must follow-through on its promise to fully investigate the failure, without fear or favor. We applaud state Sen. Vin Gopal, chairman of the New Jersey Senate Military and Veterans' Affairs Committee, as well as state Sen. Joseph Lagana, Assemblywoman Lisa Swain, and Assemblyman Chris Tully, for having echoed our call for increased transparency from DMVA leadership.

Third, we are actively working on increasing federal oversight of state-run veterans homes going forward. We recently demanded answers during a congressional hearing of the House Committee on Veterans Affairs to probe the crisis. At Paramus, the Centers for Medicare and Medicaid Services should reassess its decision to not impose penalties for any failure or noncompliance on its report from April. The VA should require inspection contractors to identify all failures to meet the VA's quality standards as deficiencies and list this information on the department's Access to Care website. We also demand to know why the Occupational Safety and Health Administration (OSHA) never followed-up on concerns from March regarding inadequate provision of PPE to staff members.

Finally, the state must come clean to lawmakers and the public. We wrote to the governor, health commissioner, and adjutant general in April, requesting a full briefing and detailed answers to our questions about the failures at the homes. In June, following the report from Mannatt Health, which failed to address the dire situation at state's veterans homes, we wrote an additional request for an update on testing and staffing levels.

To date, we have not received a written response to either letter from the authorities responsible for these facilities. Ultimately, the public deserves answers and the families should not have to sue the state to uncover the truth about what happened to their loved ones.

We are overdue for answers and accountability. The veterans whose untimely passing could have been avoided are no longer with us. It is a shame that the facility's administrator and leadership remain in charge. This facility needs a change in leadership to ensure that such a

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disaster never happens, with a second wave of the virus in the fall, or ever again — and that means, at the very least, the CEO of the Paramus facility must resign.

Bill Pascrell represents New Jersey's 9th Congressional District. Josh Gottheimer represents New Jersey's 5th Congressional District.

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4 - Muskogee Phoenix: Our View: Thankful for VA employees helping others (25 August, 49k uvm; Muskogee, OK)

Muskogee should be so proud of the staff with the Eastern Oklahoma VA Health Care System.

The Claremore Veterans Center saw spikes in COVID-19 cases for veterans and for their staff. The EOVAHCS responded in several ways.

EOVAHCS Engineering staff converted the third floor of the facility to a negative pressure COVID-only ward.

Employees volunteered to work with staff at the Claremore Veterans Center to help care for veterans.

Because many Claremore staff have been unable to work because they either tested positive or were awaiting results, EOVAHCS deployed more than 30 employees from various services to help out.

Mark Morgan, director of EOVAHCS, said he was proud of the employees who volunteered.

"My team brings a higher level of nursing care than is required in a nursing home setting but, in this situation, it is warranted as our veterans need more attention while they combat the COVID-19 virus," he said.

Ross Foote, chief of Inpatient Nursing at EOVAHCS, is one of those volunteers.

Many of the patients in Claremore are from Muskogee and are familiar with some of the staff at Jack C. Montgomery VA Medical Center.

These volunteers are risking their health, which is not something most people would be eager to do. As of Aug. 20, there had been 129 cases of COVID-19 and 36 deaths at the Claremore Veterans Center have been attributed to COVID-19.

We are so grateful that there are people ready to step up and work in these dangerous situations but are determined to help out our veterans who so desperately need them.

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1.1 - Dayton Daily News: Dayton VA's record 'incredible' when it comes to coronavirus response, top leader says (24 August, Sec. Robert Wilkie, 659k uvm; Dayton, OH)

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Dayton is one of the original three sites chosen to host a National Home for Disabled Volunteer Soldiers, an organization that eventually became today's Department of Veterans Affairs.

It's no surprise the Dayton VA Medical Center was prepared to care for Veterans when COVID-19 emerged. During my recent visit, I saw that this VA facility was able to enlist the expertise of its team of professionals to save lives, and the numbers prove it.

As so many health care systems have learned during the last several months, older populations are most vulnerable to the coronavirus. Dayton recognized this quickly and moved to test all patients and staff at the on-campus nursing home it operates, and limited access to that facility.

As a result of those efforts and the implementation of comprehensive safety protocols, only one resident at the Dayton VA nursing home has tested positive for COVID-19 as of mid-August. The one staff member who tested positive for the virus was quickly removed from the facility.

That's an incredible record, especially during a period of extreme uncertainty challenging other nursing homes across the country.

Similar care was taken inside the Dayton hospital, where 130 veterans and staff members tested positive for COVID-19, after more than 3,000 tests were administered.

The virus never overwhelmed the Dayton VA. As of early August, the facility was treating just one patient for COVID-19 and examining a few dozen others who were showing possible symptoms.

The ability of Dayton's staff to manage the virus allowed them to offer aid and assistance to its neighboring VA facilities as well as to local patients.

When medical masks were needed in the early days of the crisis, Dayton VA employees went to work constructing cloth masks that are still being used today by Veterans, employees and staff at other VA locations in Ohio.

When COVID-19 forced Dayton to close its food pantry, it turned that service into a drive-through facility that gave Veterans access to food and supplies[CS1] while minimizing contact with others.

An hour east, at the ambulatory care center in Columbus that I also visited, similar steps were taken to ensure VA staff could keep reaching out to Veterans through telehealth appointments and adding a curbside pickup option through its pharmacy. Columbus sent cards to Veterans who are at high risk of suicide so they could stay connected during these unprecedented times.

The Columbus facility also made sure it took care of its staff by creating a meditation room set up by its chaplain and encouraging yoga and exercise to destress.

When the history of VA's COVID-19 response is compiled, it will likely be examined in Dayton. Last April, I authorized VA to build the National VA History Center in two buildings that were constructed soon after President Lincoln called on America to "care for him who shall have borne the battle, and for his widow, and his orphan."

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During my recent visit, I stood in front of the old headquarters building for the central branch of the National Homes for Disabled Volunteer Soldiers which was built in 1871. I also saw the old clubhouse, built in 1881, where Veterans had a place to play cards or chess, to write and read and to meet with visitors while they recuperated.

I was reminded the early success seen in Dayton is what gave America confidence the government could play a role in fulfilling Lincoln's charge to the nation.

After years of delay, we are finally on the road to creating a public exhibit to tell the story of how we evolved into the modern VA, along with an archive space that will help VA organize documents and materials to publicize this important story.

Dayton is not only an important part of that history — it will be a destination for anyone studying the history.

America is built upon equality and freedom and it is blessed that so many of her citizens volunteer to wear the uniform and defend these ideals. In Dayton these veterans are served by a VA that has answered Lincoln's call and will soon be served by a VA that tells the story of how America has cared for them since Lincoln spoke 155 years ago and counting.

Robert Wilkieis the 10th Secretary of Veterans Affairs.

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1.2 - FOX News (Video): USPS delays endanger 14M who won't get medications on time
(25 August, Vandana Rambaran, 72.4M uvm; New York, NY)

Democratic lawmakers are urging the Senate to agree to $25 billion of funding approved by the House for the U.S. Postal Service, arguing that more than 14 million people won't receive their medications on time if heavy delivery delays continue.

In the midst of the coronavirus pandemic, which has infected and killed more people in the U.S. than any other nation, consumers are relying heavily on the postal service to deliver medications when they can't leave their homes. Many, however, have reported having to go days without prescriptions because of late mail.

"Ninety percent of veterans get the VA prescriptions by the mail," Sen. Dick Durbin, D-Il., said, referring to the Department of Veterans Affairs. "With so many patients postponing healthcare appointments due to COVID-19, opting to get their prescriptions delivered by mail, the timely delivery of that mail is critically and personally important."

According to research by the Kaiser Family Foundation, more than 14 million people received mail-order prescriptions through Medicare and private insurance as of 2018. An additional 330,000 veterans receive medications each day through the mail, according to ConnectingVets.com.

Senate Majority Leader Mitch McConnell, a Kentucky Republican, has pledged not to a pass a bill funding only the postal service, however, and President Trump has threatened to veto the House measure. Members of the GOP-led Senate have said there's no need for legislation that's essentially a reversal of cost-cutting measures by the post office.

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The bill would also halt mail delays until at least next year, as concerns regarding mail-in ballots mount ahead of the November election.

The ruckus over the postal service was triggered by initiatives under new Postmaster General Louis DeJoy, a fundraiser for Trump, who slashed overtime for workers and took other measures that slowed mail services, prompting speculation that his actions were an attempt to support Trump's opposition to mail-in ballots.

DeJoy, who took the position in June, has said he would postpone implementing his new policies until after the election "to avoid even the appearance of any impact on election mail," but health officials are still concerned.

In Cook County, Ill., home to the city of Chicago, "patients have experienced major delays in mail deliveries for their needed daily medication prescriptions due to the U.S. Postal Service's cutbacks. We are worried about people being able to receive their medications on time without disruption," Dr. Claudia Fegan, the chief medical officer of the Cook County Health Department, said at a news conference on Facebook Live.

"Our patients are seniors. They're veterans. They are people who have mobility and transportation issues, and are at higher risk for COVID-19."

Prior to March, fewer than 1% of the 20,000 prescriptions that Cook County Health fills each month were delayed; that number jumped to 23% in July, Fegan said.

"We have some ZIP codes where 50% of our mail order prescriptions were delayed," she added.

The postal service manages 1.2 billion prescription drug shipments a year amounting to roughly 4 million each day, six days a week, the National Association of Letter Carriers reported earlier this year.

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1.3 - Military Times: **Huge slate of veteran suicide prevention measures set for debate next month** (25 August, Leo Shane III, 2.3M uvm; Vienna, VA)

Democratic leaders of the House Veterans' Affairs Committee this week announced plans to mark up a hefty slate of suicide prevention bills early next month as Senate lawmakers and administration officials lament that already existing solutions to the problem aren't moving fast enough through Congress.

The conflict leaves congressional efforts on suicide prevention muddled at a time when outside advocates had hoped for more deliberate action on the issue, following the White House's own delayed push on the topic earlier this summer.

Earlier this month, the Senate unanimously passed the Commander John Scott Hannon Veterans Mental Health Care Improvement Act, which includes a new grant program to encourage collaboration with community organizations on suicide prevention, new hiring rules to

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quickly fill mental health staffing gaps at the Department of Veterans Affairs, and a host of new data requirements to better track potential causes of suicide.

According to VA statistics, about 20 veterans and active-duty service members die by suicide each day, a number that has remained largely unchanged in recent years despite considerable efforts aimed at increasing outreach to at-risk veterans.

Several prominent veterans groups and House Republicans have pushed for immediate consideration of the Hannon bill, calling it an critical need. The newly-announced committee hearing, scheduled for Sept. 10, will cover that bill as well as parts of 31 other proposals on the topic. Most of the new proposals have been rolled out since the start of July.

Typically, those kind of mark-up events cover only about a dozen pieces of legislation, but the shortened legislative schedule due to the looming November elections have added extra work — and urgency — to the schedule.

“If we’re serious about reducing veteran suicide, we need sweeping legislative action backed up by mental health experts and veteran stakeholders that addresses recommendations from the PREVENTS Task Force and Department of Defense,” committee chairman Mark Takano, D-Calif., said in a statement.

“Never before has this Committee advanced monumental veterans policy without first fully understanding what it will cost American taxpayers, and more importantly, what impact incomplete legislative efforts could have on veterans’ lives. We are committed to ensuring VA provides high quality and timely care and benefits to our nation’s veterans.”

House leaders have expressed concerns that the Senate bill — which itself took more than a year to advance out of that chamber — omits several key topics like firearms safety among veterans, targeted care for minority veterans groups and additional requirements on mental health grants to ensure that outside groups are providing worthwhile resources.

But supporters worry that work is unnecessarily slowing down the Senate package, which they see as critical in addressing suicide prevention.

“This bill alone won’t end the tragedy of veteran suicide, but it is an undoubtedly important next step that will save lives,” committee ranking member Phil Roe, R-Tenn., said in a letter to House leadership last week. “We should take it without hesitation and then we should get back to work.”

In a conference call with veterans groups on Monday, VA Secretary Robert Wilkie — who has voiced strong support for the suicide prevention grant program and publicly sparred with House Veterans’ Affairs Committee leaders — said he is pessimistic about the chances of passing the Hannon bill this year given the recent lack of legislative progress.

In June, the White House unveiled the results of its 15-month push on the issue, the President’s Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS) which is designed to bring together a host of federal government and community efforts on the issue.

It called for more federal coordination with community providers on mental health outreach, promotion of “safe storage” programs for firearms owners and a public awareness campaign on

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suicide prevention set to launch this fall. House lawmakers have noted that several of the White House's stated goals aren't included in the Senate bill.

Takano called the Hannon bill — which received strong support from Senate Democrats — "a promising start" but said House lawmakers "must complete the work necessary to tackle this crisis" before finalizing any plans.

If House lawmakers advance suicide prevention legislation this fall, it will come in a shortened window of congressional work. Lawmakers are scheduled to head to Capitol Hill for most of September but return to their home districts for most of October and November, giving Congress only a few working weeks to finalize a bill before the end of 2020.

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1.4 - Stars and Stripes: Trump's VA accountability office has recommended discipline for seven leaders since 2018 (25 August, Nikki Wentling, 1.7M uvm; Washington, DC)

An office created by President Donald Trump to root out poorly performing Department of Veterans Affairs leaders has received thousands of complaints since 2018, has investigated 389 of them and has recommended disciplinary action against seven senior employees.

The VA Office of Accountability and Whistleblower Protection substantiated six allegations of misconduct and one instance of whistleblower retaliation, according to its annual report, which was shared with Congress this week. In at least one case, however, no disciplinary action was taken.

The report highlights the office's work over 19 months, from October 2018 to May 2020.

Trump created the office in 2017, fulfilling a campaign promise to make it easier to say, "You're fired," to VA workers. He often touts the office as one of his biggest achievements, and it's being highlighted as a reason to reelect him. During the Republican National Convention on Monday, Natalie Harp, a member of Trump's campaign advisory board, said if Trump hadn't been elected, "there would still be no accountability at the VA."

Of 3,463 complaints submitted to the office from October 2018 to May 2020, 389 cases were determined to be in its purview. The office investigates matters against VA leaders or supervisors suspected of breaking the law, abusing their authority or endangering veterans, among other things.

The office substantiated allegations against seven employees and recommended to top VA officials that they be disciplined. It was unsure Tuesday whether the employees in some of the cases were disciplined and to what extent.

While the report didn't include the employees' names, it detailed four of the cases. In one, the office recommended a demotion for the chief of staff of a VA medical center because the chief of staff failed to separate an employee from a suspected sexual harasser. The medical center followed through on the recommendation and the employee was demoted.

In another instance, a chief of staff at a VA hospital closed a surgery center without ensuring veterans could receive care elsewhere. The office determined it was a neglect of duty that

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potentially endangered veterans' care. However, the hospital didn't follow the office's recommendation that the chief of staff be suspended.

An investigation by the office led to the removal of two senior executives because of discrimination, the report states. The office also found that a hospital supervisor had retaliated against a whistleblower by recommending they be fired. The supervisor had left his or her VA position before any disciplinary action could be taken.

While the office investigated 389 allegations in the past 19 months, much of its time was spent fixing problems with the office that existed since its outset. The VA Office of Inspector General revealed last year that the office took "troubling" actions, was confused about its mission and retaliated against those it was tasked to protect.

The IG accused the former directors of the office, first Peter O'Rourke and then Kirk Nicholas, of "leadership failures" that led to "significant deficiencies" in how it operated. The IG found cases of limited and one-sided investigations that had a "chilling effect" on other whistleblowers' willingness to come forward.

The current director of the Office of Accountability and Whistleblower Protection, Tamara Bonzanto, was appointed in January 2019. In a preface to the report, she wrote the office has "undergone a radical transformation." Bonzanto established new policies, improved investigations and increased training, she said.

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1.5 - Stars and Stripes: Army veteran's remains were lost in the mail for nearly two weeks
(25 August, Steve Beynon, 1.7M uvm; Washington, DC)

For nearly two weeks, the family of deceased Army veteran Scott Egan did not know where his cremated remains were.

Egan had died in St. Louis in July at a Department of Veterans Affairs hospital, according to a report from Fox61, a local Connecticut TV station, and for 12 days his remains remained missing until a postal worker drove two hours each way to deliver the veteran's ashes, once they were found.

His sister Jean Egan said she tried to mail his ashes from her home in Connecticut to her sister in Maryland with expedited two-day delivery through the U.S. Postal Service. But her brother's remains never arrived.

The Postal Service has yet to provide the family with a reason for the delay, Egan said in the Fox61 report. Postal Service officials also did not respond Tuesday for a request for comment.

"If Postmaster General [Louis] DeJoy cannot do his duty to the American public, and military families like mine, then he should be removed from his post," Egan said Friday during a news conference in New Haven alongside Sen. Richard Blumenthal, D-Conn.

Egan spoke with reporters along with Blumenthal as DeJoy prepared to face House Oversight Committee Democrats on Monday on whether recent delays in postal services and cuts to postal workers' overtime will hinder the presidential election in November.

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"I think the postmaster general owes the Egan family an apology," Blumenthal said during the news conference. "And he ought to do it right now."

The Postal Service has come under fire recently following reports of delayed mail deliver, funding concerns and President Donald Trump's comments that mail-in voting leads to fraud and warning of a "rigged" election.

On Monday, DeJoy rejected accusations from House Democrats that he has taken inappropriate actions to sabotage the postal service ahead of the election. Some Democrats contended that since DeJoy has taken his position running the Postal Service, he has weakened the service's capacity to handle mail-in ballots. Trump appointed DeJoy, a former fundraiser for the Republican National Convention, to the job recently as the coronavirus pandemic threatened the Postal Service's financial viability.

"With the cutbacks, I learned with the removal of automated equipment that every parcel had to be hand scanned," Egan said. "It took five days to scan my brother's remains into the system."

Disabled American Veterans, a national veterans organization, also sounded the alarm last week over cutbacks to USPS has delaying prescription deliveries from the Department of Veterans Affairs. The VA fills 80 percent of its prescriptions by mail — about 120 million prescriptions per year arriving daily to 330,000 veterans.

The VA denies significant issues with delivery, but the department told Disabled American Veterans that it has detected hot spots with delivery delays, including Detroit, Arizona and parts of New York and New Jersey. In areas with delays, the agency has switched to other delivery services, such as Federal Express and UPS.

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2. Improving Customer Service

2.1 - NPR (Morning Edition, Audio): Veteran's Appendectomy Launches Excruciating, Months-Long Battle Over Bill (25 August, Elizabeth Lawrence, 45.3M uvm; Washington, DC)

In late August 2019, Shannon Harness awoke to serious pain in the lower right side of his abdomen — a telltale sign of appendicitis.

Harness booked it to the emergency room of the only hospital in the county: Heart of the Rockies Regional Medical Center in Salida, Colo. After a CT scan, doctors told Harness he had acute appendicitis and required immediate surgery.

A surgeon performed an appendectomy that night and released Harness the next day.

But a couple of days later, Harness felt sharp pains where his appendix had been. The pain grew until he was on the floor screaming.

"It was disturbing," says his partner Eliza Novick-Smith. "He has a pretty high pain tolerance," given previous injuries from military service and mountain biking.

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Harness went back to the hospital, where another CT scan revealed a blood clot the size of a brick floating in his pelvic area, a rare complication that most likely came from clipping and stapling the appendix tissue in the first surgery, his surgeon says. Harness would need another operation to check for the source of bleeding and to remove the clot.

After four more days in the hospital, he went home. It took him a couple of months to fully recover.

Then the bill came.

Patient: Shannon Harness, 39, a Marine Corps veteran and an operations manager for a company that builds mountain bike trails across the United States. At the time of this incident, Harness had no insurance.

Total owed: The original hospital bill was $80,232 for both surgeries: The first surgery cost $35,906 and the clot surgery cost $44,326. This amount does not include payments to the surgeon, anesthesiologist, pathologist or radiologist.

Service provider: Heart of the Rockies Regional Medical Center, a nonprofit critical access hospital in Colorado, where the surgeries were performed. Anesthesia, radiology and pathology were performed by other providers.

Medical services: Laparoscopic appendectomy, followed by a second surgery a few days later, to resolve complications.

What gives: Uninsured patients are extremely vulnerable to exorbitant hospital bills. It's difficult to negotiate with a hospital without the leverage and bargaining power of an insurance company. Worse, uninsured patients are often billed three or four times what an insurer or government program would pay for the same service, says Anthony Wright, executive director of Health Access California, an organization advocating for affordable health care in California.

"As somebody who's uninsured, you are getting an unnegotiated rate," Wright says — a rate derived from the hospital's master price list. Insurers typically pay a rate that is a tiny fraction of that cost.

Harness was uninsured for seven years before this incident. (Though he now has VA Health Care, he had initially avoided looking into VA Health Care because he felt "other vets needed it more.")

His employer didn't offer insurance, and the Affordable Care Act plan he qualified for cost $350 a month — money he didn't have.

One option for uninsured patients is a hospital's financial assistance program, a requirement in some states. In Colorado, every hospital is supposed to have a comprehensive charity care program for uninsured patients that earn less than 250% of the federal poverty level.

Heart of the Rockies hospital determines financial assistance on a sliding scale of family size and income. They also offer a self-pay discount of 15% to uninsured patients. Harness said the hospital's financial services office initially told him he was ineligible for their assistance program as well as the Colorado Indigent Care Program. Harness had worked overtime the previous

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month and missed the qualification by around $200. The hospital would use only his past two pay stubs to verify his income, he says.

The hospital wouldn't answer any questions about Harness' care or bills, even though he gave it permission to do so.

Another quirk of the U.S. health care system that Harness encountered is that when surgeries don't go as planned, and need revision with another operation, the patient (or his insurer) typically pays again. Medicare and some insurers have experimented with "bundled payments," through which the hospital gets a set fee for the surgery and any follow-up care for 90 days thereafter.

Resolution: Harness filed a grievance with the hospital with the help of Novick-Smith, who is a lawyer, to push back on the bills for the two surgeries — $35,906 for the first and $44,326 more for the second —and express concerns with the quality of care.

Healthcare Bluebook, which estimates costs based on insurers' claims data, says a fair price for an appendectomy in Salida is around $12,600. Dr. Gina Adrales, director of minimally invasive surgery at Johns Hopkins Medicine in Baltimore, says the complication Harness experienced is not common. The complication rate for an appendectomy is fairly low, she says.

In November, the hospital decided to give Harness a 30% discount for both surgeries — leaving him with a still hefty bill of $56,162.40.

The couple followed up repeatedly with the hospital for months, often finding representatives "hard to reach." More than six months later, in March, the hospital told Harness he would have to pay for the second surgery because it was a risk he accepted by agreeing to the appendectomy.

Adam Fox, director of strategic engagement at Colorado Consumer Health Initiative, says it's "especially important" to push back on bills resulting from surgical complications. "It usually indicates that something didn't go right in the first surgery and at least that second surgery should be provided at a substantially reduced cost to the individual," he says.

By May, the hospital gave in. Lesley Fagerberg, Heart of the Rockies' vice president of financial services, wrote a response to Harness' grievance, reducing the total bill by roughly the amount charged for the second surgery. But she didn't explain how the hospital had come to that decision.

"Unfortunately, there was a complication in your appendectomy surgery," Fagerberg wrote. "As explained in the consent to treat, a surgery/procedure has inherent risk. Your case has been reviewed and the total bill has been reduced by $31,218.60."

Harness' final bill from the hospital, Fagerberg wrote, stands at $22,304.17 after adjustments that included a self-pay discount.

Harness and Novick-Smith said that still seemed too high to them, and after some research, offered to pay the hospital $12,000 upfront. The hospital rejected this offer.

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Now, Harness is working out a payment plan with the hospital. The hospital offers an interest-free payment plan if he can pay it off in two years, but for Harness, those monthly payments would be more than his rent.

"I would not be able to do it by myself — I wouldn't have another choice other than taking out a loan," Harness says. "Before the appendectomy, I was looking for property and homes to purchase and that is pretty much completely off the table right now."

Novick-Smith says she's glad the hospital ultimately wrote off the bill for the second surgery. But she still feels angry with the hospital.

"What feels particularly hard is that the hospital markets itself in our community as this vital community resource," she says, "and they provide a lot of jobs. Their lack of transparency and lack of communication with us made this all a whole lot worse, especially because there's nowhere else to go."

The takeaway: The United States health care system is not forgiving to the uninsured, who, paradoxically, often face the highest bills of all patients. The benefit of having insurance is in part that your plan pays much of the bill, but also that you get the benefit of being charged the plan's highly discounted rates. If your employer doesn't provide health insurance, check whether you're eligible for a public program, says Wright.

If you're uninsured and stuck with a huge bill, Fox says, the first step is to ask for an itemized bill to ensure it reflects the actual service you received. The next step is to check the hospital's charity care policy. Another resource uninsured patients can turn to are organizations like the Colorado Consumer Health Initiative.

"It's by no means a perfect solution because there's only so much that we can do to help consumers advocate for themselves in these cases, but we do our best," Fox says.

If all else fails, Wright says, it's best to put pressure on the hospital before they sell the bill to a collections agency. There's less room for negotiation once a bill goes to collections, Wright says. And if all else really fails, you could try calling the press.

Dan Weissmann, founder, reporter and producer of the Arm And A Leg podcast produced the radio version of this story.

Bill of the Month is a crowdsourced investigation by Kaiser Health News and NPR that analyzes medical bills. Do you have an interesting medical bill you want to share with us? Tell us about it.

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2.2 - Connecting Vets: **VA accountability office, meant to root out bad leaders, advised action against 7 since 2018** (25 August, Abbie Bennett, 10M uvm; Washington, DC)

A Department of Veterans Affairs office of accountability, established by President Donald Trump and hailed as one of his hallmark efforts to help veterans, has recommended action against seven leaders in the last two years.

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The VA Office of Accountability and Whistleblower Protection (OAWP) was intended to hunt down and remove bad leadership at the federal agency and has received thousands of complaints against VA leaders since 2018. So far, the office has investigated 389 of those complaints and recommended action against seven staffers in leadership roles.

In the OAWP's annual report to Congress this week, officials detailed investigations into allegations of misconduct and whistleblower retaliation linked to seven leaders. The report covers OAWP's work from October 2018 until May 2020.

The president established the OAWP in 2017, part of a vow to clean up VA, including making it easier to fire VA staff who don't fulfill their duties to veterans. The office is an accomplishment Trump has routinely touted, along with varying counts of the thousands of VA employees removed by the office. But most of those staffers have been lower-level VA employees. Few have been leaders.

The office has faced significant criticism in the past year. In October 2019, the VA Inspector General released a report calling OAWP a failure in its mission to protect whistleblowers. Whistleblowers alerted Congress that the office had not only failed to protect them but that in some cases, it retaliated against the people it was meant to shield. An Inspector General investigation and report released last year largely substantiated those allegations, showing the office conducted subpar investigations, had no standard operating procedure and may have actively targeted at least one whistleblower.

The office did, however, create a draft plan to more than double the number of executives it has, from nine to 19.

Of the 3,463 complaints OAWP received from October 2018 to May of this year, the office decided that 389 fell under its jurisdiction. Of those, OAWP investigators found evidence supporting allegations against seven and recommended that all be disciplined.

The seven leaders were not identified in the report, but investigators shared details about four of the cases.

In the first case, OAWP recommended a VA medical center chief of staff be demoted because they failed to "separate an employee from an alleged sexual harasser." Medical center leaders did demote the chief of staff based on OAWP's recommendation.

In another case, another VA hospital chief of staff shut down a surgery center without making sure veteran patients had another option for care elsewhere. OAWP ruled that the chief of staff neglected their duties and potentially endangered those veterans and recommended that the chief of staff be suspended. Hospital leaders did not follow that recommendation.

Two senior executives were removed because of discrimination substantiated by an OAWP investigation.

A VA hospital supervisor retaliated against a whistleblower, recommending that they be fired, another OAWP investigation revealed, but the supervisor left their VA position before action could be taken against them.

The report did not include full details on all seven, or if disciplinary actions were taken against all of them.

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Though the office has faced criticism from whistleblowers, veterans, lawmakers and advocates in recent years, the president and his supporters and appointees, including VA Secretary Robert Wilkie and his executive leadership staff, continue to promote it as a landmark accomplishment for the administration.

Tamara Bonzanto, appointed director of the OAWP in January 2019, said in the report that her office has "undergone a radical transformation" including new policies, better investigations and more training and accountability. "One theme is constant: accountability in VA matters." she wrote.

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2.3 - Connecting Vets: Lawmakers call on USPS Postmaster General to prioritize veterans, troops (25 August, Abbie Bennett, 10M uvm; Washington, DC)

Capitol Hill lawmakers are calling on the leader of the U.S. Postal Service to prioritize veterans and troops after reports of delays affecting mail-order prescriptions and other critical deliveries.

In a letter sent this week to USPS Postmaster General Louis DeJoy, Senate Veterans Affairs Committee Chairman Jerry Moran, R-Kansas, asked that, as DeJoy considers reforms to the Postal Service, he ensure that mail-order prescription deliveries remain a top priority.

"As you continue your work, I ask that you pay special attention to the relationship between the Department of Veterans Affairs (VA) and USPS, so that together, VA and USPS can continue and improve service to veterans across the country," Moran wrote. "The VA mail order pharmacies provide approximately 120 million outpatient prescriptions to veterans annually, totaling nearly 89 million packages. On a typical day, more than 330,000 veterans receive a VA prescription in the mail, and USPS is responsible for delivering almost 90% of them."

In a House Oversight Committee hearing on Monday, DeJoy said USPS was working to correct any delays in service.

"We are very concerned with the deterioration in service and we are working very diligently," DeJoy said. "We are focused on fixing it. We are starting to see a nice recovery ... We should have cleared it up quicker. We are focused on it ... We are concerned about every delivery that is late and we are working very, very hard to get it back on track,."

When asked if he knew how many veterans depend on USPS to deliver their prescriptions, DeJoy said he did not know.

Though DeJoy acknowledged delays in service, he largely did not take responsibility for them. He attributed most longer delays to the coronavirus pandemic and said recent changes he made were intended to ensure delivery trucks completed their routes on time.

"Theoretically, everyone should have gotten their mail faster," DeJoy told senators last week in a hearing where lawmakers shared stories of veterans waiting for their prescriptions to arrive.

"In light of the difficult environment, I urge you to remain mindful that ongoing management and operational reforms do not negatively impact important functions that VA and our veterans rely

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on," Moran wrote in his letter to DeJoy. "I ask that as operational changes are made, timely and reliable delivery of prescription drugs to veterans remains a priority."

Three days before his appearance in the Senate last week, DeJoy announced he planned to halt changes that some argued led to the reported mail delays, until after the November election.

Internal memos and USPS staff, including some veterans like Cole Butterfield, an Army vet and American Postal Workers Union leader in Oregon, said package delays, including veterans' prescriptions, were caused by new policies that discouraged overtime, meaning packages were left behind if they would delay carriers on their routes.

DeJoy, a top donor to President Donald Trump, took over USPS on June 15. DeJoy issued a memo during his first month leading USPS which mentioned the Post Office's continued financial struggles and announced new policies, including that the USPS would now accept delayed mail to save costs.

"One aspect of these changes that may be difficult for employees is that — temporarily — we may see mail left behind or mail on the workroom floor or docks (in Processing and Distribution Centers), which is not typical," the memo reads, adding that USPS should avoid overtime payments caused by "late and extra trips."

Connecting Vets first reported the delays affecting veterans, according to dozens of veterans and caregivers, VA pharmacy staff and pharmaceutical company leaders, on Aug. 5. By Aug. 21, more than 200 veterans and caregivers, along with dozens of VA employees, pharmaceutical leaders and USPS staff confirmed that Postal Service issues are delaying veterans' medications, sometimes by weeks. They provided documents showing medication shipping delays, internal memos and more.

The vast majority of Department of Veterans Affairs prescriptions are fulfilled by mail from a group of seven massive, automated hub pharmacies across the country, the Consolidated Mail Outpatient Pharmacy (CMOP) system. That centralized pharmacy system processes about 80% to 90% of all VA outpatient prescriptions and almost all (90%) of those are shipped through USPS. The other prescriptions are typically filled at local VA medical facilities.

VA's mail-order pharmacy system processes more than 120 million prescriptions per year, nearly half a million prescriptions daily and each working day, more than 330,000 veterans receive a package of prescriptions in the mail. Veterans who live further from VA medical facilities, especially in rural and remote areas of the country, often depend on mail-order prescriptions.

USPS is also one of the country's largest veteran employers, with nearly 100,000 veterans on staff (about 15% of the total USPS workforce). About 60% of the veterans working at USPS have a disability rating, the agency estimates.

VA prescriptions mailed by the U.S. Postal Service in the past year have seen delays of nearly 25%, the federal agency recently told Disabled American Veterans, and VA told Congress previously that to help mitigate delays, the department was forced to switch to alternative delivery services in some areas, such as UPS and FedEx, among other measures.

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"VA always encourages veterans to order routine prescriptions in advance" and the department "continually monitors prescription delivery times throughout the country and uses a variety of methods to ensure timely delivery, including in-person pharmacies, USPS and commercial carriers," VA Press Secretary Christina Noel told Connecting Vets.

Military families

In another letter to DeJoy sent last week, Senate Veterans Affairs Committee ranking member Jon Tester, D-Mont., led 28 other Democrat other senators in raising concerns about how operational changes at USPS could disproportionately harm deployed troops and their families.

USPS is the only service that can deliver to the Army and Fleet Post Office addresses used by the military overseas, and troops and their families stationed domestically also rely heavily on USPS. For many of them, absentee ballots are the only way they can vote.

"This population of Americans is disproportionately affected by any actions that restrict or delay the mail, which is sometimes the only reliable connection they have with loved ones during their military service," the senators wrote. "Service members rely on USPS for the delivery of medicines, ballots, bills and countless other pieces of vital mail.

"Even more alarming is the reality that service members depend on the mail to exercise their most important rights as American citizens: the right to vote. Absentee ballots are the only way that most of the military community can use their constitutionally protected right to cast a ballot. Making absentee voting more difficult disenfranchises the very Americans who serve and sacrifice on the front lines in defense of our right to vote and live in a democratic society – a cruel irony to our men and women in uniform that must be remedied immediately."

In recent Senate and House hearings, DeJoy has assured lawmakers that USPS has the funding and resources to ensure that election-related mail arrives on time, though he advised people to request and mail their ballots early.

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2.4 - Connecting Vets: **Post office finds cremated remains of veteran after 12 days** (25 August, Julia LeDoux, 10M uvm; Washington, DC)

A Connecticut woman said her veteran brother's cremated remains went missing for 12 days after she tried to mail them to her sister.

Jean Egan told news outlets on Aug. 21 that she had tried to mail the remains of Scott Egan to her sister in Maryland on Aug. 7, the Journal Inquirer reported.

Egan told the Connecticut Post that she mailed the package with two-day expedited shipping and noted their contents on the outside of the package. A week later, they still were not delivered.

Speaking before a group of reporters with U.S. Sen. Richard Blumenthal, D-Conn., in Suffield Friday, Egan said her brother was "missing in action" inside the postal service due to budget cuts, and that Postmaster General Louis DeJoy had been "derelict" in his duty to the American people and military families.

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In a tweet, Blumenthal said Egan's remains were lost for 12 days "due to the delays & disruptions from Postmaster General's cutbacks & downsizing," the latest broadside against the embattled federal agency that has faced criticism for service delays ahead of the November elections.

In his tweet, Blumental called on DeJoy to apologize to the Egan family and offer an explanation for the delay.

"There was misdirection given at the point of mailing and we are working with our personnel around the state to, again, raise awareness in proper procedures for handling cremated remains," Maureen Marion, a spokeswoman for the postal service's New England region, told the Connecticut Post.

Blumenthal later tweeted for DeJoy to resign.

"By conducting cutbacks & downsizing, DeJoy is sabotaging our mail with damaging, debilitating delays," the tweet reads.

Egan said her brother died in a Veterans Administration hospital in Virginia. He served in the military from 1973 to 1988 and has a son currently serving in the U.S. Navy.

Scott and Jean Egan's father served during the second world war, she said.

Egan contacted Blumenthal and U.S. Sen. Chris Murphy after entering the tracking number for the package on the day it was supposed to have been delivered and realizing it had first been scanned into the system that same day — five days after she dropped it off, the Connecticut Post reported.

The package sat in a U.S. Postal Service facility in Springfield until it was found, according to the Journal Inquirer.

"Some 12 days after those remains were sent they were delivered by a postal worker who drove for two hours each way...without overtime to deliver those remains to Jean's sister," Blumenthal said Friday.

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2.5 - Connecting Vets: **Veterans Affairs hospitals surpass 50,000 COVID-19 cases, 500 deaths in August** (25 August, Abbie Bennett, 10M uvm; Washington, DC)

The Department of Veterans Affairs surpassed 50,000 total cases of the coronavirus Tuesday evening and has added more than 500 deaths from the fast-spreading virus so far this month -- the most since May.

VA officials recorded 50,001 total COVID-19 cases Tuesday evening. More than half of the total number of positive coronavirus cases at the department came in the last two months.

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Of those 50,001 total cases, 3,761 cases at 137 VA hospitals are considered "active" and the rest are veterans, employees and other patients who are recovering at home or have passed the 14-day mark since testing positive.

Most of VA's more than 50,000 cases were veteran patients -- about 87% -- while others are family members, VA staff, military personnel and others VA has cared for as part of its Fourth Mission to serve as America's backup healthcare system in emergencies.

While active cases seem to steadily be falling among department patients, deaths continue to rise and August is now the second-deadliest month of the pandemic so far.

As of Tuesday, 2,637 VA patients have died of the virus. Of those, 527 died in August, making it the deadliest month of the pandemic since May when 740 VA patients died. At the current rate, VA could see as many as 650 patient deaths in August, though in June and again in July, deaths did not reach 500.

Department officials have consistently said that they do not consider case counts as appropriate measures of the spread or severity of the virus throughout VA. Instead, officials point out a continually decreasing rate of hospitalizations at VA hospitals.

August has seen the lowest rate of hospitalizations for VA patients so far in the pandemic, at 15%, compared to 17% in July and more than 20% in prior months.

More than 4,500 VA employees have now also tested positive for the virus since March and 49 have died. Of those deaths, 40 happened before July and seven VA staff have died in August so far.

About 5.3% of VA patients who have died because of the coronavirus, higher than the 3.1% of Americans who have died, though VA officials have cautioned against such comparisons since VA's patient population can differ significantly from the average American.

So far, VA has administered more than 576,000 COVID-19 tests nationwide.

VA senior leaders have said they are preparing for a potential surge of the coronavirus in the fall and winter, in line with warnings from other experts.

"We are preparing in the event this boomerangs on the country in the fall and in the winter," VA Secretary Robert Wilkie said recently. "We are preparing for the eventuality of flu and COVID coming together."

The flu epidemic of 1918 is the closest medical experts can come to evaluating how the COVID-19 pandemic might play out based on past experiences in the United States, Stone said, adding that 1918 saw a much deadlier second wave in the fall and winter.

"We'll be prayerful that there's not a second wave, but I don't think we can predict it," Stone said.

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2.6 - WBTV (CBS-3): Salisbury VA Medical Center's nursing home continues to perform at a 5-star level (25 August, David Whisenant, 1.5M uvm; Charlotte, NC)

SALISBURY, N.C. (WBTV) - The Community Living Center (CLC) at the W.G. (Bill) Hefner VA Medical Center continues to provide care for veterans at an outstanding level, according to a press release, maintaining a five-star rating for the second quarter of fiscal year 2020.

"Maintaining a five-star rating requires a lot of work and attention to detail," said Dr. Mark Heuser, associate chief of staff for Geriatrics and Extended Care. "The starting point is understanding that by providing the best care and documenting that care accurately will translate into excellent measures, which is reflected in the five-star rating system used for all long-term care facilities in the US, not just VA."

The rating considers the facility's RN staffing levels, quality measures, and the survey. Long Term Care Institute conducts the survey, which according to Lauren Crotts, chief nurse for Geriatrics and Extended Care, is the hardest metric.

"They interview patients, family, staff, review policies, and perform chart reviews," said Crotts. "It's a complicated process. They look at the whole environment of care, how much like home it is, how institutionalized it is, does your staff know the Veterans. The survey is so difficult because you never know what you're going to get. It's very complex. It's all about the type of surveyors and what they are looking for."

A couple of years ago VA adopted the same measurements as the civilian sector so it could compare its facilities with those in the community. Salisbury VA saw its previous VA rating drop to one star with the institution of the new system. It wasn't that the care had changed; the metrics had.

"When the new measurement was started, we didn't have the opportunity to fully understand the complete tool and the few changes made to it by the VA," said Heuser.

The fact is VA could play it safe and only accept low-risk admissions—a no fall risk or someone in relatively good health—to make getting a high rating easier. But VA doesn't do that.

"We don't shy away from difficult admissions because of how it may impact our quality measure," said Crotts. "We look at it as a challenge. We take care of very complex wounds.

Right now, we are ranked better than many of the facilities we compare to in our community."

Since the beginning of the pandemic, only one resident of the 124-bed CLC has tested positive for COVID-19 even though multiple employees have.

"That probably is a result of good techniques that the staff are using every day, not only their hand washing but in their use of personal protective equipment," said Heuser. "It's a real compliment to the staff."

Though the CLC boasts a five-star rating, CLC leadership and staff are looking for ways to become even better.

"Even though we are five stars in quality, we are implementing a new program to review quality data from a different angle," said Crotts. "It's important to continually update our practices and

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look at new ways of dissecting the data. Just because we are sitting at five stars doesn't mean we aren't going to shoot for better."

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2.7 - Modern Healthcare: Opinion: Protect the critical roles the Postal Service plays (25 August, 370k uvm; Chicago, IL)

We are writing as a diverse group of women healthcare leaders who represent medicine, nursing, hospitals, health systems, research, policy and finance. Healthcare is our industry, our professional identity and our life's work. The health of American families is the cornerstone of our collective mission, vision and values.

We are deeply troubled by the changes already made, as well as postponed but threatened cutbacks at the U.S. Postal Service. We view preserving the Postal Service as vital to the fight against COVID-19 and the support of vulnerable populations like seniors, minorities and disabled people. We also look to the Postal Service to protect Americans' right to vote, giving them a voice in setting the healthcare agenda.

None of us could function without a high-performing Postal Service. Each piece of the healthcare system—providers, insurers, government and suppliers—relies on a consistent, predictable mail service.

Cutbacks to mail delivery could short-circuit healthcare's ability to prevent, diagnose and treat disease and deliver the kind of high-quality, safe, affordable care that Americans deserve.

The consequences of Postal Service slowdowns are especially dire for patients and their families. Millions of Americans, including rural residents, seniors, and 80% of veterans, rely on the post office to deliver medications, medical supplies, equipment and tests, and health information.

Americans with chronic conditions look to the Postal Service to deliver supplies, tests and medications to treat diseases like diabetes, cancer, asthma, epilepsy, heart failure, high blood pressure, chronic obstructive pulmonary disease, stroke and now COVID-19.

What would happen if patients and families could no longer depend on the timely delivery of supplies, equipment and medications—ranging from glucose monitors, nebulizers and orthopedic supports to colon cancer tests, surgical masks and medications for diabetes or heart disease? These products do more than enhance the quality of patients' lives. They save lives and extend lives.

The bottom line: The Postal Service delivers more than the mail; it delivers health and well-being. Unfortunately, recent cuts have put the life-saving capacity of the post office at risk. Groups like the Veterans Affairs Department, National Nurses United and the American College of Physicians have documented and zeroed in on the health risks of medication delays.

The issue is not how to slash Postal Service costs but how to expand and accelerate its services to strengthen the nation's health. How could the Postal Service make it easier for Americans to secure medications and medical tests, equipment and supplies?

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The Postal Service also plays a vital role in safeguarding Americans' right to vote in the November presidential election. Americans rely on voting to make their voices heard on health and healthcare issues—from COVID-19, Medicaid and Medicare expansion and surprise billing, to the ACA's future, drug prices and telehealth.

Americans deserve an easy, accessible and efficient mail-in voting system in this year's election. Only then can Americans truly engage in their own health and design a vibrant national healthcare agenda for the coming decade

Forcing in-person voting counters the advice of public health experts and puts vulnerable Americans at risk for the possible "twindemic" of flu and COVID-19.

America and American healthcare stand at a pivotal moment. The Postal Service must honor its commitment to deliver health-enhancing and life-saving supplies, tests, medications and equipment while exploring new ways to enhance and expand its core mission. Healthcare views the Postal Service as a business partner and champion of the right to vote. Let's restore and strengthen its services. Our health and healthcare depend on it.

Stephanie C. Alexander, former CEO, PeraHealth; senior vice president and general manager of healthcare informatics, Premier

Madeline Bell, president and CEO, Children's Hospital of Philadelphia

Linda Bergthold, Ph.D., former principal, Willis Towers Watson and William M. Mercer

Odette Bolano, president and CEO, St. Alphonsus Health System

Dr. Christine Cassel, senior adviser on strategy and policy, department of medicine, University of California at San Francisco

Maureen Cotter, healthcare actuary

Dr. Molly Joel Coye, former health commissioner, New Jersey and California

Dr. Jennifer Daley, corporate medical executive

Alexandra Drane, co-founder and CEO of Rebel Health and Archangels

Susan Edgman-Levitan, executive director, MGH Stoeckle Center for Primary Care Innovation at Massachusetts General Hospital

Dr. Lisa Egbuonu-Davis, former vice president of patient outcomes and solutions, Sanofi; former vice president of U.S. Medical, Pfizer

Dr. Susan Ehrlich, CEO, Priscilla Chan and Mark Zuckerberg San Francisco General Hospital and Trauma Center

Dr. Rebekah E. Gee, CEO for healthcare services, LSU Health

Elinor Hall, former administrator, Health Division, Oregon Department of Human Resources

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Barbara B. Hill, former CEO, ValueOptions

Carmen Hooker Odom, former secretary of North Carolina Department of Health and Human Services

Dr. Risa Lavizzo-Mourey, University of Pennsylvania professor of medical ethics and health policy; president emerita, Robert Wood Johnson Foundation

Margaret Laws, president and CEO, Hopelab

Fawn Lopez, publisher and vice president, Modern Healthcare

Linda McGoldrick, non-executive chair, Financial Health Associates International

Kathy Mershon, former officer of a Fortune 500 healthcare company

Debra L. Ness, president, National Partnership for Women & Families

Amy Perry, CEO, Hospital Division, Atlantic Health System

Mary A. Pittman, DrPH, president and CEO, Public Health Institute

Dr. Deborah B. Prothrow-Stith, dean, College of Medicine, Charles R. Drew University of Medicine and Science

Dr. Rita Redberg, professor of medicine, University at California at San Francisco

Dana Gelb Safran, ScD, former chief of performance measurement and improvement officer, Blue Cross and Blue Shield of Massachusetts

P.K. Scheerle, chairman and CEO, Gifted Healthcare

Nancy M. Schlichting, former president and CEO, Henry Ford Health System

Linda D. Sonntag, Ph.D., former general partner, Axiom Venture Partners

Lisa Suennen, leader of Manatt Digital and Technology and Manatt's venture capital practice

Wendy White, chair emeritus, Healthcare Businesswomen's Association; chair, Global Genes; co-founder, RareiTi

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2.8 - Nevada Current (States Newsroom): 'Extremely frustrating' mail delays for prescriptions hit veterans, rural areas (25 August, Jacob Fischler, 72k uvm; NV)

Jan Stowe, a Vietnam War veteran from Traverse City, Mich., says she was unable to move her head and neck for several days last month after going without medication to treat extreme muscle spasms.

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Stowe, a Department of Veterans Affairs patient who receives her medication through the U.S. Postal Service, said in an interview with States Newsroom that she missed four or five days taking her prescription for diazepam, commonly marketed as Valium, because of mail delays.

Without the drug, her movement was restricted, and she started experiencing withdrawal symptoms, she said. It wasn't life-threatening, she said, "but it was life-altering."

"It's not life-saving," she added. "It's not like insulin, or heart medication or anything like that. But it was just extremely frustrating and uncomfortable."

Stowe is not alone. Veterans, people who require specialty medications, rural residents far from pharmacies and others who receive their prescription medications through the Postal Service say they have experienced delays and other delivery disruptions after the Trump administration made changes to post office operations.

The anecdotes have added fuel to Democrats' criticism of a Postal Service overhaul they say is to blame, and involve a key group that President Donald Trump has worked to court throughout his presidency—veterans, who rely heavily on the mail for their medications.

The Postal Service has removed sorting machines and other infrastructure from post offices and limited postal workers' hours since Postmaster General Louis DeJoy joined the agency in June. DeJoy has said removal of sorting machines was underway before he joined the government and has disputed that he's limited overtime hours. A July memo to all Postal Service employees, though, restricts extra trips to ensure on-time delivery.

DeJoy has also rebutted allegations that he's acting at the behest of President Donald Trump to deliberately sabotage the upcoming elections.

There is little indication prescription delivery problems are widespread. The VA said its average shipping time in July was about 2.9 days, up from 2.3 days the previous month— a 25 percent increase but still within the three to five days the VA aims at for delivery. The country's major pharmacies and shippers of prescription drugs haven't complained about late deliveries.

But there is at least anecdotal evidence that patients like Stowe who depend on the mail for prescription medication are seeing delays and it's stressful even for those who've not missed doses. The VA has told the Veterans of Foreign Wars that the Detroit area, along with parts of New York and New Jersey, are hotspots for prescription delivery problems, according to the VFW spokesman Terrence Hayes.

Senators from both political parties, including Nevada Democrat Jacky Rosen, at a Homeland Security and Governmental Affairs Committee hearing Friday told DeJoy about constituents who'd had problems receiving medication.

Rosen's office said in each of the last two weeks, more than 1,000 Nevadans have called or written, worried about the effect mail delays may have on their prescription deliveries. In that time, Rosen's office received more communications about that issue than any other, including coronavirus.

The problem can be especially acute for people who need specialty drugs that aren't generally available at most pharmacies. People who live in rural areas, which are likely farther from specialty pharmacies, are particularly dependent on mail orders.

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Ben Wilson, a progressive activist in southwest Wisconsin, usually receives his HIV medication through the mail, he said. That spares him a 70-mile round trip to the hospital pharmacy in La Crosse to pick up the prescription in person.

Earlier this month, Wilson said, he received a call from a pharmacy worker who recommended Wilson pick up the prescription himself because postal services could cause him to miss a dose of the daily medication, which could have dire consequences.

Veterans are also more likely than most to rely on the Postal Service. The VA Mail Order Pharmacy processed about 120 million prescriptions in fiscal 2016, according to the department. Every workday, about 330,000 veterans receive medications from a Department of Veterans Affairs pharmacy. About 90 percent of those deliveries are sent through the Postal Service.

John Rose, an Army Security Agency Vietnam veteran from Troy, Mich., receives 14 prescriptions from the VA. They usually arrive one to three days after he orders them, but have taken nine or 10 days recently, he said.

"They're really normally very good," Rose said. "With Trump screwing with the post office and everything like he is, everything's slowed down."

Stowe, who served as a nurse in the Women's Army Corps during Vietnam, receives the medication from a VA hospital pharmacy about 130 miles away in Saginaw. Because the medication is a controlled substance, she can't make the monthly order early. In July, she reordered it seven days before it ran out, but it took 11 or 12 to arrive, she said.

An internal USPS document published Monday by the office of House Government Oversight and Reform Chair Carolyn Maloney, D-N.Y., showed Postal Service deliveries were recently delayed. The document showed a steep decline in service standards since July, Democrats said.

Much of the Democratic opposition to the administration's handling of the Postal Service has focused on the impact on the election, in which many voters are expected to vote by mail out of fears of spreading infection through in-person voting. Trump said earlier this month he opposed providing more funding for the USPS because he wanted to prevent universal vote by mail.

But the medication issue has upset Americans as well and given Democrats a new target.

Trump "is putting the lives of Nevada's seniors at risk by trying to defund the post office," Nevada Sen. Catherine Cortez Masto said in her Democratic National Convention address last week. "Here's what that means: They won't be able to get their prescriptions, because he wants to win an election."

In a bipartisan vote Saturday, the U.S. House approved a bill to provide $25 billion in emergency appropriations for the USPS, though the Senate appears unlikely to take up the legislation.

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2.9 - Times-Herald: Fires put stress on Vallejo-area veterans. Fairfield VA at Travis Air Force Base closed for now (25 August, Richard Freedman, 69k uvm; Vallejo, CA)

The year was already bad enough for veterans. Now the fires.

"As if economic, unemployment, social, educational and community disruptions brought by COVID are not enough, these wildfires are adding more major stressors," said veterans advocate, Ret. Col. Nestor Aliga of Vallejo.

"I think our veterans are even more affected because all these stressors may pile up to worsen their combat-related PTSD," Aliga said. "Also, since many of our veterans are already suffering from pre-existing service-connected disabilities like heart and lung issues, this constant exposure to fine particulate matter from wildfire and building-material smoke can lead to irregular heartbeats, aggravated asthma, and other issues like cancer."

To make a veteran's life even more challenging, the Fairfield VA Outpatient Clinic at Travis Air Force base remains closed because of smoke and other VA Clinics, including Mare Island's, offers limited services during COVID-19, Aliga said.

"Given the damage and disruption that COVID and the wildfires are causing, it is not surprising that almost everyone is suffering," Aliga said. "While the initial relief to be alive may be followed by distress, fear, and anger, survivors may find it hard to stop thinking about what happened, be on-edge or hyper-vigilant, have trouble focusing or even resting."

For most, "these feelings will lighten over the first few weeks," Aliga said. "But for those who lost a loved one, were injured, or are homeless, those reactions may be more intense, wide-reaching, and longer-lasting before getting better."

After disasters, Aliga said veterans respond much like anyone: "Reestablishing a perception of safety; regaining control and security; connecting with loved ones and community; resiliently fighting through the crisis; and then a sense of hope, optimism, belief or faith that things will work out."

Aliga emphasized that "we must be mindful of feelings of distress after disasters that cannot be resolved by a simple fix .. that it really takes a village."

Aliga said he and his colleagues at the American Legion Manuel L. Quezon Post 603 and Veterans of Foreign Wars Karl H. Kreh Post 1123 do "buddy checks" weekly of fellow veterans.

"This is similar to what we did in the military — always checking on the health and welfare and helping to improve the tactical and technical proficiency of our 'battle-buddies,'" Aliga said.

"I've been getting a lot of calls about homeless veterans," Aliga continued, adding that the's heard of several who lost their homes in the Vacaville fires.

Aliga works with Elizabeth Hoffman and Rebuilding Together Solano County to help get free food to veterans and he expects an uptick in those in need because of the fires.

"Any veterans in need of food deliveries, we can help," Aliga said by phone Tuesday afternoon.

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With the added pressure of surviving COVID-19 and now a fire, Aliga said many veterans turn to alcohol or drugs.

"And I hate to say it, but they will often take their problems to their families. Human beings will do more to hurt their loved ones than others," Aliga said. "Child abuse … spousal abuse issues all go up. Alcoholism goes up. And if they had PTSD from combat it compounds it."

The VA Clinic on Mare Island is at 201 Walnut Ave., and is open 8 a.m. to 4:30 p.m. Monday through Friday. For information, (707) 562-8200. Other VA clinics are in Martinez, 50 Muir Rd, Martinez, (925) 372-2000, Santa Rosa, 3841 Brickway Blvd., (707) 569-2300, and the Sacramento VA Medical Center, 10535 Hospital Way, Mather, (916) 843-4200.

Veterans who are homeless or at imminent risk of homelessness should contact the National Call Center for Homeless Veterans at (877) 4AID-VET (877-424-3838) for assistance. https://www.va.gov/homeless/

Veterans in crisis must call the Veterans Crisis Line: Call 800-273-8255, then select 1, or chat online at www.VeteransCrisisLine.net/Chat or text to 838255. https://www.mentalhealth.va.gov/suicide_prevention/

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2.10 - Jackson Star-News: **Disabled Veteran of the Year battles to save others** (25 August, Suzette Lowe, 13k uvm; Ripley, WV)

In 2001, at the age of 22, Adam Dean Greathouse thought his life was over. He had family who loved him, children who needed him. But in his mind, his purpose and plan for his life was gone.

That year, the E-4 corporal in the United States Army who was deployed to Kosovo, suffered a chemical burn that ate holes in his lungs. Symptoms that began with tightness in his chest eventually led to hallucinations, labored breathing, and the inability to stand.

Two months later, he woke up in a hospital in Germany with a ventilator, unable to move his arms or feel anything below the hips. The lack of oxygen had caused a traumatic brain injury (TBI) and extensive damage to his lungs, along with organ failure.

Greathouse didn't care about any of that. All he knew was "I was not a soldier anymore." And that meant in some ways he was no longer Adam Greathouse. But he was still a fighter.

"They only gave me two percent chance of survival," Greathouse said. "I didn't care, I just wanted to get out of there and go home."

The struggles had only begun.

Greathouse fell into alcohol and depression for many years. He and his children had to move in with his parents, Dean and Darlene Greathouse, in Roane County.

"I can't count the number of times I thought of suicide," he said. "I have no doubt now that God kept me from going through with it. He had a mission for me even though I couldn't see it at the time."

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Never one to sugarcoat his struggles or the demons he has faced, Greathouse said, “I felt like a failure, that my mom was taking care of me. Much as my parents loved me and I appreciated them, it felt like a prison without doors.”

When his mom talked about having faith and hope, Greathouse thought she was crazy, that the life he was leading was the best it was ever going to get. Then his future wife came into the picture.

“She has been the only woman I’ve really loved but she was tough,” he said. “She told me that I was drinking away the second chance God gave me. For several years, I’d push her away, but she wouldn’t give up.”

Neither would his parents.

“My mom kept begging me to go the Hershel ‘Woody’ Williams VA in Huntington,” Greathouse said. “I remember my dad getting a call from a group asking for money for veterans. He said not till someone helps my son because he was deployed but never came home. I finally gave in and went.”

Greathouse said he counted on the services at the VA to fail. But with his first encounter with his brain injury nurse he describes as a “little country lady,” trust began to build.

Always competitive, Greathouse took advantage of the physical programs the VA offered. One particular event in 2012 changed the trajectory of his life.

“I took part in the National Disabled Winter Sports Clinic in Colorado,” he said. “It offered adaptive sled hockey, snowmobiling, a rock-climbing wall but also classes on adapting to life after injury and becoming more independent.”

From that point, Greathouse dedicated his life to his fellow disabled veterans.

Working with patient centered care and staff engagement, Greathouse has spoken to hundreds of veterans and VA staff members. He takes his message to groups beyond the VA as well.

“Adam speaks with every new employee at the VA,” said Brian Nimmo, the Navy veteran who is the center’s director. “His testimony is very powerful and each one goes out realizing how every interaction with a veteran makes an impact, either good or bad. We give better care because of Adam Greathouse.”

The powerful impact Greathouse has had on veterans at the VA and beyond earned him Disabled American Veteran’s (DAV) highest honor, the 2020 Disabled Veteran of the Year.

“It’s an honor, but I’m most proud of my 5,184 volunteer hours at the VA,” he said. “I can look a veteran in the eye and see the pain. My mission is to communicate and show them that accepting help is nothing to be ashamed of. I refused mental health assistance for years. And I still do exposure therapy which works with PTSD triggers. I feel drained every time but it’s worth it.”

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Knowing Greathouse's experiences led DAV to recommend him to help with a segment of the television program, "What Would You Do?". The show features actors in scenes of conflict with hidden cameras watching to see how bystanders react.

For the episode involving Greathouse, an actor who actually had a TBI, went to a restaurant where his slow reactions led the waitress, also an actress, to be impatient and aggressive with him. How the other diners reacted was an eye-opening experience. Many confronted the waitress, some came over to help, others approached the manager.

"A lot of things the waitress said have been part of my experience," Greathouse said. "I can't always comprehend the menu and the pressure to order makes me more nervous which slows me down. Just like in the show, I've been accused of being drunk because my words come out haltingly. Or I'm looked at with suspicion because I get jittery while shopping in a store."

Stacy Greathouse has witnessed it several times.

"Sometimes I order for him because I know what he likes," she said. "It takes the pressure off but not everyone has that help."

One local restaurant is a comfortable place for the Greathouses, who lives in Kenna.

"Your Family Restaurant is the best," Greathouse said with a big smile. "There's a waitress there who never gets impatient."

When Greathouse speaks, it's clear that Stacy is his touchstone. He credits her strength and patience.

"Sometimes when I'm speaking to groups, I don't think I'm doing good," he said. "Then I look over and see her smile and it's ok."

Another support in his life gets some credit too, his therapy dog Nash.

"He helped save me because he needed me," said Greathouse. "I love and want Stacy, but she doesn't need me because she's strong. But Nash does."

The veterans who come to the Huntington VA need him too.

Greathouse says it takes "a lot of guts" for a veteran to say he or she needs help. And each of those who do have a unique story.

"I've been told that you can't save everyone," he said. "But on my watch, I will. I'm in this 24/7. When I look at my own journey, I think, holy smokes, look where I'm at now. I will dedicate the rest of my life to the Hershel 'Woody' Williams VA."

For his wife, Stacy, who looks at him with love, pride, and respect, it all comes down to one thing.

"He's a soldier again," she said. "He's just on a different battlefield."

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To contact the Hershel "Woody" Williams VA Medical Center, call 304-429-6741, visit huntingtonva.gov or to 540 Spring Valley Dr., Huntington, WV 25704. The center is open 24 hours.

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2.11 - WOAY (ABC-50, Video): Beckley VA Medical Center recognized nationally for patient experience (25 August, Jacob Comer, 2k uvm; Oak Hill, WV)

BECKLEY, WV (WOAY) – The Beckley VA Medical Center has been recognized as a top nationwide hospital for patient experience.

The VAMC was rated by the Hospital Consumer Assessment of Healthcare Providers and Systems. They're a nationally-recognized hospital assessor that uses patient surveys to rate medical centers. According to Becky Trent, a patient advocate, it's a pleasure to be recognized on the national level.

"I've been the patient advocate for almost eight years and it feels really good. I'm just honored that we are able to achieve something of this caliber," Trent said.

Ratings are determined by random surveys given to adult patients with all types of medical conditions. Patient experience involves anything that a hospital does to make a patient's stay as easy as possible. According to Gavin Vanhoose, a veterans experience officer, it's the little things that make a patient's stay better in the long run.

"It makes you feel good to see that it is being recognized nationally. It is hard; we come to work, and just to provide something as simple as a hello, how are you doing can go a long way," Vanhoose said.

The VAMC has also been upgrading a lot of what they do that involves the patients. From everything involving regular interactions, to how they serve food. Their director Desmond McMullan says it's a pleasure for them to serve veterans in any way they can, especially during a pandemic.

"Every piece of energy, everything that we do is about veterans. So it's important to not only keep our veterans safe, but we must also keep our staff safe, and that's what we're here for," McMullan said.

Nearly 3,500 hospitals have been nationally rated for patient experience. Many hospitals only have three or four stars in this category, and only 266 in the entire nation have five stars. In the state of West Virginia, now counting the VAMC, only four hospitals have five stars in patient experience.

Only eight hospitals in the Veterans Health Administration are nationally recognized with five stars in patient experience.

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2.12 - Knowable Magazine: Caring for the carers (25 August, Katherine Ellison, Palo Alto, CA)

Nearly four years after her longtime partner's death, Michelle Murphy still wakes at night in a panic, imagining that she forgot to help him breathe.

At 61, Jeffrey Senne was diagnosed with amyotrophic lateral sclerosis (ALS), also known as Lou Gehrig's disease. Murphy had become his main financial support and caregiver in their woodsy Northern California home, and ended up devoting 11 years to looking after him. As the disease progressed, Senne, who Murphy says once looked like Harrison Ford, grew bald and frail, lost control of his bowels and could no longer speak or swallow. To prevent him from suffocating, she'd have to wake up at least every two hours to suction the saliva pooling in his mouth.

"I was terrified that he'd die on my watch," she says.

Hypervigilance often comes with the job for the more than 17.7 million Americans, by conservative estimates, who care for older and disabled family members. So does stress, anxiety and long-term harm to the caregivers' physical and financial health. In recent years, the work of caregiving has been lasting longer and becoming more complicated — and as America's population rapidly ages and becomes more disabled, many more of us will be taking it on. Although state and local governments have begun to try to lighten the burden, they could and should be doing much more, experts say.

"Many people know there's a reasonably high possibility they'll occupy this job at some point, but they have no idea how profoundly it will affect their lives," says Richard Schulz, a psychiatrist at the University of Pittsburgh and a national expert on family caregiving. In a recent article in the Annual Review of Psychology, Schulz and four colleagues reviewed the research on family caregiving for the disabled and ill elderly, outlining the enormous toll on caregivers and potential ways to help them. "Our health system has always been narrowly focused on the care recipient," Schulz says. "We have to expand that to include the caregiver, who needs and deserves a lot more support."

Hidden heroes
Caregivers like Murphy take on many tasks: shopping and housework; helping with bathing, dressing and monitoring medicines; managing outside care; making financial decisions; and navigating the fragmented health care system to find quality, affordable extra care. Increasingly, they're also providing the kinds of sophisticated medical support once delivered mainly by trained and licensed professionals, such as cleaning wounds and dealing with feeding and drainage tubes and catheters, because many insurance plans do not cover such care.

At the start, many caregivers enjoy an emotional boost as they help improve someone's life. But as time goes by and the care recipient's health deteriorates, the work becomes harder and drearier. And the more that the caregiver feels the role is involuntary, the more vulnerable he or she is to depression.

A review of 151 studies of caregivers' health found changes in several biological markers of stress, including higher levels of the stress hormone cortisol and C-reactive protein, a marker of harmful chronic inflammation. The study also found caregivers showed impaired immune function and worsened cognitive performance. Spouses caring for partners with dementia also showed heightened risk of heart disease. Caregiving can even shorten lifespans: When

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researchers followed a group of 392 men and women aged 66 to 96 who were caring for their elderly spouses, they found the carers were 63 percent more likely to die over the next four years than a similar group not providing such care.

Money worries often add to the burden, especially for women, who make up 60 percent of family caregivers, usually during the peak of their earning power. Nearly half of caregivers who take time off work report reduced income due to fewer hours, missed promotions and sometimes loss of jobs. On average, a woman aged 50 or older who leaves the workforce to care for an aging parent will lose more than $324,000 in wages and retirement savings.

Murphy, the founder of an executive coaching firm, is a dramatic example of the risk. While caring for her partner, she says, she used up all her savings so she could cut back on hours, pay for some outside caregiving and to set up what she called a “sub-acute hospital” in her home, complete with hospital bed, hydraulic lift to move her partner from bed to chair, nebulizer, suction pump, cough-assist machine and oxygen tanks. The financial toll has been so immense, Murphy says, that as of January this year she has been struggling to pay her rent and other basic living expenses.

“I’m one step away from bankruptcy,” she says. “If this could happen to me, it could happen to anyone.”

On their own
Caregivers like Murphy often say they feel neglected by policymakers, unrecognized by health systems and underappreciated by society — and Schulz and other experts agree that’s often true. The AARP Public Policy Institute titled its 2012 report on the plight of family caregivers “Home Alone.”

Even trained professionals can find themselves unprepared when they’re plunged into the caregiving role. Harvard psychiatrist Arthur Kleinman spent a decade caring for his wife, Joan, after she was diagnosed with early onset Alzheimer’s disease, but was frustrated by how little support the couple received from doctors or the health care system. “None of them knew how to talk to me about what I could expect as time went on,” he says. “It wasn’t intentional; they simply weren’t trained for any of that.”

Making things easier for caregivers would go a long way toward helping care recipients, Schulz says, given how often overstressed caregivers take out their frustration on their wards. While physical mistreatment is rare, verbal and psychological abuse is not. In one study of 265 pairs of caregivers and ill or disabled elderly care recipients, more than one in five of the recipients reported “negative verbal interactions” such as screaming, yelling, insulting and swearing. The abuse was more likely when recipients had greater needs and when the caregivers themselves were elderly, cognitively impaired, in poor physical health or at risk for depression.

Kleinman, Schulz and other caregiving experts say that other developed nations, including Germany, Japan and the Scandinavian countries, do a significantly better job than the United States in supporting family caregivers. A 2007 study by the AARP Public Policy Institute found that Germany’s universal health benefits protect families from the kinds of out-of-pocket expenses that can be catastrophic for Americans. Germany’s family caregivers can also count on a lot more direct support than those in the United States, including up to four weeks of respite per year and social security credits that protect future pensions.

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Germany, Norway, Sweden and several other industrialized countries even pay family members to be caregivers, which the US will do only once the family is sufficiently impoverished to qualify for Medicaid.

Planning for the tsunami

In the United States, the long-predicted “silver tsunami” now gathering force makes it all the more urgent to ramp up meaningful support for family caregivers.

By 2030, 72.8 million US residents — more than one in five — will be 65 or older, with rapid growth in the number of the “oldest old”: those over 80, who are most in need of care. Yet even as this wave builds, the number of potential caregivers is declining as fewer people have children, more couples divorce and more women join the workforce.

To cope with this oncoming crisis, Schulz says that health care and social service providers must begin by systematically identifying and vetting family caregivers: listing them in the patients’ electronic records, assessing their abilities and making sure they understand the tasks they’re taking on. Only then can the health system start to take meaningful steps to help them.

Fortunately, many state governments have been moving forward on this front. In recent years, 40 states have passed the CARE Act (for “Caregiver Advise, Record, Enable”), requiring hospitals to identify and register a caregiver every time an older person is discharged, and to provide instruction to that caregiver about the medical tasks he or she will need to handle at home. The law marks a significant shift from the previous (and often erroneous) assumption that elderly patients were in charge of their own care.

The next step for many family caregivers is to search for local support programs and financial aid, which often leaves them spinning wheels in what Schulz calls “a completely disorganized system, where you’ll find different levels of support wherever you look.” Some states, for instance, provide payments to caregivers through Medicaid, while others don’t. And among the ones that do, some — including Alaska and Arkansas — specifically won’t cover spouses or legal guardians in that role. If the caregivers are fortunate, the care recipient will have a long-term insurance policy that pays them for their time (not all do). Under some conditions, the Department of Veterans Affairs also will train and pay family members who are living with and caring for elderly veterans.

Throughout the country, more than 600 Area Agencies on Aging — state-designated and government-funded public and private non-profit organizations — assist older people who wish to remain in their homes. These agencies typically offer services including adult day care, subsidized meals and transportation. Increasingly, they also support caregivers with stress-relief programs that have been shown to be effective in studies, including physical activity, cognitive behavioral therapy and meditation, as well as respite care — backup support so that caregivers can take breaks.

While all of these techniques can be helpful, Schulz says that the most effective approach is to provide a comprehensive program offering caregivers skill-building workshops, stress-relief options and regular, direct communication with health experts online, by phone or in person.

A leading example of this is a program known as REACH (Resources for Enhancing Alzheimer’s Caregiver Health), which began in 1995 in six US cities as a research effort sponsored by the National Institute on Aging. Over the years, studies have shown that its broad approach, later modified to become REACH II, improves the emotional and physical well-being

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of people who care for loved ones with dementia. It also improves their skill at managing their loved ones' stressful behaviors.

The REACH II method has now been adopted by several US states, as well as the Veterans Administration, the Indian Health Service and internationally, in China, South Korea and Germany, Schulz says. While that signifies some progress, he points out that no comprehensive program for caregivers has yet been formally integrated into the health system on a national level.

Any future support for caregivers won't be enough to help Michelle Murphy, though. Last December, she was diagnosed with stage 3 leukemia. At 68, with no children of her own and no immediate family able to help her, she says she wonders who, if anyone, will step up to care for her when she needs it.

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3. Business Transformation

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - EHR Intelligence: VA Integrates Patient Scheduling EHR Tool as EHRM Feature (25 August, Christopher Jason, 31k uvm; Danvers, MA)

The US Department of Veterans Affairs (VA) has launched the Centralized Scheduling Solution (CSS), a new appointment scheduling EHR tool at the VA Central Ohio Healthcare System, as part of its Electronic Health Record Modernization (EHRM) endeavor.

The appointment scheduling solution aims to simplify the scheduling process to ensure efficiency for veteran patients and VA providers at medical visits. VA plans to implement the EHR tool at all VA health facilities to expedite patient care throughout the health facilities.

"VA has delivered an enhanced scheduling system that will benefit Veterans and health care providers," acting VA Deputy Secretary Pamela Powers, said in a statement.

"This is another successful launch of a major milestone in the EHRM effort and will optimize Veterans' access to health care by improving appointment scheduling. CSS also provides an efficient and transparent method of identifying and eliminating double bookings, flagging canceled appointments and maximizing provider time spent with patients."

The organization said CSS aims to address current administrative challenges by implementing a streamlined appointment management tool that is easy to read on a single workflow and offers scheduling by resources, such as room, clinician, or equipment.

Currently, the organization's scheduling solution requires the user to log into multiple software applications to access the calendars, rooms, clinicians, and equipment. This process is a burden on VA administrators and users.

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In January, VA canceled its contract with Epic to implement its scheduling system, in favor of Cerner's EHR scheduling solution.

This announcement comes just two weeks after POLITICO reported VA is planning to resume the launch of its EHRM program in October 2020, following the organization's third delay since November 2019.

The organization plans to resume the launch even though EHRM interoperability is not operating as intended, and a more extensive EHR version is needed for larger health systems, according to POLITICO's congressional sources. As a result, this may require further delays and a need for additional resources.

A lack of crucial information from several future VA sites is also impacting the department's estimates for the cost of physical upgrades.

While a VA spokesperson disagreed with the assessment, the spokesperson said the organization was "in the process of doing site surveys related to cabling and other network equipment."

"At this time, the majority of the sites have had initial assessments for network infrastructure, providing a more complete picture of the required components, including cabling that needs upgrading for the new EHR," the spokesperson said to POLITICO.

Before the coronavirus outbreak, the Cerner-led EHR project was originally set to launch by the end of 2019, before being pushed to late March 2020. Then, the VA announced another delay to July 2020, due to integration issues.

These reports arise amid previous setbacks in the EHRM development.

In late-April, an Office of Inspector General (OIG) report, centered around the EHRM system, found a variety of potential patient safety issues and EHR capability problems that could occur when the new system launches across the affiliated health systems.

The OIG investigation was prompted when a VA spokesperson stated that six weeks before the initial March 28 launch date, the implementation was only 75 to 80 percent complete at the Mann-Grandstaff VA Medical Center in Spokane, WA.

While the VA said it is aiming to provide the best patient care as possible by way of the 2018 VA MISSION Act, OIG said the new EHR system might not be able to live up to those goals. OIG noted a lack of EHR system stability, a need to use workarounds, poor EHR usability, and a lack of proper EHR training.

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5. **Suicide Prevention**

6. **Women Veterans / Homelessness / Benefits / Cemeteries**

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6.1 - Military.com: The VA Is Now Offering Transition Services Specially Tailored for Female Veterans (25 August, Jim Absher, 5.6M uvm; McLean, VA)

The Department of Veterans Affairs is teaming up with the Department of Defense to offer Women's Health Transition Training (WHTT) for female service members who are transitioning to civilian life.

The voluntary training program is in addition to the normal Transition Assistance Program (TAP) that all separating military members are required to attend, and is not a substitute for TAP training. This training is only available to female service members and will be led by a woman veteran who actually uses VA health care.

The training began as a pilot program in 2018 in response to reports that female veterans were not using their VA benefits as much as male veterans did, mainly because they didn't know what programs were available to them. Due to the great success of the pilot program, a joint VA/DoD Executive Committee voted to make this program a permanent offering by the VA.

Due to the COVID-19 outbreak, this year's remaining training sessions will be offered online only. Sessions will be held twice daily through Dec. 21, 2020. All women are encouraged to attend to learn more about the special benefits for which they may be eligible.

Some of the subjects that will be discussed in WHTT include:

Female specific health care including reproductive services, maternity care, mental health services, newborn care, and gynecological care and musculoskeletal care.
Resources available for servicewomen during the military to civilian transition process.
Special programs available through the VA for women veterans.
Services available through the Center for Women Veterans

According to the VA, a great number of women veterans do not apply for healthcare and other benefits they may be eligible for due to a lack of knowledge of these programs. In fact, since the WHTT program began as a pilot in 2018, women who attended the training sessions applied for VA benefits at a rate 114% higher than in previous years, and they did so quicker,

The VA says that women veterans have a higher prevalence of chronic pain, obesity, musculoskeletal issues and depression than their male counterparts. Further, since 2001, rates of suicide among women veterans has increased by 85.2%, versus 30.5% among men among the youngest age groups.

Women veterans with a mental health diagnosis who do seek VA care often do it later than their male counterparts. VA hopes this new training will let women veterans know what benefits they have available to them and to enroll for care and other benefits as soon as possible.

The program is intended to complement TAP and to provide all servicewomen with specific women's health information that will aid their transition to civilian life. The goal of the program is that participants leave the course feeling empowered to proactively manage their health care and to be comforted by their new support system at VA who can guide them through the military transition process and help them.

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There will be two four-hour long sessions daily Monday through Friday through Dec. 21. Sessions will be held at various times to allow those stationed across the globe to attend at a convenient hour.

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6.2 - Lincoln Journal Star: Editorial: Another victory for developing Victory Park (26 August, Editorial Board, 807k uvm; Lincoln, NE)

Go forward, go fast," Lancaster County Commissioner Deb Schorr said of a plan to move services for area senior citizens from the downtown Aging Partners facility to Victory Park, the evolving Veterans Affairs Hospital grounds.

To that we say, amen.

The plan to move out of the aging Aging Partners building at Ninth and O streets is attractive for many reasons and unappealing for only one.

County board Chairman Sean Flowerday hit on the lone downside: The Lincoln Seniors Foundation, city and county own the current Aging Partners building, which will be sold. Proceeds will pay for improvements at the Victory Park site, but the city and county will be only tenants, not owners, of the facility, and they'll be out their investment at the end of a 100-year lease.

But a century is a long time, and in the meantime, this project does a lot of good.

The move gets senior programming and services out of building that's got sewer and ceiling problems. The move will keep patrons, staffers and taxpayers from getting soaked.

While it might seem counter-intuitive, moving senior services from the center of town to Lincoln's east side – 70th and O streets – actually makes the place more accessible. With ample space for parking and bus service to the front door, it will make it a lot easier for seniors who don't have to navigate downtown parking or a walk from a bus stop.

Sited at Victory Park, the center will share grounds with the redeveloped Veterans Affairs Hospital. The east side of town, just south on 70th Street, is also home to clinics, doctors' offices, surgical centers and CHI St. Elizabeth.

A remodeled site also brings the fitness center under the same roof as the rest of the facilities. Currently, the downtown fitness center is five blocks away.

Tammy Ward, a city councilwoman and former Seniors Foundation executive director, said, "It's a one-stop project, and Lincoln could model this across the country."

Getting its start more than 15 years ago, Victory Park – its facilities for veterans and now seniors in general – is blossoming. In a politically fractured time, taking better care of our veterans and our seniors is a priority we can all get behind, particularly when it makes strategic and fiscal sense.

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6.3 - WLBT (NBC-3, Video): VA helps homeless veterans to find a place of their own (25 August, Roslyn Anderson, 481k uvm; Jackson, MS)

Passing by a homeless person on the street you may not realize that many served this country in the military.

PTSD and addiction have let some of them down paths they never imagined.

The Veterans Affairs Administration is reaching out to help Mississippi's homeless veterans with treatment and a place to call home.

George Nicholas is a veteran who was homeless in 2018 struggling with an addiction to crystal meth.

"I was living in my truck," said Nicholas. "All my clothes and stuff were in it."

The 43 year old is a veteran who was homeless in 2018 struggling with an addiction to crystal meth.

"It was hard because I was begging," said the recovering veteran. "I wasn't working, and I was begging people to feed me or do what ever I can to make a dollar."

In 2007, at age 31 he joined the Army National Guard and was in the infantry during Operation Iraqi Freedom II.

After serving he fell into addiction and ended up being arrested. He has PTSD and while in jail a VA representative contacted him, guiding him to programs that helped him get clean and find housing while undergoing treatment.

Veterans Affairs has awarded grants totaling $2 million dollars to provide transitional housing and supportive services for homeless veterans.

The Grant Per Diem Program offers funding to community agencies that help veterans experiencing homelessness, including mental illness.

"I have stability in my life now," said Nicholas. "I have a roof over my head, clothes and a new car. It changed gratefully."

The Hattiesburg resident is now employed full time, has a better relationship with his family, continues treatment and reaches out to other vets.

"There is plenty of help out there for us veterans," added Nicholas.

The Veterans Affairs Administration reports that homelessness among veterans nationwide has decreased by 50 percent since 2010 through the GPD and other programs.

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6.4 - WALB (ABC/NBC-10, Video): VA medical center hosts drive-thru baby shower for 'warrior moms' (25 August, 189k uvm; Albany, GA)

GAINESVILLE, Fla. (WALB) - The Malcom Randall Veterans Affairs (VA) Medical Center, in Gainesville, Fla., hosted a "Warrior Moms" baby shower where 24 moms attended the baby shower from all over, including both Florida and Georgia.

Valdosta resident and Warrior Mom Samantha Corriell expressed her gratitude towards the VA and the Women Veterans Program for inviting her to the event.

"I hadn't purchased a stroller or car seat yet," Corriell said. "With COVID-19, my hours at work were cut severely, so receiving this will help my husband and I prepare for the baby."

The event took place in the hospital's valet circular driveway. This allowed for the moms to stay in their vehicles while VA staff took pictures and others loaded baby items into their vehicle back seats and trunks.

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6.5 - KTEN (NBC-10, Video): Vets hit hard by COVID crisis (25 August, 141k uvm; Denison, TX)

There's been an sharp increase in the number of homeless veterans in Oklahoma since the start of the coronavirus pandemic.

The KI BOIS Supportive Services for Veteran Families program, which serves 24 counties in southeastern Oklahoma, said demand for its services has surged nearly 50 percent. The organization received $560,000 from CARES Act funding distributed by the U.S. Department of Veterans Affairs.

"In rural southeast Oklahoma this year, we've already served 260 veteran families and anticipate on serving many more," said SSVF program director Tammy Randazzo.

Veteran homelessness over the past few years in Oklahoma had been on the decline, but the SSVF said that has changed in 2020.

"I may have like two new enrollments every few weeks or so; now I'm having like two to three, it's been every week for the past couple of weeks," said SSFV case manager Tanya Newton.

Many new enrollments can be attributed to job loss, eviction, failing to qualify for benefits, or a backlog in benefit delivery.

"If we have a veteran that is job-searching or has found themselves maybe in a financial hardship or crisis, anything that they're trying to do is taking longer," Randazzo said.

The SSVF is using CARES Act funds to provide housing for veterans, and it expects to see demand for its services increase.

"The whole goal of the program is for us to end veteran homelessness," Newton said. "Our goal is to work ourselves out of a job."

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6.6 - WXPR (NPR-91.7): Northwoods National Cemetery Dedicated Aug. 14 (25 August, Ken Krall, Rhinelander, WI)

In a quiet ceremony August 14, the new Northwoods National Cemetery was dedicated in Harshaw west of Rhinelander.

Under Secretary of Memorial Affairs Randy Reeves sent out a release Monday saying the dedication was before a few veterans and families because of concerns over a large crowd and COVID-19. Reeves said he regretted not being able to invite the many veterans and families.

The new facility is set to serve 38,000 veterans, their spouses, and eligible children who live in the region. The VA purchased the 6-acre property at 4520 Lakewood Road in Harshaw for just under $25,000 in 2015. Total cost of development was in the $3.4 million range.

Wisconsin has only one other VA National Cemetery in Milwaukee. There are three state-run facilities.

The cemetery will provide casket burials, in-ground cremation burials, columbarium niches for cremation burials, and a memorial wall. The plot, opening and closing of the grave, headstone or marker, crypt or grave liner, and perpetual care and maintenance are all provided free of charge. T

hose interested in interment at Northwoods or any of the VA's 145 national cemeteries should contact the National Cemetery Scheduling Office at (800) 535-1117.

Reeves release is below.

I was greatly honored to visit Harshaw, WI, on August 14 for the dedication of Northwoods National Cemetery.

The official dedication ceremony of the national cemetery was a highlight for the VA's National Cemetery Administration in the midst of a year unlike any of us has experienced. The most important component missing at our ceremony was a large local audience of veterans, their family members, and patriotic supporters.

We sincerely regret the COVID-19 pandemic prevented us from welcoming as many members of the public as we hoped for the ceremony. With the pandemic still very much a reality, we felt we could not risk the health of anyone in this area and our best option was to limit attendance.

The important news about the Northwoods National Cemetery to share is the VA is here to serve the burial needs of more than 38,000 veterans, their spouses, and eligible children who live in Rhinelander and the surrounding area. We encourage you to visit the beautiful, sacred ground that will be the final resting place of brave, dedicated veterans and their families.

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. Visitors can stop by to pay respects any day from sunrise to sunset. The cemetery will provide casket burials, in-ground cremation burials, columbarium niches for cremation burials, and a memorial wall. The plot, opening and closing of the grave, headstone or marker, crypt or grave liner, and perpetual care and maintenance are all provided free of charge by a grateful nation to veterans and their eligible family members.

Those interested in interment at Northwoods or any of the VA's 145 national cemeteries should contact the National Cemetery Scheduling Office at (800) 535-1117. Thank you for all of your support for making this day possible.

Randy Reeves, Under Secretary of Memorial Affairs

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7. Other

7.1 - Forbes: Ten Ways Binge-Buying Bureaucrats Spent $91 Billion In A Year-End 2019 Shopping Spree (25 August, Adam Andrzejewski, 86.9M uvm; New York, NY)

Christmas comes in September, not December, for federal contractors.

In the final month of the fiscal year, federal agencies scramble to spend the leftovers in their annual budgets. They worry that spending less than Congress appropriated this year will mean a thinner budget next year.

So, rather than admit the department could run efficiently on fewer taxpayer dollars, federal agencies embark on a shopping spree. This is the "use it or lose it" spending phenomenon – and it happens every year on the taxpayer dime.

Our OpenTheBooks oversight report – The Use-It-Or-Lose-It Spending Spree, How The Feds Spent $91 Billion In September 2019 detailed 642,567 transactions – or about 21,418 expenditures per day.

In the final nine days of the year, federal agencies signed $51 billion in contracts, which exceeded the spending in each of the trailing eleven months. In the final two days, agencies authorized a whopping $23.8 billion.

In February 2020, President Donald Trump committed to ending the bureaucratic binge-buying in his budget to Congress FY2021. So, we reached out to the budget hawks at the Office of Management And Budget (OMB) for comment.

OMB Director Russ Vought responded: "The practice of use it or lose it spending has cost American taxpayers an untold amount of money. It's a practice that needs to stop and OMB will continue our efforts to end this wasteful spending."

Furthermore, Vought held the agencies accountable, "Agencies rushing to get fiscal year spending out the door in order to meet their arbitrary spending quotas has only ended in millions of dollars in waste—leading to new golf carts and crab legs at agency parties."

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Here are ten ways bureaucrats spent your tax dollars in last year's 2019 year-end shopping spree:

[...]

$447.8 million on furniture – agencies signed nearly 13,042 contracts to purchase furniture in the last 30 days. Notably, the Pentagon spent $123.8 million on office furniture and the General Services Administration spent $10,084 on an entertainment unit. Counting other agencies such as Homeland Security and Veterans Affairs, purchased sit-to-stand desks ($3.3 million), white and bulletin boards ($1.1 million), and sofas ($328,514).

More than $500,000 on booze – Is the fiscal year-end one big party? The Pentagon and the State Department purchased beer and wine, much of which went to embassies and consulates around the world. Contract recipients included Coors Brewing Company TAP -1.1% ($59,282) and Carlsam-Samuel Meisel, Inc ($248,744).

$690.6 million loaded the gun locker – Eight departments made last-minute purchases of guns, ammunition, and other weaponry during the final month of the fiscal year. Even non-military agencies including Veterans Affairs (VA), Treasury, Interior, Education, Health And Human Services, Agriculture, and Labor spent $1.5 million in guns and ammunition.

For example, the VA purchased $650,964 worth of ammunition, handguns, and long guns – a "military police long gun program" with AR15-style weaponry.

[...]

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7.2 - U.S. News & World Report (AP): 6th Circuit: OK to Ration Hepatitis C Treatment to Prisoners (25 August, Travis Loller, 27.4M uvm; Washington, DC)

NASHVILLE, Tenn. (AP) — In a split decision, a panel of the 6th U.S. Circuit Court of Appeals on Monday upheld Tennessee's rationing of life-saving hepatitis C drugs to prisoners as constitutional.

The 2-1 decision found that officials did not act with deliberate indifference to prisoners' medical needs and it was reasonable to prioritize the sickest patients for treatment given the Tennessee Department of Correction's limited resources. In a dissent, U.S. Circuit Judge Ronald Lee Gilman wrote that officials may not refuse to treat a patient with a serious medical need "merely to avoid paying the bill."

Before 2011, there was no good treatment for hepatitis C, but that year the U.S. Food and Drug Administration approved new antiviral drugs that are highly effective against the liver-damaging virus, curing most people after two or three months. Although the cost of the antivirals has dropped sharply since 2011, Tennessee says the average cost for treating a prisoner is still $17,000.

Other states have grappled with how to provide the expensive treatment. After a lawsuit, Michigan agreed to provide antiviral drugs to all Medicaid patients with hepatitis C last fall. Louisiana began offering unlimited access to antivirals around the same time thanks to an

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agreement with a drug provider where the state paid a flat fee for five years of unlimited medication.

The 6th Circuit's majority decision relied on the expert testimony of Dr. Zhiqiang Yao, an infectious disease specialist at East Tennessee State University, who testified on behalf of the prisoners at the trial. Yao told the court the current standard of care is to treat anyone infected with hepatitis C with the antiviral medications, regardless of how sick they are. Waiting to provide treatment can put patients at greater risk of cirrhosis, cancer and death, he said.

However, Yao also said that prioritization was understandable, given limited resources, and that he had used a prioritization system himself when working for the Veteran's Administration.

In his dissent, Gilman said the majority failed to consider changing circumstances, writing that the VA ended its rationing policy when data began to show the benefits of early treatment and long-term risks of delay.

The U.S. Preventive Services Task Force issued guidance earlier this year that all Americans ages 18-79 be tested for hepatitis C, saying that finding infection early was critical and that widespread screening would save money.

Gillman also argued that the majority's opinion conflicts with other interpretations of the 8th Amendment, including an Indiana district court's 2018 ruling in favor of treatment for all inmates with chronic hepatitis C. The claim that it is reasonable to consider cost, and not just the suffering of inmates, is essentially arguing that "what is held to be cruel and unusual in Indiana is not cruel and unusual in Tennessee," Gilman wrote.

The Monday ruling upholds a 2019 district court decision in which the judge noted that Tennessee had made a number of changes to improve treatment in the months proceeding the July 2019 trial.

Tennessee Attorney General Herbert Slatery praised the ruling in a news release, stating, "The Sixth Circuit recognized and upheld what the District Court had determined: that the Department has a compassionate, well-thought out plan for treating the patients, using resources that had been significantly increased over the years by the Governor and the General Assembly."

Tennessee last year had about 4,700 inmates with hepatitis C. Since then 1,449 have completed treatment and 176 are currently undergoing treatment, Department of Correction spokesperson Dorinda Carter said in an email.

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7.3 - Military.com: **Why Veterans Are Quitting Federal Jobs at Higher Rates Than Non-Vets** (25 August, Richard Sisk, 5.6M uvm; McLean, VA)

Veterans leave their government jobs at higher rates than non-veterans due to a variety of issues, including dissatisfaction with the "meaningfulness" of the work, according to a new Government Accountability Office report.

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The study examined employment data from 2014-2018, before the COVID-19 pandemic put retaining a job at a premium. It was conducted to gauge how well the government carried out then-President Barack Obama's 2009 executive order to increase veteran hiring for federal jobs.

The 72-page report found that the executive order resulted in an increase of veterans in the federal workforce.

"As of September 2017, almost 32% of the roughly two million federal employees are veterans, up from 26% percent in 2009," the report said, but "some agencies have challenges retaining veterans at similar rates as non-veterans."

The GAO report looked at the retention rates of 24 government agencies -- including the Defense Department, Veterans Affairs, Homeland Security, Justice, Housing and Urban Development, and Agriculture -- and found that non-veterans remained on the job longer than veterans.

Veterans left government jobs at a higher rate (6.7% vs. 5%) than non-veterans and resigned 1.6 times more often, the report found. Veterans also left jobs within the first five years at significantly higher rates, 18.7% compared with 11.1% for the non-veteran workforce.

To discern causes for the lower retention rates among veterans, GAO looked at six workplace factors: satisfaction with pay; meaningfulness of work; confidence in leaders; opportunities for advancement; training and development; and relationships with supervisors.

"Overall, we found that veterans were slightly less satisfied with these factors than non-veterans, which could in part explain the higher attrition rates for veterans," GAO said.

Veterans were 2.4% less likely than non-veterans to report being satisfied with the meaningfulness of their work, the report said.

The report concluded that OPM and the agencies could leverage data better to improve veteran retention rates, and also recommended that "OPM help agencies analyze employee feedback data to identify strategies to boost veteran retention."

OPM agreed with "the spirit of the recommendation," GAO said, but OPM also said it did not have the ability to provide record-level data to agencies, citing limitations under the Privacy Act.

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7.4 - Government Executive: **GAO: Federal Agencies Lag in Retaining Veteran Employees**
(25 August, Erich Wagner, 819k uvm; Washington, DC)

The Government Accountability Office last week reported that although agencies in recent years have improved in their efforts to hire veterans, they have struggled to retain those employees at the same rate as non-veteran workers.

Since a 2009 executive order aimed at boosting veteran hiring in the federal government, agencies have boosted the ratio of veterans in the workforce from 26% to 32% in 2017. But in a GAO report released last week, the watchdog said that in recent years, veterans have been leaving the federal workforce at higher rates their non-veteran counterparts.

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Between fiscal 2014 and 2018, an average of 6.7% of veterans left federal service, compared to only 5.0% of similar nonveterans. That dynamic carried across all methods of separation: 3.6% of veterans retired, compared with 3% of nonveterans; 2.3% of veterans resigned compared to 1.5% of nonveterans; and 0.8% of veterans were fired compared to 0.6% of nonveterans.

"After controlling for key demographic and employment factors, we estimated that across all types of attrition, on average, veterans left federal service at 1.2 to 1.6 times the rate of similar nonveterans from fiscal years 2014 through 2018," GAO wrote.

The disparity in separations is worse when looking at federal workers who were hired and left within the five-year window examined by GAO.

"We found that newly-hired veterans resigned within their first five years of service at 1.7 times the rate of similar nonveterans," the report stated. "On average, we estimated that 18.7% of veterans resigned within the first five years of federal service, compared to 11.1% of similar newly hired non-veterans—a 7.6 percentage point difference."

Similarly, while 4.3% percent of veterans were fired within their first five years of service, only 3% of similar newly hired nonveterans were fired, GAO reported.

The key to improving retention efforts to reduce the gap between veterans and nonveterans leaving government could be in tools already available to agencies, namely the annual Federal Employee Viewpoint Survey and the Office of Personnel Management's Enterprise Human Resources Integration data.

GAO analyzed veteran and nonveteran responses to questions on the annual viewpoint survey and found that veterans answered slightly less positively to several questions that are considered key drivers of employee retention.

"The slightly lower scores among veterans for these key drivers of retention may help explain why veterans are leaving federal service at higher rates," GAO wrote. "If an agency could improve veterans' satisfaction with the meaningfulness of their work, fewer veterans may leave federal service. Additionally, most veterans and nonveterans reported not being satisfied with opportunities for advancement, indicating this area may be a good opportunity for agencies to improve retention for all employees."

The report suggested that agencies could improve on retention by using a combination of FEVS data with OPM's Enterprise Human Resources data, provided that OPM provides it to agencies in a different format.

"To protect respondents' privacy and prevent the possibility of an employee being identified, OPM does not provide agencies individual responses (i.e. record-level data) to the OPM FEVS," GAO wrote. "Individual-level data are needed to conduct regression analysis, but the executive branch agencies that rely on the OPM FEVS for insights into their employees' attitudes about their workplace are not able to perform the regression analyses needed to identify drivers of retention."

GAO recommended that OPM use data from the annual viewpoint survey to analyze the key drivers of retention for veterans and identify strategies to improve agencies' efforts to keep

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employees. In its response, OPM said that it concurred with the "spirit of the recommendation," but that it is prohibited from providing individual-level data due to the Privacy Act.

"Our recommendation does not ask or require OPM to forgo its obligations under the Privacy Act," GAO wrote. "As we state in the report, OPM previously used FEVS data to create an employee engagement index and our recommendation is intended to have OPM replicate that experience by developing key drivers to address challenges with retaining veteran employees."

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7.5 - Nextgov: VA Awards Sole Source Contract to Upgrade, Automate Its COVID-19 Visualization Tool (25 August, Aaron Boyd, 119k uvm; Washington, DC)

The Veterans Affairs Department is using a specific data visualization tool in its fight against the COVID-19 pandemic and recently awarded a $1.5 million sole source contract to upgrade and automate the software.

VA awarded a contract to Four Points Technology through NASA's governmentwide acquisition contract Solutions for Enterprise-Wide Procurement, or SEWP, to acquire, integrate and maintain the latest version of Edge Technologies' visualization tools.

While VA already uses Edge Technologies' software to visualize patient data, the current tools rely on outdated Adobe Flash players with security holes, among other issues. Under the new contract, VA will be upgrading to the EdgeCore tool, which is based on HTML5 and comes with a host of other improvements.

"This acquisition will provide additional visualization and integration capabilities, eliminate security vulnerabilities related to Adobe Flash used in the current version, enhance 508 Disability Compliance, and provide new robotic process automation features," according to the award announcement.

Contracting officers looked at several other potential products, including Microsoft BI, Splunk, Qlikview and Elastic's Kibana, but none would be able to slot in without significant changes to VA's systems.

"Only Edge Core provides the capability to … automatically and seamlessly upgrade existing Edge Technologies dashboards, while also providing enhanced 508 Compliance and security features," contracting officials wrote in the sole source justification. "Due to the proprietary nature of the software, other brands cannot access or use the dashboards created by Edge Technologies products and, therefore, the dashboards would need to be completely rebuilt if other products were used."

Officials estimated the cost of completely replacing the dashboard at $6 million, plus "several thousand hours of engineering and conversion work."

The justification also lauds the EdgeCore platform for being data agnostic and able to "display real time, live visualizations of data from other products as if it were the native, original product dashboard."

"No other product could be substituted," officials said.

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The contract will run for one year, with two one-year option periods for ongoing maintenance.

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From: Tucker, Brooks
Sent: Sat, 29 Aug 2020 18:23:07 +0000
To: McVicker, Carrie A.;Syrek, Christopher D. (Chris)
Cc: (b)(6)
Subject: Re: Letter from Rep Lamborn to Secretary Wilkie

Concur
Get Outlook for iOS
From: McVicker, Carrie A. (b)(6) @va.gov>
Sent: Saturday, August 29, 2020 2:01:34 PM
To: Tucker, Brooks <(b)(6) @va.gov>; Syrek, Christopher D. (Chris) (b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) va.gov>
Subject: FW: Letter from Rep Lamborn to Secretary Wilkie

Good afternoon Brooks / Chris.

Letter in regarding USPS and prescription delays. Given that the letter is supportive and just checking to see if we have heard any issues – I recommend (b)(5)
(b)(5)

V/R

Carrie A. McVicker
Senior Advisor, Acting
Office of the Deputy Secretary
Department of Veterans Affairs
(b)(6) @va.gov
(202) 461 (b)(6)

For scheduling, read ahead submissions, general questions, please email: (b)(6) @va.gov

From (b)(6) @va.gov>
Sent: Friday, August 28, 2020 11:13 PM
To: (b)(6) @va.gov (b)(6) @hna3xapaaw0o9hl7ydq2la2w17p2l88voy2ctr6jho58lv3dr.t-4x38eae.na21.apex.salesforce.com>
Cc: McVicker, Carrie A. (b)(6) @va.gov>; (b)(6) @va.gov>; Haverstock, Cathy <(b)(6) @va.gov>; Johnson, Glenn (SES) (b)(6) @va.gov>; (b)(6) va.gov>; (b)(6) (b)(6) @va.gov>; Balland, David <(b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Subject: Fwd: Letter from Rep Lamborn to Secretary Wilkie

ExecSec,
Forwarding incoming letter from Rep. Lamborn re: potential prescription medication delays - I confirmed receipt with staffer - thanks!

AMERICAN OVERSIGHT

(b)(6)
Congressional Relations Officer | Department of Veterans Affairs
2026 Rayburn House Ofc. Bldg., Washington, DC 20515
Desk: (202) 226 (b)(6) Mobile: (202) 957 (b)(6)
https://www.va.gov/OCA/docs/VA-Casework-Guide-2019-Aug-16-Update.pdf

---

From: (b)(6) @mail.house.gov>
Sent: Friday, August 28, 2020 4:29 PM
To: (b)(6)
Cc: (b)(6)
Subject: [EXTERNAL] Letter from Rep Lamborn to Secretary Wilkie

Good afternoon (b)(6)

I wanted to flag this letter for you from Rep Lamborn to Secretary Wilkie. It's simply an RFI to see if the VA has noticed any trends in delays to the delivery of prescription medications to veterans. Our district case worker, (b)(6) (CC'd), said the local VSOs have not heard of/noticed any trends, so there is no immediate predicate for us to suspect there are. Congressman Lamborn simply wants to check in to see if the VA is aware of any issues with delays.

Thank you so much for your assistance and Secretary Wilkie's consideration.

V/R
(b)(6)

(b)(6)
Military & Veterans Policy Director
Congressman Doug Lamborn, CO-05
202-225 (b)(6) @mail.house.gov

AMERICAN OVERSIGHT

From: Tucker, Brooks
Sent: Mon, 31 Aug 2020 10:21:59 +0000
To: (b)(6) @gmail.com
Subject: Fwd: 31 August Veterans Affairs Media Summary and News Clips
Attachments: 200831_Veterans Affairs Media Summary and News Clips.docx, 200831_Veterans Affairs Media Summary and News Clips.pdf

Get Outlook for iOS
From: VA Media Analysis (b)(6) @aptiveresources.com>
Sent: Monday, August 31, 2020 5:02:08 AM
To: VA Media Analysis (b)(6) @aptiveresources.com>
Subject: [EXTERNAL] 31 August Veterans Affairs Media Summary and News Clips

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

If you wish to be added to the distribution list, please reply to (b)(6) *@aptiveresources.com and we will direct your request to the appropriate person. Thank you.*

VA Media Analysis

www.aptiveresources.com

aptive

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Veterans Affairs Media Summary and News Clips

31 August 2020

1. Top Stories

Coronavirus / COVID-19

1 - Raw Story: **Anatomy Of A Man-Made Disaster: 595 ways Trump has failed to protect us from COVID-19** (30 August, Dan Benbow, 5.4M uvm; Washington, DC)
Crises have a way of sorting the good presidents from the bad. Historians rank Abe Lincoln and Franklin Delano Roosevelt among the top three presidents for their handling of the Civil War, the Great Depression, and World War II.

Hyperlink to Above

2 - Santa Fe New Mexican: **This Labor Day, thank a worker** (30 August, Bill McCamley, 395k uvm; Santa Fe, NM)
Labor Day is coming up, a time when we normally celebrate the end of summer with a barbecue and cooler weather. This year, because of COVID-19, we're asking people to socially distance. So why not take the opportunity to think about why we have the holiday in the first place?

Hyperlink to Above

3 - Columbia Missourian: **Hospitals prepared for uptick in hospitalizations as cases spike** (30 August, Xander Negozio, 143k uvm; Columbia, MO)
Shoulder, knee and hip replacements and other elective procedures will continue as scheduled in local hospitals despite the surge in reported COVID-19 infections this week. Boone Hospital Center, University Hospital, and Truman Veterans' Hospital will continue with normal procedures, while bracing for a possible influx of COVID-19 patients.

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1.1 - Times Union: **Slingerlands native leading telehealth effort for veterans** (30 August, Terry Brown, 773k uvm; Albany, NY)
Kathleen Frisbee of Slingerlands is extra busy these days as an executive director of the Connected Health Office of the Department of Veterans Affairs in Washington, D.C.: She's helping lead an effort to provide telehealth options to veterans, especially those who live in rural communities.

Hyperlink to Above

1.2 - Philadelphia Inquirer: **Postal Service delays mean some Philadelphia-area residents are waiting for mail-order prescriptions they badly need** (30 August, Sarah Gantz, 107k uvm; Philadelphia, PA)
Gerald Katz was getting more agitated by the day. For the past decade, the 78-year-old Cherry Hill resident had been ordering diabetic test strips by mail a week or two before he ran out and, like clockwork, a fresh box of supplies arrived within five days.

Hyperlink to Above

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2. Improving Customer Service

2.1 - KTHV (CBS-11, Video): Louisiana VA patients transferred to Little Rock due to damages from Laura (29 August, 570k uvm; Little Rock, AR)
Parts of Louisiana are still dealing with the aftermath of Hurricane Laura. On Saturday, some veteran patients were transferred to Little Rock after the VA Medical Center in Alexandria continued to have problems from the damages Laura caused.

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2.2 - WTOG (CBS-44): 3 Plead Guilty In Connection With Defrauding VA Healthcare In The Villages (31 August, 9k uvm; St. Petersburg, FL)
A Florida family plead guilty to a conspiracy to defraud Veterans health care in The Villages, resulting in over $300,000 in charges. Miller Wilson, Jr. (50, Sparr), his daughter, Myoshi Wilson (26, Citra), and Erica Wilson (43, Ocala) have each pleaded guilty for their roles a scheme to defraud the U.S. Department of Veterans Affairs health care benefits.

Hyperlink to Above

3. Business Transformation

3.1 - Connecting Vets: VA fast tracking new North Texas medical center (29 August, Julia Ledoux, 10M uvm; Washington, DC)
The Department of Veterans Affairs is fast-tracking a donated facility in North Texas in order to treat veterans with COVID-19.. The Garland VA Medical Center is housed in a 470,000 square foot building which closed its doors in 2018, was donated by Baylor, Scott & White, according to a VA blog post, and will eventually serve as an outpatient and specialty care clinic for some of the 184,000 North Texas area veterans enrolled in VA health care.

Hyperlink to Above

3.2 - The Buffalo News: Two VA clinics in Erie County move to new locations Tuesday (29 August, Dale Anderson, 1.4M uvm; Buffalo, NY)
Two VA clinics in Erie County will open their doors in new, more spacious locations Tuesday, VA Western New York Healthcare System announced. The Lackawanna VA Clinic, which has been at 1234 Abbott Road, will move to 968 Union Road, West Seneca.

Hyperlink to Above

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Ink Link: Fact checking 20 claims from Friday's Trump Rally (30 August, Andrew Sylvia, Manchester, NH)
There was plenty said by President Donald Trump in his visit to New Hampshire on Friday. We took a closer look at 20 of the claims he made during his speech.

Hyperlink to Above

5. Suicide Prevention

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5.1 - Los Angeles Downtown News: Veteran from DTLA promises to make a difference (30 August, Christina Fuoco-Karasinski, 29k uvm; South Pasadena, CA)
With his military career wrapping up, Dr. Damon Friedman is stripping his "Superman" outfit and replacing it with civilian garb. But that doesn't mean the fight has ended. The Downtown LA native will continue his mission of fighting enemies. As a veteran, the enemy he's battling is suicide.

Hyperlink to Above

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Savannah Morning News: Viewpoints: What too many whites refuse to see (30 August, Robert Pawlicki, 348k uvm; Savannah, GA)
I know of no white person who looks in the mirror and thinks of his or her skin color. No white parents must give their children "the talk," the conversation about what they must face and do if stopped by the police. These are different life experiences between the races in America.

Hyperlink to Above

6.2 - Times Record: Providing flexibility for veteran disability exams (30 August, Sen. John Boozman (R-Ark.), Fort Smith, AR)
When in-person medical care was paused at Department of Veterans Affairs (VA) medical facilities earlier this year due to COVID-19, telehealth technologies allowed veterans to continue accessing health services. Arkansas veterans quickly adapted.

Hyperlink to Above

7. Other

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1. Top Stories

Coronavirus / COVID-19

1 - Raw Story: Anatomy Of A Man-Made Disaster: 595 ways Trump has failed to protect us from COVID-19 (30 August, Dan Benbow, 5.4M uvm; Washington, DC)

Crises have a way of sorting the good presidents from the bad.

Historians rank Abe Lincoln and Franklin Delano Roosevelt among the top three presidents for their handling of the Civil War, the Great Depression, and World War II.

By contrast, the string of catastrophes that trailed George W. Bush, from 9/11 to Iraq to Hurricane Katrina to his obliviousness to warning signs in the housing market before the 2008 crash guarantee that he will have a permanent place in the bottom tier of presidents.

[…]

On January 28, twenty five days after the administration had officially become aware of coronavirus, on the day that China's president met with the Director-General of the World Health Organization to map out responses to COVID-19, the same day that Department of Veterans Affairs senior medical adviser Dr. Carter Mecher told colleagues that "the projected size of the outbreak already seems hard to believe"and mitigation efforts would soon be necessary on a "Red Dawn" email (W18), CNN reported that "Trump has not…named a single official within the White House responsible for coordinating the administration's response. (32) That has some wondering whether enough is being done in advance of a potential crisis, particularly since the role of the National Security Council under Trump has shifted away from leading a response to a health crisis to merely coordinating between agencies."

[…]

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2 - Santa Fe New Mexican: This Labor Day, thank a worker (30 August, Bill McCamley, 395k uvm; Santa Fe, NM)

Labor Day is coming up, a time when we normally celebrate the end of summer with a barbecue and cooler weather. This year, because of COVID-19, we're asking people to socially distance. So why not take the opportunity to think about why we have the holiday in the first place?

As Americans, we appreciate times of intensity well — the country's founding, sacrifices of war, or death of a great civil rights leader. What we sometimes forget is the worth of everyday work and what that daily grind means to our lives. That's why Labor Day was created.

Think about it. When you see orange barrels, do you think about the risk and sweat those folks repairing roads are going through? Probably not, as it means you're delayed. But without those

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workers putting it all out there on blacktop we wouldn't be able to commute, visit our families, or in better times see a movie or game. To these road workers: thank you.

How about the store? When you're picking up bread, milk, chile, or some chicken for dinner, do you recognize the work it took grow the crops, feed the animals, process the food, transport it to the store and stock the shelves? All that means we can eat, and food should never be taken for granted. To these farmers, truckers, and grocery store workers: thank you.

And in this pandemic, some work means even more because of the risk taken for essential jobs that we all need.

Teachers get a bad rap. Some falsely accuse them of working nine months, lazily going through their days as babysitters. However, as many parents are more involved in daily online learning, the revelation on just how damn hard the job is and how much our educators do is now intimately revealed. When they go back to the classroom, they'll risk working with lots of people indoors. But they will do it because they love our kids. To all the teachers: thank you.

Health care jobs are life and death to start with. The risks of COVID-19 make them even tougher. My sister is a Veterans Affairs doctor, and in May she did a stint in the Bronx right after the virus spiked in New York. One day she had to tell a hard-of-hearing vet in his 70s that he had cancer, trying to communicate through two masks and a face shield. Her story is hard, and the fact that almost 1,000 American health care workers have died from this terrible disease makes it harder. To all of you first responders, techs, nurses, and doctors: thank you.

We in the Lujan Grisham administration honor our workers with concrete policies. We partnered with the legislature to increase the minimum wage and are doing more to prosecute wage theft. We continue to fight for more health care access and to increase pay for teachers significantly.

We've also protected all New Mexicans, including many front-line workers, in this COVID-19 crisis with mask mandates, COVID-safe workplace regulations, and travel restrictions. To all New Mexicans, thank you for following these practices and decreasing the virus's spread.

This is a hard time, but by keeping our heads up and supporting our friends and neighbors with hard work and respect we will get through this together. And as you mask up and socially distance over Labor Day, please take a second to reflect on how important workers are to you and your family.

When you get a chance, thank one.

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3 - Columbia Missourian: Hospitals prepared for uptick in hospitalizations as cases spike
(30 August, Xander Negozio, 143k uvm; Columbia, MO)

Shoulder, knee and hip replacements and other elective procedures will continue as scheduled in local hospitals despite the surge in reported COVID-19 infections this week.

Boone Hospital Center, University Hospital, and Truman Veterans' Hospital will continue with normal procedures, while bracing for a possible influx of COVID-19 patients.

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"We do not currently have plans to suspend elective surgeries," said Benjamin Cornelius, director of marketing at Boone Hospital Center, in an email.

Cornelius also said that unlike earlier phases of the pandemic, when hospitals exhausted the supply chain, Boone Hospital Center now has an adequate supply of personal protective equipment.

Cornelius couldn't say what the current occupancy of Boone Hospital's ICU was, because he said it fluctuates hourly due to surgeries, emergency admissions and transfers to other levels of care. But he said the hospital has a surge plan ready for an influx of COVID-19 patients, if necessary.

As of Friday afternoon, he said the hospital did not need to implement a surge plan. Although college-age students are not typically the demographic that requires hospitalization, Cornelius said the hospital is ready to respond.

Cornelius said the hospital has no plans to change its visitor policy, which can be found on its website.

University Hospital's incident command leadership team continues to monitor hospitalizations, personal protective equipment supplies, and other factors, said Eric Maze, media relations strategist for the hospital, via email.

"Based on current factors, we do not have plans at this time to scale back any scheduled procedures," Maze said.

"We have an adequate supply of PPE at this time," Maze said, "and have taken steps to make sure we are keeping staff and patients safe while being good stewards of the resources we have."

Regarding a potential increase in hospitalizations, or patients in need of intensive care, Maze said, "MU has flexibility with its multiple hospitals and clinics to make adjustments to open up additional beds in certain units if additional needs arise."

"Our current inpatient occupancy rate — to include our ICU — is consistent with our usual volumes," Jeffrey Hoelscher, public affairs officer of the veterans hospital, said via email. The hospital has also maintained an "appropriate supply of personal protective equipment," he said.

"In the event of a patient surge, we have the ability to increase the number of specialty care beds in our facility," Hoelscher said. "Through the use of virtual delivery systems such as VA Video Connect and telemedicine, we have been able to continue to deliver a Whole Health approach to our Veterans for improved outcomes."

"Our source experts continue to monitor COVID-19 and make recommendations based on current and anticipated needs," he said. "However, a continued increase of COVID-19 cases in our community is concerning from a resource perspective."

"We know that wearing a mask is not always comfortable," he said, but, "one way to look at wearing a mask is that you are protecting others that need to be protected. Please, wear it for them."

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1.1 - Times Union: **Slingerlands native leading telehealth effort for veterans** (30 August, Terry Brown, 773k uvm; Albany, NY)

Kathleen Frisbee of Slingerlands is extra busy these days as an executive director of the Connected Health Office of the Department of Veterans Affairs in Washington, D.C.: She's helping lead an effort to provide telehealth options to veterans, especially those who live in rural communities.

Frisbee and two other team members, Neil Evans and Kevin Galpin, have developed vital telehealth options, mobile apps and digital services for veterans to receive health care virtually, while removing barriers to implementation through policy, regulatory and administrative changes.

Long before "coronavirus" became a household term, veterans were seeing doctors, therapists and other clinicians from the comfort of their own homes.

During the past decade, a Veterans Affairs office called Connected Care has been ramping up the number and types of remote health services available to the more than nine million veterans enrolled in Veterans Affairs health care.

Frisbee's, Evans' and Galpin's combined skills and leadership in technology, policy, regulation, medicine and management are guiding the VA's merger of health care with technology, according to Richard Stone, executive in charge of the Veterans Health Administration. "They've really set the vision for the future," said Stone. "The VA, in so many ways, has led this not only in the number of people served but also in the breadth of services offered."

Veterans use the technology for everything from scheduling video medical visits to connecting with clinicians via secure e-mail, text and chat. They can remotely fill prescriptions, receive text reminders to take their medications, make medical appointments, download apps for pain management, or consult with specialists from more than 50 health fields including cardiology, nephrology, dermatology, pulmonology and mental health.

Frisbee drives the technology and pragmatic work to make telehealth a reality, managing VA's mobile apps, secure messaging and other technologies for delivering virtual health care, Evans said. Frisbee developed mobile solutions for VA from the ground up, according to Shawn Hardenbrook, VHA's director of web and mobile solutions.

The success of the program can be seen by visiting the VA's mobile app store, which has more than 50 apps related to medical care, or VA's online patient portal My HealtheVet, which has more than five million registered users.

Frisbee "has really cultivated and developed these different tools to help supplement veterans' management of their own health care, to really get them engaged so, ultimately, they will have better health outcomes and lead better lives," said Treva Lutes, communications director for Connected Care.

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A pilot program called ATLAS, or Accessing Telehealth through Local Area Stations, aims to provide a convenient health care option for veterans who do not have the technology or bandwidth at home to support a video medical visit. In 10 places around the country, either a Walmart or a veterans service organization is hosting a facility to enable video visits between veterans and clinicians. These sites are located minutes away from many veterans who otherwise might have to travel hours to a VA clinic.

Telehealth does not replace in-person medical care. It supplements it by, for instance, enabling veterans to ask questions and get advice, have a post-surgery test with a doctor performed via video with the help of an on-site nurse, or have a chronic illness monitored and managed.

Frisbee has worked for the Department of Veterans Affairs for more than 25 years. Prior to her current role, she served as the director of web and mobile solutions, where she led a number of mobile health initiatives including veteran and clinician mobile applications focused on supporting VHA delivery of patient-centered care.

Additionally, she has served as the special adviser to the chief consultant for patient care services and also as the associate deputy undersecretary for quality and safety. She was co-chairwoman of an initiative to develop a customized Veterans Health Benefits Handbook to enhance the veteran experience and access to health care. And she initiated the development of patient management software for primary care teams that incorporates predictive models for risk stratifying patients.

Frisbee has worked as the deputy director of the VHA Support Service Center, where she developed an information management system used widely throughout the VA and managed the technical and analytical work of the office. She also held posts at the Austin Outpatient Clinic and the Northeast Regional Office, where she provided various levels of technical support to the offices.

Frisbee received her bachelor of science degree in pharmacy from Albany College of Pharmacy. She earned a master's of public health from the University of Alabama at Birmingham and completed her doctorate in engineering management at George Washington University.

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1.2 - Philadelphia Inquirer: **Postal Service delays mean some Philadelphia-area residents are waiting for mail-order prescriptions they badly need** (30 August, Sarah Gantz, 107k uvm; Philadelphia, PA)

Gerald Katz was getting more agitated by the day.

For the past decade, the 78-year-old Cherry Hill resident had been ordering diabetic test strips by mail a week or two before he ran out and, like clockwork, a fresh box of supplies arrived within five days.

But in June, Katz, who has type 2 diabetes, encountered a problem: His new box of test strips, which he needs to check that his blood sugar level is in a safe range, was nowhere to be found.

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He checked the package's tracking number online daily, but when it stalled at a sorting facility in South Jersey, Katz went to his local post office to see what was taking so long.

"I went to the post office and they said, 'Well, we can't find out.' "

Katz had no choice but to buy test strips at a nearby pharmacy, and had to foot the bill himself because his insurer had already paid for the ones lost in the mail.

Financial challenges and operational changes at the U.S. Postal Service have resulted in late and lost mail, concerns that mail-in ballots won't be counted in time, and, for some, delayed prescription medication deliveries. While plenty of people are still getting their packages as scheduled, others say they are waiting much longer for their prescriptions to arrive in the mail, even after the problems have drawn national attention and congressional hearings.

The coronavirus pandemic drew a wave of new customers to mail-order pharmacies, which offered a convenient way to stock up on medications while adhering to new social distancing rules. Under many insurance plans, mail order is more economical and may even be required; for others, it has been a matter of personal choice.

But now doctors worry that mail delays could jeopardize the health of patients who are counting on the Postal Service to get them essential medications. The most common types of prescriptions filled by mail order treat chronic health conditions, such as high cholesterol, diabetes, and heart problems, and must be taken daily to be effective.

"When this first hit in March, a lot of people who had a choice [of mail-order prescriptions] said 'I'm interested now,' " said Jacqueline W. Fincher, president of the American College of Physicians and a doctor in Georgia. "Now the concern is: Are they actually going to get it?"

The three largest mail-order pharmacy services — OptumRX, Express Scripts, and CVS — all said they are not experiencing significant or widespread increases in customer complaints about prescription delays.

OptumRx said it works with "all major carriers to help ensure timely shipments of home delivery prescriptions" and will "continually monitor our shipments and make adjustments as needed."

Express Scripts also said it is not experiencing any "unusual delays" in deliveries and is in contact with all national delivery carriers daily "so we know if there's the potential for weather disruption or other issues and we adjust accordingly to ensure that patients receive their medications."

Trey Hollern, a spokesperson for CVS Health, said the company is "closely monitoring the situation."

CVS's mail-order business primarily handles three-month supplies of medications for chronic health problems; these orders are mailed from a distribution center by ground or air. The pharmacy also allows customers to request delivery for orders placed with their local CVS store, which are sent through the local post office.

The Department of Veterans Affairs, which fills a majority of its prescriptions through the mail, has disputed reports of delays for veterans, and said deliveries typically arrive in three to five days, though in July delivery times averaged 2.86 days.

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‘It’s just gone'
Patients tell a different story.

Stephen Johnson, 67, of Philadelphia, said the medications and supplies he relies on to manage his type 2 diabetes used to arrive within a couple days, but lately he’s been waiting almost two weeks. The most frustrating part: The CVS pharmacy that mails one of his prescriptions is just a few blocks from Johnson’s home, but he has mobility issues that prevent him from picking up the order in person.

Johnson, who worked for the Postal Service for 25 years, said he is sympathetic to the challenges his former employer is facing. “But this is medicine,” he said. “It’s a red and white box that says ‘Priority Mail.’ ”

According to the tracking number Karen Faulkner received for her prescription eye-drop order, the package bounced between sorting facilities and post offices in New York, Connecticut, and Philadelphia for 13 weeks before disappearing.

Faulkner, 55, of Salford in northern Montgomery County, orders the eye drops from an online pharmacy in Canada, where they cost about $100, compared to the more than $300 she would pay in the U.S. The deliveries typically came within four weeks and during the early months of the pandemic were taking up to six weeks — but none had ever gone missing.

Faulkner waited and waited, and when she finally called the medical supplier, “They said, ‘Well, it looks like it’s just gone.’ ”

The company agreed to resend the prescription, and in the meantime Faulkner scrounged up some samples from her eye doctor.

“I technically could go without them, but my eyes get extremely dry and itchy and irritated,” she said.

For others waiting on mail-order prescriptions, delivery delays are more than a minor irritation.

“Some of the most common drugs people have delivered by mail order are really important drugs they need to maintain their health and ensure the effectiveness of their treatment,” said Juliette Cubanski, deputy director of the program on Medicare policy at Kaiser Family Foundation. “Taking these medications daily is important to make sure they work effectively for patients and delays in mail delivery could impact their ability to adhere to their medication regimen.”

After Rakiya Venable’s 18-month-old son was recently diagnosed with asthma, the Philadelphia mother promptly ordered the medications and supplies her baby’s doctor prescribed.

She chose mail delivery to protect her family from potential exposure to the coronavirus. But as the package’s delivery date was pushed back again and again, Venable began to worry about whether it would come before she ran out of the samples from her son’s doctor.

“He’d just been diagnosed. I was trying to keep him comfortable but also say hopefully he doesn’t need [the new shipment of medication] because he only has a certain amount left,” she said.

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The package eventually arrived — about a week after tracking indicated it would — but Venable won't be using mail order for her son's medications again. Any risk of exposure to the virus is outweighed by the risk of having to ration or go without potentially live-saving medicine, she said.

Mail order's rising popularity
Mail-order pharmacies have steadily grown in popularity over the past several years in part due to insurance plan designs that favor them over retail pharmacies. OptumRx, Express Scripts, and CVS are all part of insurance companies that can save money by keeping prescription processing in-house. People can still fill a prescription in person, but their plan may require them to pay more than if they ordered it through the mail.

About 17% of seniors with a Medicare drug plan — some 7.3 million people — and another 6.6 million people covered by large employer health plans already used a mail-order pharmacy for at least one prescription as of 2018, according to a report by the Kaiser Family Foundation.

In the early weeks of the pandemic, mail-order use rose 20% compared to the same time last year, as people rushed to stock up on medications while avoiding unnecessary outings, according to a report by IQVIA, a health-care analytics and research company. Mail orders have since subsided and as of late July, mail-order fills were just slightly up from the same time last year.

Nick Goede, 38, of Havertown, switched to mail delivery for prescription refills in March because of the COVID-19 lockdown. The new routine worked well for a few months, but by June, deliveries that used to arrive in a day or two were taking a week.

On one occasion, the psychiatric medication refill Goede's wife was waiting for arrived the day she took the last pill she had.

It was a close call that left Goede uncomfortable — his wife could experience withdrawal symptoms if she missed doses.

"According to the tracking they go to the post office, then go to a sorting facility, then back to the post office, then sometimes back to the sorting facility," he said. "The whole situation is just frustrating."

He said he plans to keep mail delivery for less critical medications, but has resumed trips to the pharmacy to pick up more important prescriptions.

After June's test strip mishap, Katz decided to switch medical suppliers in early July. That meant getting a new monitoring device that would be compatible with the new supplier's test strips.

Soon after making the change, the long-lost package of test strips — now useless — arrived.

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2. Improving Customer Service

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2.1 - KTHV (CBS-11, Video): Louisiana VA patients transferred to Little Rock due to damages from Laura (29 August, 570k uvm; Little Rock, AR)

Parts of Louisiana are still dealing with the aftermath of Hurricane Laura.

On Saturday, some veteran patients were transferred to Little Rock after the VA Medical Center in Alexandria continued to have problems from the damages Laura caused.

Their primary generator isn't working and there are sewer issues.

Thirty-two patients have been moved to the Central Arkansas Veterans Healthcare System.

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2.2 - WTOG (CBS-44): 3 Plead Guilty In Connection With Defrauding VA Healthcare In The Villages (31 August, 9k uvm; St. Petersburg, FL)

OCALA, Fla. (CW44 News At 10) – A Florida family plead guilty to a conspiracy to defraud Veterans health care in The Villages, resulting in over $300,000 in charges.

Miller Wilson, Jr. (50, Sparr), his daughter, Myoshi Wilson (26, Citra), and Erica Wilson (43, Ocala) have each pleaded guilty for their roles a scheme to defraud the U.S. Department of Veterans Affairs health care benefits.

Miller Wilson, Jr. pleaded guilty today to conspiracy to commit health care fraud and wire fraud and solicitation and receipt of a health care kickback. He faces a maximum sentence of 5 years' imprisonment for the conspiracy charge, and up to 10 years in federal prison for the kickback offense.

On March 5, 2020, Erica Wilson pleaded guilty to conspiracy to commit health care fraud and wire fraud. She faces a maximum sentence of 5 years' imprisonment. Myoshi Wilson had pleaded guilty on February 18, 2020, to making false statements to law enforcement. She faces a maximum sentence of 5 years' imprisonment. All three defendants will be sentenced on October 6, 2020.

According to court documents, Miller Wilson, Jr. was an employee at the Department of Veterans Affairs ("VA") Clinic located in The Villages, Florida. As part of his employment, he provided transportation arrangements for veterans needing medical treatment. From 2014 through 2016, Miller Wilson, Jr. obtained cash kickbacks from the transportation vendors in exchange for awarding them health care contracts from the VA. Thereafter, from 2016-2017, Miller Wilson, Jr. conspired with Erica and Myoshi Wilson to open and manage two different transportation companies to conduct similar schemes. Miller Wilson, Jr. used his official position at the VA to funnel health care contracts to the companies that he had formed with Erica and Myoshi Wilson. During a 17-month period, the two companies billed the federal government $305,673. Myoshi Wilson admitted to making false statements to a federal agent in 2019, to conceal the conspiracy.

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3. Business Transformation

3.1 - Connecting Vets: VA fast tracking new North Texas medical center (29 August, Julia Ledoux, 10M uvm; Washington, DC)

The Department of Veterans Affairs is fast-tracking a donated facility in North Texas in order to treat veterans with COVID-19..

The Garland VA Medical Center is housed in a 470,000 square foot building which closed its doors in 2018, was donated by Baylor, Scott & White, according to a VA blog post, and will eventually serve as an outpatient and specialty care clinic for some of the 184,000 North Texas area veterans enrolled in VA health care. The Garland VA Medical Center will also serve as an in-patient overflow unit for North Texas vets needing care for COVID-19 with a capacity for over 208 beds.

"We are preparing in case we need to take some load off the main hospital in Dallas and have the extra space to take care of those critical patients," said Crystal Crews, nurse manager for VA North Texas Health System's Home Telehealth Program

VA North Texas nurses from various outpatient and specialty clinics recently attended refresher training as they prepared to care for patients who will receive care at the new facility.

"These nurses are coming from ambulatory care so we don't take from the critical care, acute care, and emergency department areas." said Crews.

VA's Office of Information and Technology fast-tracked retrofitting Garland VA Medical Center, including completing technology installations and IT equipment provisioning much faster than normal.

"Every part of OIT engaged in this effort. They gave us outstanding support and service to establish initial operations at the Garland VAMC. Standing up the hospital within weeks allows us to respond quickly to area needs and care for Veterans infected with COVID-19," said Territory 2 Director of Operations, Robert J. Finigan.

"We know we're in the middle of a fight. These are our patients and we will do whatever it takes to get them healthy," she said. "Nurses are a family and so are our veterans."

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3.2 - The Buffalo News: Two VA clinics in Erie County move to new locations Tuesday (29 August, Dale Anderson, 1.4M uvm; Buffalo, NY)

Two VA clinics in Erie County will open their doors in new, more spacious locations Tuesday, VA Western New York Healthcare System announced.

The Lackawanna VA Clinic, which has been at 1234 Abbott Road, will move to 968 Union Road, West Seneca.

The Springville VA Clinic at 15 Commerce Drive will move to 231 Cascade Drive, Suite 107.

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The clinics will be under a new contract with STG International Inc., the announcement noted, and will continue to provide services using the Veteran Health Administration's Patient Aligned Care Team model.

Both locations, open from 8 a.m. to 4:30 p.m. Monday to Friday, will offer a full range of services in person and online. Parking is free.

For more information, call the West Seneca clinic at 821-7815 or the Springville clinic at 592-2409.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Ink Link: **Fact checking 20 claims from Friday's Trump Rally** (30 August, Andrew Sylvia, Manchester, NH)

There was plenty said by President Donald Trump in his visit to New Hampshire on Friday. We took a closer look at 20 of the claims he made during his speech.

[…]

VA Choice

Trump touted VA Choice, a large component of a bill signed by Trump in 2018 aiming to help provide more healthcare choices for veterans. The New York Times reported this year that VA Choice has been a success in terms of urgent care, but has seen a lack of doctors in other areas.

In March, the Associated Press reported that veterans have been turned away from seeing doctors due to the COVID-19 pandemic even though those doctors are available.

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5. Suicide Prevention

5.1 - Los Angeles Downtown News: **Veteran from DTLA promises to make a difference** (30 August, Christina Fuoco-Karasinski, 29k uvm; South Pasadena, CA)

With his military career wrapping up, Dr. Damon Friedman is stripping his "Superman" outfit and replacing it with civilian garb.

But that doesn't mean the fight has ended.

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The Downtown LA native will continue his mission of fighting enemies. As a veteran, the enemy he's battling is suicide.

"My purpose always been the same," he said. "I'm trying to help people who can't help themselves. I'm passionate about the issue of suicide.

"After all these years, nothing is worse than to see the men and women who have done extraordinary things, served this incredible country, going through all the hell and then come home, get into a really dark place and it's so dark that they lose hope. Their life to them is meaningless. The pain is so overwhelming they'd rather end it. They use their freedom to take their freedom."

In 2017, 45,390 American adults died from suicide, including 6,139 U.S. veterans, according to the U.S. Department of Veterans Affairs.

"The suicide rate is 1.5 times greater among the veteran community," said Friedman, who earned a doctorate in intercultural studies from Fuller. "This whole coronavirus crazy has isolated our veterans more than ever, causing a spike in suicides."

Friedman has joined the White House, Department of Veterans Affairs and several nonprofits to form the Faith-Based Veteran Service Alliance to make a global impact in the fight against veteran suicide.

Recently, the White House rolled out the PREVENTS Task Force Roadmap to empower veterans and end the national tragedy of suicide. President Donald Trump said this roadmap expands White House and VA partnerships to include those with faith-based leaders to establish specialized support systems for veterans.

"Many of these warriors are unable to reintegrate back into civilian life, leaving their families to deal with the aftermath of broken homes and, at times, suicide," said Friedman, president of Shield of Faith Missions and co-chairman of FBVSA.

"By addressing the mind, body and soul, the warriors we serve can once again, successfully lead their families, their communities and our nation."

Friedman said his new mission is to empower people to find purpose and be resilient.

"The path to wellness is different for everyone," he said. "There isn't one treatment to save everyone. You don't know if that individual's struggle is from a concussion, which changed the way our brains operate. Not everyone has PTSD. Everybody's trauma is different. We've all had different experiences."

Friedman suggested taking a holistic approach.

"Depending on where this person is and what they believe, they may need a psychologist, or social activities or physical therapy," he said. "If you're like me and banged up from the floor up, you need it all."

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Savannah Morning News: Viewpoints: What too many whites refuse to see (30 August, Robert Pawlicki, 348k uvm; Savannah, GA)

I know of no white person who looks in the mirror and thinks of his or her skin color. No white parents must give their children "the talk," the conversation about what they must face and do if stopped by the police.

These are different life experiences between the races in America. But Blacks face more than daily slights and indignities. They face challenges that are baked into the system, largely unseen and dismissed or ignored by the majority white population.

Institutional racism has a long and storied history. A classic example is the G.I. Bill. Revered as a signature legislation of America's greatness, the law rewarded our military after World War II and stimulated the country's economy to unprecedented heights – that is, for white Americans. Black Americans were excluded. The G.I. Bill benefits of going to college or buying a starter home were simply not available to black military families.

Generations later, many of the descendants of white parents who received the G.I. Bill, along with its accompanying economic consequences and freedoms, are unaware of the advantage their lives have had compared with their Black counterparts. Entire generations of Black Americans were left behind, and their children were consequently more likely saddled in poverty.

Institutional racism is simply invisible for too many whites because it doesn't affect them.

Exclusion from the G.I. Bill is just one example, but it followed a long history. The New Deal loans, relief and insurance programs during the Roosevelt era often specifically excluded Black people. The list of such atrocities is long.

A long fight for freedom

For many white Americans, the thought of Black freedoms and rights are relegated to the time of the Civil War. Blacks were freed in the emancipation proclamations in 1863. In actuality, Blacks did not gain their freedom in 1863, at least not in a manner that whites would consider freedom.

It's true that former slaves did experience a taste of freedom when Blacks were voted into office at an unprecedented rate in the 1860s. But that power was not tolerated by the dominant white population who then quickly struck back once federal troops left the South. They responded by limiting voting rights and created an avalanche of restrictions that reconfigured slavery into a different cloth.

Among the most pernicious was the Black Code, a system that dominated large swaths of the South for generations. New laws allowed local authorities to arrest freed Blacks for vagrancy if they were caught not working during working hours. This and other minor infractions, subjectively enforced, committed them to involuntary labor.

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Those arrested became assets to be transferred into contractual bondage to farmers who paid law authorities for their supply of chattel workers. Black men, in their new form of slavery, then basically lived under the complete control of their “owners.” The life span of those men caught in this devilishly immoral system was short. The Black Code lasted generations before Blacks saw any progress.

Today, whites talk about “pulling yourself up by your bootstraps.” Yet keeping Blacks in their place was a national pastime during the early part of last century. “Don’t get too uppity” was the mantra.

It comes as a shock to most white Americans who are learning, for the first time, how a prosperous Black enclave in Tulsa, Okla., was literally wiped out by its white citizens. The massacre started as a result of a racial incident but is widely believed to be caused by resentment of wealth and privilege of an affluent Black community. That indignity and rage resulted in the burning of 1,200 Black-owned homes, amazingly including the dropping of firebombs from private aircraft. Over 300 people were killed and an estimated 8,000 Blacks were left homeless.

The horror did not end there. It was followed with the internment of 6,000 Black residents in stockades, only released if a white citizen vouched for them. Once released, Blacks were then required to wear a green identification patch as evidence of their permissibility to walk free.

It’s worth noting that Tulsa, a city of 72,000 in 1921, had 3,200 Klu Klux Klan members by one estimate. That was not unusual. In the 1920s, the Klan claimed 3 to 5 million members, enough to enable 50,000 robed Klansman to march in Washington, D.C. Nor does the story stop there. Houston, Chicago, Omaha and other cities, often with Klan support, had race riots during this period.

Historically hiding the distress of the Black community has been a well-established practice. That pattern was an underlying reason that Mamie Till Bradley displayed her murdered 14-year-old son, Emmett Till, in an open casket in 1955. Emmett, visiting relatives in Mississippi, was accused of offending a white woman in her family’s grocery store, thereby violating the strictures of conduct for an African-American male interacting with a white woman in the Jim Crow-era South.

Shortly thereafter he was abducted from his home, beaten, mutilated, shot in the head, and his body sunken in the Tallahatchie river. Three days later, Till’s body was discovered, retrieved and sent to Chicago.

Emmett Till’s mother courageously insisted on a public funeral service with an open casket, to expose the world to more than her son’s bloated, mutilated body. She wished to draw attention to the brutality of U.S. racism. The picture of Emmett’s body, so grotesquely mutilated, was broadcast across national newspapers, creating a temporary firestorm of upset. Then the distress subsided, and racism returned to normal.

It has been hard for many whites to keep the distress of the Black community in mind for long. Blacks speak of the obstacles they face, barriers not faced by their white counterparts but, for the most part, whites can’t or don’t hear. Our stories are happier. Their stories are painful. Their stories are inconvenient.

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For the most part, white citizens do acknowledge some institutional racism in the past: segregated schools, the prohibition to eat at the corner pharmacy, use of public restrooms, public fountains and community swimming pools. But they are often considered to be injustices not of their doing.

“Get over it” is a not uncommon refrain heard in white company, implying that those problems have been solved. “Time to move on.” But, of course, the problems were not solved. They merely morph into new iterations.

Institutional racism lives on

In the lifetime of older Americans, the civil rights legislation of the 1960s appeared to be a turning point. But it, too, had a backlash in institutional racism for decades after. Prejudicial laws, policies and practices rose their heads once again, but often in obscure ways that effectively hid the overt intent and allowed for rationalization. The rise of mass incarceration, beginning in the 1970s, is a prime example.

Incarceration rates for Black men are six times higher than those of white men. The American jail and prison system imprisons a larger percentage of its Black population than South Africa at the height of apartheid -- this, during a period in which crime rates have decreased.

Health care, or lack of it, is another example. While virtually every other developed country has adopted a national health care system that includes their minorities, the United States has resisted, delegating the decisions to states.

While individual rights are professed as the primary motivation for such action, an underlying role of racism likely plays a role -- an assertion that will evoke intense denial. Nevertheless, the greatest resistance to national health care comes from those portions of our society most linked to lingering institutional racism.

Lack of health care or diminished benefits plays an outsized role in the daily lives of Black Americans. From the quality of health care, choice of jobs, the fragility of their financial base, access to grocery stores near their homes, and more, the policies and practices of our nation are a prime example of institutional racism. Getting sick in America is simply enormously more dangerous if you are Black than white.

That institutional or structured racism has worked to adversely affect Blacks can hardly be disputed. The effects are pervasive and profound. The gap between white and Black Americans is ubiquitous and deep. Unemployment rates are consistently twice as high among Blacks as whites. Blacks live an average of three and one-half fewer years. The median household income for whites is $82,000 and $53,000 for Blacks, while home ownership rates stand at 42% for Blacks and 73% for whites. And glaringly, 2,272 Blacks are imprisoned per 100,000 citizens while 392 whites are so.

One-hundred and twenty-seven years ago, Frederick Douglass, speaking at the World’s Fair in Chicago, said, “Men talk of the Negro problem, there is no Negro problem.” With his voice rising, he continued, “The problem is whether the American people have loyalty enough, honor enough, patriotism enough, to live up to their own Constitution.”

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From a Black American's viewpoint, slavery has never fully disappeared. It has instead morphed into a subtle subjugation with token exceptions. Unless white Americans see what they thus far have been unable to see, we will never fulfill the American dream.

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6.2 - Times Record: **Providing flexibility for veteran disability exams** (30 August, Sen. John Boozman (R-Ark.), Fort Smith, AR)

When in-person medical care was paused at Department of Veterans Affairs (VA) medical facilities earlier this year due to COVID-19, telehealth technologies allowed veterans to continue accessing health services. Arkansas veterans quickly adapted.

The Central Arkansas Veterans Healthcare System saw a 1,000% increase in VA Video Connect appointments since the beginning of the year. Similarly, the Veterans Health Care System of the Ozarks in Fayetteville experienced an increase of 4,390% in virtual care over that same time. Despite the expanded online services, not all veterans have the ability to connect to the internet. For veterans who scheduled the required medical exam to apply for benefits, the wait time is getting longer, and we need to fix that.

Many veterans are required to complete a compensation and pension (C&P) exam to verify their medical condition and eligibility when applying for VA benefits. The backlog has been growing since last year when Congress expanded benefits eligibility to more veterans, more than tripling since November 2019 and now standing at 203,000 veterans nationwide. In Arkansas, more than 1,500 veterans are waiting for a C&P exam.

During a Senate VA Committee hearing in June, I pressed the VA on its plan to reduce the backlog. While department leaders were hopeful that resuming in-person exams would help decrease the number of veterans awaiting an appointment, they also requested additional flexibility to decrease the backlog.

Veterans shouldn't have to wait months to file disability claims. We've taken great pride in strengthening benefits, so we need to ensure the infrastructure is in place to accommodate the increased number of people who are turning to the VA for help. It's clear this framework is not meeting the current demand.

That's why I introduced legislation to allow certain specialty medical professionals to perform C&P exams. By allowing additional health care personnel to conduct these health screenings, we can ensure veterans get the attention they deserve in a timely manner.

There is momentum building in Congress to expand the number of providers who can conduct disability exams. A similar bill was introduced in the House of Representatives. The Chairman of the Senate VA Committee understands the urgency to provide flexibility and expand the VA's capacity to conduct C&P exams. The chairman incorporated this bill in a comprehensive veterans' benefits package that I am hopeful the committee will take up soon.

While in-person exams recently resumed at several VA facilities around the country including the Central Arkansas Veterans Healthcare System, we need to take action to help the thousands of veterans waiting for their exam so they can file their disability claims and receive the benefits they have earned.

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7. Other

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Veterans Affairs Media Summary and News Clips

31 August 2020

1. Top Stories

Coronavirus / COVID-19

1 - Raw Story: **Anatomy Of A Man-Made Disaster: 595 ways Trump has failed to protect us from COVID-19** (30 August, Dan Benbow, 5.4M uvm; Washington, DC)
Crises have a way of sorting the good presidents from the bad. Historians rank Abe Lincoln and Franklin Delano Roosevelt among the top three presidents for their handling of the Civil War, the Great Depression, and World War II.

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2 - Santa Fe New Mexican: **This Labor Day, thank a worker** (30 August, Bill McCamley, 395k uvm; Santa Fe, NM)
Labor Day is coming up, a time when we normally celebrate the end of summer with a barbecue and cooler weather. This year, because of COVID-19, we're asking people to socially distance. So why not take the opportunity to think about why we have the holiday in the first place?

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3 - Columbia Missourian: **Hospitals prepared for uptick in hospitalizations as cases spike** (30 August, Xander Negozio, 143k uvm; Columbia, MO)
Shoulder, knee and hip replacements and other elective procedures will continue as scheduled in local hospitals despite the surge in reported COVID-19 infections this week. Boone Hospital Center, University Hospital, and Truman Veterans' Hospital will continue with normal procedures, while bracing for a possible influx of COVID-19 patients.

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Kathleen Frisbee of Slingerlands is extra busy these days as an executive director of the Connected Health Office of the Department of Veterans Affairs in Washington, D.C.: She's helping lead an effort to provide telehealth options to veterans, especially those who live in rural communities.

Hyperlink to Above

1.2 - Philadelphia Inquirer: **Postal Service delays mean some Philadelphia-area residents are waiting for mail-order prescriptions they badly need** (30 August, Sarah Gantz, 107k uvm; Philadelphia, PA)
Gerald Katz was getting more agitated by the day. For the past decade, the 78-year-old Cherry Hill resident had been ordering diabetic test strips by mail a week or two before he ran out and, like clockwork, a fresh box of supplies arrived within five days.

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2. Improving Customer Service

2.1 - KTHV (CBS-11, Video): Louisiana VA patients transferred to Little Rock due to damages from Laura (29 August, 570k uvm; Little Rock, AR)
Parts of Louisiana are still dealing with the aftermath of Hurricane Laura. On Saturday, some veteran patients were transferred to Little Rock after the VA Medical Center in Alexandria continued to have problems from the damages Laura caused.

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2.2 - WTOG (CBS-44): 3 Plead Guilty In Connection With Defrauding VA Healthcare In The Villages (31 August, 9k uvm; St. Petersburg, FL)
A Florida family plead guilty to a conspiracy to defraud Veterans health care in The Villages, resulting in over $300,000 in charges. Miller Wilson, Jr. (50, Sparr), his daughter, Myoshi Wilson (26, Citra), and Erica Wilson (43, Ocala) have each pleaded guilty for their roles a scheme to defraud the U.S. Department of Veterans Affairs health care benefits.

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3. Business Transformation

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7. Other

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Coronavirus / COVID-19

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Crises have a way of sorting the good presidents from the bad.

Historians rank Abe Lincoln and Franklin Delano Roosevelt among the top three presidents for their handling of the Civil War, the Great Depression, and World War II.

By contrast, the string of catastrophes that trailed George W. Bush, from 9/11 to Iraq to Hurricane Katrina to his obliviousness to warning signs in the housing market before the 2008 crash guarantee that he will have a permanent place in the bottom tier of presidents.

[...]

On January 28, twenty five days after the administration had officially become aware of coronavirus, on the day that China's president met with the Director-General of the World Health Organization to map out responses to COVID-19, the same day that Department of Veterans Affairs senior medical adviser Dr. Carter Mecher told colleagues that "the projected size of the outbreak already seems hard to believe"and mitigation efforts would soon be necessary on a "Red Dawn" email (W18), CNN reported that "Trump has not...named a single official within the White House responsible for coordinating the administration's response. (32) That has some wondering whether enough is being done in advance of a potential crisis, particularly since the role of the National Security Council under Trump has shifted away from leading a response to a health crisis to merely coordinating between agencies."

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2 - Santa Fe New Mexican: This Labor Day, thank a worker (30 August, Bill McCamley, 395k uvm; Santa Fe, NM)

Labor Day is coming up, a time when we normally celebrate the end of summer with a barbecue and cooler weather. This year, because of COVID-19, we're asking people to socially distance. So why not take the opportunity to think about why we have the holiday in the first place?

As Americans, we appreciate times of intensity well — the country's founding, sacrifices of war, or death of a great civil rights leader. What we sometimes forget is the worth of everyday work and what that daily grind means to our lives. That's why Labor Day was created.

Think about it. When you see orange barrels, do you think about the risk and sweat those folks repairing roads are going through? Probably not, as it means you're delayed. But without those

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workers putting it all out there on blacktop we wouldn't be able to commute, visit our families, or in better times see a movie or game. To these road workers: thank you.

How about the store? When you're picking up bread, milk, chile, or some chicken for dinner, do you recognize the work it took grow the crops, feed the animals, process the food, transport it to the store and stock the shelves? All that means we can eat, and food should never be taken for granted. To these farmers, truckers, and grocery store workers: thank you.

And in this pandemic, some work means even more because of the risk taken for essential jobs that we all need.

Teachers get a bad rap. Some falsely accuse them of working nine months, lazily going through their days as babysitters. However, as many parents are more involved in daily online learning, the revelation on just how damn hard the job is and how much our educators do is now intimately revealed. When they go back to the classroom, they'll risk working with lots of people indoors. But they will do it because they love our kids. To all the teachers: thank you.

Health care jobs are life and death to start with. The risks of COVID-19 make them even tougher. My sister is a Veterans Affairs doctor, and in May she did a stint in the Bronx right after the virus spiked in New York. One day she had to tell a hard-of-hearing vet in his 70s that he had cancer, trying to communicate through two masks and a face shield. Her story is hard, and the fact that almost 1,000 American health care workers have died from this terrible disease makes it harder. To all of you first responders, techs, nurses, and doctors: thank you.

We in the Lujan Grisham administration honor our workers with concrete policies. We partnered with the legislature to increase the minimum wage and are doing more to prosecute wage theft. We continue to fight for more health care access and to increase pay for teachers significantly.

We've also protected all New Mexicans, including many front-line workers, in this COVID-19 crisis with mask mandates, COVID-safe workplace regulations, and travel restrictions. To all New Mexicans, thank you for following these practices and decreasing the virus's spread.

This is a hard time, but by keeping our heads up and supporting our friends and neighbors with hard work and respect we will get through this together. And as you mask up and socially distance over Labor Day, please take a second to reflect on how important workers are to you and your family.

When you get a chance, thank one.

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3 - Columbia Missourian: **Hospitals prepared for uptick in hospitalizations as cases spike**
(30 August, Xander Negozio, 143k uvm; Columbia, MO)

Shoulder, knee and hip replacements and other elective procedures will continue as scheduled in local hospitals despite the surge in reported COVID-19 infections this week.

Boone Hospital Center, University Hospital, and Truman Veterans' Hospital will continue with normal procedures, while bracing for a possible influx of COVID-19 patients.

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"We do not currently have plans to suspend elective surgeries," said Benjamin Cornelius, director of marketing at Boone Hospital Center, in an email.

Cornelius also said that unlike earlier phases of the pandemic, when hospitals exhausted the supply chain, Boone Hospital Center now has an adequate supply of personal protective equipment.

Cornelius couldn't say what the current occupancy of Boone Hospital's ICU was, because he said it fluctuates hourly due to surgeries, emergency admissions and transfers to other levels of care. But he said the hospital has a surge plan ready for an influx of COVID-19 patients, if necessary.

As of Friday afternoon, he said the hospital did not need to implement a surge plan. Although college-age students are not typically the demographic that requires hospitalization, Cornelius said the hospital is ready to respond.

Cornelius said the hospital has no plans to change its visitor policy, which can be found on its website.

University Hospital's incident command leadership team continues to monitor hospitalizations, personal protective equipment supplies, and other factors, said Eric Maze, media relations strategist for the hospital, via email.

"Based on current factors, we do not have plans at this time to scale back any scheduled procedures," Maze said.

"We have an adequate supply of PPE at this time," Maze said, "and have taken steps to make sure we are keeping staff and patients safe while being good stewards of the resources we have."

Regarding a potential increase in hospitalizations, or patients in need of intensive care, Maze said, "MU has flexibility with its multiple hospitals and clinics to make adjustments to open up additional beds in certain units if additional needs arise."

"Our current inpatient occupancy rate — to include our ICU — is consistent with our usual volumes," Jeffrey Hoelscher, public affairs officer of the veterans hospital, said via email. The hospital has also maintained an "appropriate supply of personal protective equipment," he said.

"In the event of a patient surge, we have the ability to increase the number of specialty care beds in our facility," Hoelscher said. "Through the use of virtual delivery systems such as VA Video Connect and telemedicine, we have been able to continue to deliver a Whole Health approach to our Veterans for improved outcomes."

"Our source experts continue to monitor COVID-19 and make recommendations based on current and anticipated needs," he said. "However, a continued increase of COVID-19 cases in our community is concerning from a resource perspective."

"We know that wearing a mask is not always comfortable," he said, but, "one way to look at wearing a mask is that you are protecting others that need to be protected. Please, wear it for them."

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1.1 - Times Union: Slingerlands native leading telehealth effort for veterans (30 August, Terry Brown, 773k uvm; Albany, NY)

Kathleen Frisbee of Slingerlands is extra busy these days as an executive director of the Connected Health Office of the Department of Veterans Affairs in Washington, D.C.: She's helping lead an effort to provide telehealth options to veterans, especially those who live in rural communities.

Frisbee and two other team members, Neil Evans and Kevin Galpin, have developed vital telehealth options, mobile apps and digital services for veterans to receive health care virtually, while removing barriers to implementation through policy, regulatory and administrative changes.

Long before "coronavirus" became a household term, veterans were seeing doctors, therapists and other clinicians from the comfort of their own homes.

During the past decade, a Veterans Affairs office called Connected Care has been ramping up the number and types of remote health services available to the more than nine million veterans enrolled in Veterans Affairs health care.

Frisbee's, Evans' and Galpin's combined skills and leadership in technology, policy, regulation, medicine and management are guiding the VA's merger of health care with technology, according to Richard Stone, executive in charge of the Veterans Health Administration. "They've really set the vision for the future," said Stone. "The VA, in so many ways, has led this not only in the number of people served but also in the breadth of services offered."

Veterans use the technology for everything from scheduling video medical visits to connecting with clinicians via secure e-mail, text and chat. They can remotely fill prescriptions, receive text reminders to take their medications, make medical appointments, download apps for pain management, or consult with specialists from more than 50 health fields including cardiology, nephrology, dermatology, pulmonology and mental health.

Frisbee drives the technology and pragmatic work to make telehealth a reality, managing VA's mobile apps, secure messaging and other technologies for delivering virtual health care, Evans said. Frisbee developed mobile solutions for VA from the ground up, according to Shawn Hardenbrook, VHA's director of web and mobile solutions.

The success of the program can be seen by visiting the VA's mobile app store, which has more than 50 apps related to medical care, or VA's online patient portal My HealtheVet, which has more than five million registered users.

Frisbee "has really cultivated and developed these different tools to help supplement veterans' management of their own health care, to really get them engaged so, ultimately, they will have better health outcomes and lead better lives," said Treva Lutes, communications director for Connected Care.

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A pilot program called ATLAS, or Accessing Telehealth through Local Area Stations, aims to provide a convenient health care option for veterans who do not have the technology or bandwidth at home to support a video medical visit. In 10 places around the country, either a Walmart or a veterans service organization is hosting a facility to enable video visits between veterans and clinicians. These sites are located minutes away from many veterans who otherwise might have to travel hours to a VA clinic.

Telehealth does not replace in-person medical care. It supplements it by, for instance, enabling veterans to ask questions and get advice, have a post-surgery test with a doctor performed via video with the help of an on-site nurse, or have a chronic illness monitored and managed.

Frisbee has worked for the Department of Veterans Affairs for more than 25 years. Prior to her current role, she served as the director of web and mobile solutions, where she led a number of mobile health initiatives including veteran and clinician mobile applications focused on supporting VHA delivery of patient-centered care.

Additionally, she has served as the special adviser to the chief consultant for patient care services and also as the associate deputy undersecretary for quality and safety. She was co-chairwoman of an initiative to develop a customized Veterans Health Benefits Handbook to enhance the veteran experience and access to health care. And she initiated the development of patient management software for primary care teams that incorporates predictive models for risk stratifying patients.

Frisbee has worked as the deputy director of the VHA Support Service Center, where she developed an information management system used widely throughout the VA and managed the technical and analytical work of the office. She also held posts at the Austin Outpatient Clinic and the Northeast Regional Office, where she provided various levels of technical support to the offices.

Frisbee received her bachelor of science degree in pharmacy from Albany College of Pharmacy. She earned a master's of public health from the University of Alabama at Birmingham and completed her doctorate in engineering management at George Washington University.

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1.2 - Philadelphia Inquirer: Postal Service delays mean some Philadelphia-area residents are waiting for mail-order prescriptions they badly need (30 August, Sarah Gantz, 107k uvm; Philadelphia, PA)

Gerald Katz was getting more agitated by the day.

For the past decade, the 78-year-old Cherry Hill resident had been ordering diabetic test strips by mail a week or two before he ran out and, like clockwork, a fresh box of supplies arrived within five days.

But in June, Katz, who has type 2 diabetes, encountered a problem: His new box of test strips, which he needs to check that his blood sugar level is in a safe range, was nowhere to be found.

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He checked the package's tracking number online daily, but when it stalled at a sorting facility in South Jersey, Katz went to his local post office to see what was taking so long.

"I went to the post office and they said, 'Well, we can't find out.' "

Katz had no choice but to buy test strips at a nearby pharmacy, and had to foot the bill himself because his insurer had already paid for the ones lost in the mail.

Financial challenges and operational changes at the U.S. Postal Service have resulted in late and lost mail, concerns that mail-in ballots won't be counted in time, and, for some, delayed prescription medication deliveries. While plenty of people are still getting their packages as scheduled, others say they are waiting much longer for their prescriptions to arrive in the mail, even after the problems have drawn national attention and congressional hearings.

The coronavirus pandemic drew a wave of new customers to mail-order pharmacies, which offered a convenient way to stock up on medications while adhering to new social distancing rules. Under many insurance plans, mail order is more economical and may even be required; for others, it has been a matter of personal choice.

But now doctors worry that mail delays could jeopardize the health of patients who are counting on the Postal Service to get them essential medications. The most common types of prescriptions filled by mail order treat chronic health conditions, such as high cholesterol, diabetes, and heart problems, and must be taken daily to be effective.

"When this first hit in March, a lot of people who had a choice [of mail-order prescriptions] said 'I'm interested now,' " said Jacqueline W. Fincher, president of the American College of Physicians and a doctor in Georgia. "Now the concern is: Are they actually going to get it?"

The three largest mail-order pharmacy services — OptumRX, Express Scripts, and CVS — all said they are not experiencing significant or widespread increases in customer complaints about prescription delays.

OptumRx said it works with "all major carriers to help ensure timely shipments of home delivery prescriptions" and will "continually monitor our shipments and make adjustments as needed."

Express Scripts also said it is not experiencing any "unusual delays" in deliveries and is in contact with all national delivery carriers daily "so we know if there's the potential for weather disruption or other issues and we adjust accordingly to ensure that patients receive their medications."

Trey Hollern, a spokesperson for CVS Health, said the company is "closely monitoring the situation."

CVS's mail-order business primarily handles three-month supplies of medications for chronic health problems; these orders are mailed from a distribution center by ground or air. The pharmacy also allows customers to request delivery for orders placed with their local CVS store, which are sent through the local post office.

The Department of Veterans Affairs, which fills a majority of its prescriptions through the mail, has disputed reports of delays for veterans, and said deliveries typically arrive in three to five days, though in July delivery times averaged 2.86 days.

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‘It’s just gone'
Patients tell a different story.

Stephen Johnson, 67, of Philadelphia, said the medications and supplies he relies on to manage his type 2 diabetes used to arrive within a couple days, but lately he’s been waiting almost two weeks. The most frustrating part: The CVS pharmacy that mails one of his prescriptions is just a few blocks from Johnson’s home, but he has mobility issues that prevent him from picking up the order in person.

Johnson, who worked for the Postal Service for 25 years, said he is sympathetic to the challenges his former employer is facing. “But this is medicine,” he said. “It’s a red and white box that says ‘Priority Mail.’ ”

According to the tracking number Karen Faulkner received for her prescription eye-drop order, the package bounced between sorting facilities and post offices in New York, Connecticut, and Philadelphia for 13 weeks before disappearing.

Faulkner, 55, of Salford in northern Montgomery County, orders the eye drops from an online pharmacy in Canada, where they cost about $100, compared to the more than $300 she would pay in the U.S. The deliveries typically came within four weeks and during the early months of the pandemic were taking up to six weeks — but none had ever gone missing.

Faulkner waited and waited, and when she finally called the medical supplier, “They said, ‘Well, it looks like it’s just gone.’ ”

The company agreed to resend the prescription, and in the meantime Faulkner scrounged up some samples from her eye doctor.

“I technically could go without them, but my eyes get extremely dry and itchy and irritated,” she said.

For others waiting on mail-order prescriptions, delivery delays are more than a minor irritation.

“Some of the most common drugs people have delivered by mail order are really important drugs they need to maintain their health and ensure the effectiveness of their treatment,” said Juliette Cubanski, deputy director of the program on Medicare policy at Kaiser Family Foundation. “Taking these medications daily is important to make sure they work effectively for patients and delays in mail delivery could impact their ability to adhere to their medication regimen.”

After Rakiya Venable’s 18-month-old son was recently diagnosed with asthma, the Philadelphia mother promptly ordered the medications and supplies her baby’s doctor prescribed.

She chose mail delivery to protect her family from potential exposure to the coronavirus. But as the package’s delivery date was pushed back again and again, Venable began to worry about whether it would come before she ran out of the samples from her son’s doctor.

“He’d just been diagnosed. I was trying to keep him comfortable but also say hopefully he doesn’t need [the new shipment of medication] because he only has a certain amount left,” she said.

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The package eventually arrived — about a week after tracking indicated it would — but Venable won't be using mail order for her son's medications again. Any risk of exposure to the virus is outweighed by the risk of having to ration or go without potentially live-saving medicine, she said.

Mail order's rising popularity
Mail-order pharmacies have steadily grown in popularity over the past several years in part due to insurance plan designs that favor them over retail pharmacies. OptumRx, Express Scripts, and CVS are all part of insurance companies that can save money by keeping prescription processing in-house. People can still fill a prescription in person, but their plan may require them to pay more than if they ordered it through the mail.

About 17% of seniors with a Medicare drug plan — some 7.3 million people — and another 6.6 million people covered by large employer health plans already used a mail-order pharmacy for at least one prescription as of 2018, according to a report by the Kaiser Family Foundation.

In the early weeks of the pandemic, mail-order use rose 20% compared to the same time last year, as people rushed to stock up on medications while avoiding unnecessary outings, according to a report by IQVIA, a health-care analytics and research company. Mail orders have since subsided and as of late July, mail-order fills were just slightly up from the same time last year.

Nick Goede, 38, of Havertown, switched to mail delivery for prescription refills in March because of the COVID-19 lockdown. The new routine worked well for a few months, but by June, deliveries that used to arrive in a day or two were taking a week.

On one occasion, the psychiatric medication refill Goede's wife was waiting for arrived the day she took the last pill she had.

It was a close call that left Goede uncomfortable — his wife could experience withdrawal symptoms if she missed doses.

"According to the tracking they go to the post office, then go to a sorting facility, then back to the post office, then sometimes back to the sorting facility," he said. "The whole situation is just frustrating."

He said he plans to keep mail delivery for less critical medications, but has resumed trips to the pharmacy to pick up more important prescriptions.

After June's test strip mishap, Katz decided to switch medical suppliers in early July. That meant getting a new monitoring device that would be compatible with the new supplier's test strips.

Soon after making the change, the long-lost package of test strips — now useless — arrived.

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2. Improving Customer Service

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2.1 - KTHV (CBS-11, Video): Louisiana VA patients transferred to Little Rock due to damages from Laura (29 August, 570k uvm; Little Rock, AR)

Parts of Louisiana are still dealing with the aftermath of Hurricane Laura.

On Saturday, some veteran patients were transferred to Little Rock after the VA Medical Center in Alexandria continued to have problems from the damages Laura caused.

Their primary generator isn't working and there are sewer issues.

Thirty-two patients have been moved to the Central Arkansas Veterans Healthcare System.

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2.2 - WTOG (CBS-44): 3 Plead Guilty In Connection With Defrauding VA Healthcare In The Villages (31 August, 9k uvm; St. Petersburg, FL)

OCALA, Fla. (CW44 News At 10) – A Florida family plead guilty to a conspiracy to defraud Veterans health care in The Villages, resulting in over $300,000 in charges.

Miller Wilson, Jr. (50, Sparr), his daughter, Myoshi Wilson (26, Citra), and Erica Wilson (43, Ocala) have each pleaded guilty for their roles a scheme to defraud the U.S. Department of Veterans Affairs health care benefits.

Miller Wilson, Jr. pleaded guilty today to conspiracy to commit health care fraud and wire fraud and solicitation and receipt of a health care kickback. He faces a maximum sentence of 5 years' imprisonment for the conspiracy charge, and up to 10 years in federal prison for the kickback offense.

On March 5, 2020, Erica Wilson pleaded guilty to conspiracy to commit health care fraud and wire fraud. She faces a maximum sentence of 5 years' imprisonment. Myoshi Wilson had pleaded guilty on February 18, 2020, to making false statements to law enforcement. She faces a maximum sentence of 5 years' imprisonment. All three defendants will be sentenced on October 6, 2020.

According to court documents, Miller Wilson, Jr. was an employee at the Department of Veterans Affairs ("VA") Clinic located in The Villages, Florida. As part of his employment, he provided transportation arrangements for veterans needing medical treatment. From 2014 through 2016, Miller Wilson, Jr. obtained cash kickbacks from the transportation vendors in exchange for awarding them health care contracts from the VA. Thereafter, from 2016-2017, Miller Wilson, Jr. conspired with Erica and Myoshi Wilson to open and manage two different transportation companies to conduct similar schemes. Miller Wilson, Jr. used his official position at the VA to funnel health care contracts to the companies that he had formed with Erica and Myoshi Wilson. During a 17-month period, the two companies billed the federal government $305,673. Myoshi Wilson admitted to making false statements to a federal agent in 2019, to conceal the conspiracy.

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3. Business Transformation

3.1 - Connecting Vets: VA fast tracking new North Texas medical center (29 August, Julia Ledoux, 10M uvm; Washington, DC)

The Department of Veterans Affairs is fast-tracking a donated facility in North Texas in order to treat veterans with COVID-19..

The Garland VA Medical Center is housed in a 470,000 square foot building which closed its doors in 2018, was donated by Baylor, Scott & White, according to a VA blog post, and will eventually serve as an outpatient and specialty care clinic for some of the 184,000 North Texas area veterans enrolled in VA health care. The Garland VA Medical Center will also serve as an in-patient overflow unit for North Texas vets needing care for COVID-19 with a capacity for over 208 beds.

"We are preparing in case we need to take some load off the main hospital in Dallas and have the extra space to take care of those critical patients," said Crystal Crews, nurse manager for VA North Texas Health System's Home Telehealth Program

VA North Texas nurses from various outpatient and specialty clinics recently attended refresher training as they prepared to care for patients who will receive care at the new facility.

"These nurses are coming from ambulatory care so we don't take from the critical care, acute care, and emergency department areas." said Crews.

VA's Office of Information and Technology fast-tracked retrofitting Garland VA Medical Center, including completing technology installations and IT equipment provisioning much faster than normal.

"Every part of OIT engaged in this effort. They gave us outstanding support and service to establish initial operations at the Garland VAMC. Standing up the hospital within weeks allows us to respond quickly to area needs and care for Veterans infected with COVID-19," said Territory 2 Director of Operations, Robert J. Finigan.

"We know we're in the middle of a fight. These are our patients and we will do whatever it takes to get them healthy," she said. "Nurses are a family and so are our veterans."

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3.2 - The Buffalo News: Two VA clinics in Erie County move to new locations Tuesday (29 August, Dale Anderson, 1.4M uvm; Buffalo, NY)

Two VA clinics in Erie County will open their doors in new, more spacious locations Tuesday, VA Western New York Healthcare System announced.

The Lackawanna VA Clinic, which has been at 1234 Abbott Road, will move to 968 Union Road, West Seneca.

The Springville VA Clinic at 15 Commerce Drive will move to 231 Cascade Drive, Suite 107.

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The clinics will be under a new contract with STG International Inc., the announcement noted, and will continue to provide services using the Veteran Health Administration's Patient Aligned Care Team model.

Both locations, open from 8 a.m. to 4:30 p.m. Monday to Friday, will offer a full range of services in person and online. Parking is free.

For more information, call the West Seneca clinic at 821-7815 or the Springville clinic at 592-2409.

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Ink Link: Fact checking 20 claims from Friday's Trump Rally (30 August, Andrew Sylvia, Manchester, NH)

There was plenty said by President Donald Trump in his visit to New Hampshire on Friday. We took a closer look at 20 of the claims he made during his speech.

[…]

VA Choice

Trump touted VA Choice, a large component of a bill signed by Trump in 2018 aiming to help provide more healthcare choices for veterans. The New York Times reported this year that VA Choice has been a success in terms of urgent care, but has seen a lack of doctors in other areas.

In March, the Associated Press reported that veterans have been turned away from seeing doctors due to the COVID-19 pandemic even though those doctors are available.

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5. Suicide Prevention

5.1 - Los Angeles Downtown News: Veteran from DTLA promises to make a difference (30 August, Christina Fuoco-Karasinski, 29k uvm; South Pasadena, CA)

With his military career wrapping up, Dr. Damon Friedman is stripping his "Superman" outfit and replacing it with civilian garb.

But that doesn't mean the fight has ended.

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The Downtown LA native will continue his mission of fighting enemies. As a veteran, the enemy he's battling is suicide.

"My purpose always been the same," he said. "I'm trying to help people who can't help themselves. I'm passionate about the issue of suicide.

"After all these years, nothing is worse than to see the men and women who have done extraordinary things, served this incredible country, going through all the hell and then come home, get into a really dark place and it's so dark that they lose hope. Their life to them is meaningless. The pain is so overwhelming they'd rather end it. They use their freedom to take their freedom."

In 2017, 45,390 American adults died from suicide, including 6,139 U.S. veterans, according to the U.S. Department of Veterans Affairs.

"The suicide rate is 1.5 times greater among the veteran community," said Friedman, who earned a doctorate in intercultural studies from Fuller. "This whole coronavirus crazy has isolated our veterans more than ever, causing a spike in suicides."

Friedman has joined the White House, Department of Veterans Affairs and several nonprofits to form the Faith-Based Veteran Service Alliance to make a global impact in the fight against veteran suicide.

Recently, the White House rolled out the PREVENTS Task Force Roadmap to empower veterans and end the national tragedy of suicide. President Donald Trump said this roadmap expands White House and VA partnerships to include those with faith-based leaders to establish specialized support systems for veterans.

"Many of these warriors are unable to reintegrate back into civilian life, leaving their families to deal with the aftermath of broken homes and, at times, suicide," said Friedman, president of Shield of Faith Missions and co-chairman of FBVSA.

"By addressing the mind, body and soul, the warriors we serve can once again, successfully lead their families, their communities and our nation."

Friedman said his new mission is to empower people to find purpose and be resilient.

"The path to wellness is different for everyone," he said. "There isn't one treatment to save everyone. You don't know if that individual's struggle is from a concussion, which changed the way our brains operate. Not everyone has PTSD. Everybody's trauma is different. We've all had different experiences."

Friedman suggested taking a holistic approach.

"Depending on where this person is and what they believe, they may need a psychologist, or social activities or physical therapy," he said. "If you're like me and banged up from the floor up, you need it all."

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - Savannah Morning News: Viewpoints: What too many whites refuse to see (30 August, Robert Pawlicki, 348k uvm; Savannah, GA)

I know of no white person who looks in the mirror and thinks of his or her skin color. No white parents must give their children "the talk," the conversation about what they must face and do if stopped by the police.

These are different life experiences between the races in America. But Blacks face more than daily slights and indignities. They face challenges that are baked into the system, largely unseen and dismissed or ignored by the majority white population.

Institutional racism has a long and storied history. A classic example is the G.I. Bill. Revered as a signature legislation of America's greatness, the law rewarded our military after World War II and stimulated the country's economy to unprecedented heights – that is, for white Americans. Black Americans were excluded. The G.I. Bill benefits of going to college or buying a starter home were simply not available to black military families.

Generations later, many of the descendants of white parents who received the G.I. Bill, along with its accompanying economic consequences and freedoms, are unaware of the advantage their lives have had compared with their Black counterparts. Entire generations of Black Americans were left behind, and their children were consequently more likely saddled in poverty.

Institutional racism is simply invisible for too many whites because it doesn't affect them.

Exclusion from the G.I. Bill is just one example, but it followed a long history. The New Deal loans, relief and insurance programs during the Roosevelt era often specifically excluded Black people. The list of such atrocities is long.

A long fight for freedom

For many white Americans, the thought of Black freedoms and rights are relegated to the time of the Civil War. Blacks were freed in the emancipation proclamations in 1863. In actuality, Blacks did not gain their freedom in 1863, at least not in a manner that whites would consider freedom.

It's true that former slaves did experience a taste of freedom when Blacks were voted into office at an unprecedented rate in the 1860s. But that power was not tolerated by the dominant white population who then quickly struck back once federal troops left the South. They responded by limiting voting rights and created an avalanche of restrictions that reconfigured slavery into a different cloth.

Among the most pernicious was the Black Code, a system that dominated large swaths of the South for generations. New laws allowed local authorities to arrest freed Blacks for vagrancy if they were caught not working during working hours. This and other minor infractions, subjectively enforced, committed them to involuntary labor.

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Those arrested became assets to be transferred into contractual bondage to farmers who paid law authorities for their supply of chattel workers. Black men, in their new form of slavery, then basically lived under the complete control of their “owners.” The life span of those men caught in this devilishly immoral system was short. The Black Code lasted generations before Blacks saw any progress.

Today, whites talk about “pulling yourself up by your bootstraps.” Yet keeping Blacks in their place was a national pastime during the early part of last century. “Don’t get too uppity” was the mantra.

It comes as a shock to most white Americans who are learning, for the first time, how a prosperous Black enclave in Tulsa, Okla., was literally wiped out by its white citizens. The massacre started as a result of a racial incident but is widely believed to be caused by resentment of wealth and privilege of an affluent Black community. That indignity and rage resulted in the burning of 1,200 Black-owned homes, amazingly including the dropping of firebombs from private aircraft. Over 300 people were killed and an estimated 8,000 Blacks were left homeless.

The horror did not end there. It was followed with the internment of 6,000 Black residents in stockades, only released if a white citizen vouched for them. Once released, Blacks were then required to wear a green identification patch as evidence of their permissibility to walk free.

It’s worth noting that Tulsa, a city of 72,000 in 1921, had 3,200 Klu Klux Klan members by one estimate. That was not unusual. In the 1920s, the Klan claimed 3 to 5 million members, enough to enable 50,000 robed Klansman to march in Washington, D.C. Nor does the story stop there. Houston, Chicago, Omaha and other cities, often with Klan support, had race riots during this period.

Historically hiding the distress of the Black community has been a well-established practice. That pattern was an underlying reason that Mamie Till Bradley displayed her murdered 14-year-old son, Emmett Till, in an open casket in 1955. Emmett, visiting relatives in Mississippi, was accused of offending a white woman in her family’s grocery store, thereby violating the strictures of conduct for an African-American male interacting with a white woman in the Jim Crow-era South.

Shortly thereafter he was abducted from his home, beaten, mutilated, shot in the head, and his body sunken in the Tallahatchie river. Three days later, Till’s body was discovered, retrieved and sent to Chicago.

Emmett Till’s mother courageously insisted on a public funeral service with an open casket, to expose the world to more than her son’s bloated, mutilated body. She wished to draw attention to the brutality of U.S. racism. The picture of Emmett’s body, so grotesquely mutilated, was broadcast across national newspapers, creating a temporary firestorm of upset. Then the distress subsided, and racism returned to normal.

It has been hard for many whites to keep the distress of the Black community in mind for long. Blacks speak of the obstacles they face, barriers not faced by their white counterparts but, for the most part, whites can’t or don’t hear. Our stories are happier. Their stories are painful. Their stories are inconvenient.

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For the most part, white citizens do acknowledge some institutional racism in the past: segregated schools, the prohibition to eat at the corner pharmacy, use of public restrooms, public fountains and community swimming pools. But they are often considered to be injustices not of their doing.

“Get over it” is a not uncommon refrain heard in white company, implying that those problems have been solved. “Time to move on.” But, of course, the problems were not solved. They merely morph into new iterations.

Institutional racism lives on

In the lifetime of older Americans, the civil rights legislation of the 1960s appeared to be a turning point. But it, too, had a backlash in institutional racism for decades after. Prejudicial laws, policies and practices rose their heads once again, but often in obscure ways that effectively hid the overt intent and allowed for rationalization. The rise of mass incarceration, beginning in the 1970s, is a prime example.

Incarceration rates for Black men are six times higher than those of white men. The American jail and prison system imprisons a larger percentage of its Black population than South Africa at the height of apartheid -- this, during a period in which crime rates have decreased.

Health care, or lack of it, is another example. While virtually every other developed country has adopted a national health care system that includes their minorities, the United States has resisted, delegating the decisions to states.

While individual rights are professed as the primary motivation for such action, an underlying role of racism likely plays a role -- an assertion that will evoke intense denial. Nevertheless, the greatest resistance to national health care comes from those portions of our society most linked to lingering institutional racism.

Lack of health care or diminished benefits plays an outsized role in the daily lives of Black Americans. From the quality of health care, choice of jobs, the fragility of their financial base, access to grocery stores near their homes, and more, the policies and practices of our nation are a prime example of institutional racism. Getting sick in America is simply enormously more dangerous if you are Black than white.

That institutional or structured racism has worked to adversely affect Blacks can hardly be disputed. The effects are pervasive and profound. The gap between white and Black Americans is ubiquitous and deep. Unemployment rates are consistently twice as high among Blacks as whites. Blacks live an average of three and one-half fewer years. The median household income for whites is $82,000 and $53,000 for Blacks, while home ownership rates stand at 42% for Blacks and 73% for whites. And glaringly, 2,272 Blacks are imprisoned per 100,000 citizens while 392 whites are so.

One-hundred and twenty-seven years ago, Frederick Douglass, speaking at the World’s Fair in Chicago, said, “Men talk of the Negro problem, there is no Negro problem.” With his voice rising, he continued, “The problem is whether the American people have loyalty enough, honor enough, patriotism enough, to live up to their own Constitution.”

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From a Black American's viewpoint, slavery has never fully disappeared. It has instead morphed into a subtle subjugation with token exceptions. Unless white Americans see what they thus far have been unable to see, we will never fulfill the American dream.

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6.2 - Times Record: Providing flexibility for veteran disability exams (30 August, Sen. John Boozman (R-Ark.), Fort Smith, AR)

When in-person medical care was paused at Department of Veterans Affairs (VA) medical facilities earlier this year due to COVID-19, telehealth technologies allowed veterans to continue accessing health services. Arkansas veterans quickly adapted.

The Central Arkansas Veterans Healthcare System saw a 1,000% increase in VA Video Connect appointments since the beginning of the year. Similarly, the Veterans Health Care System of the Ozarks in Fayetteville experienced an increase of 4,390% in virtual care over that same time. Despite the expanded online services, not all veterans have the ability to connect to the internet. For veterans who scheduled the required medical exam to apply for benefits, the wait time is getting longer, and we need to fix that.

Many veterans are required to complete a compensation and pension (C&P) exam to verify their medical condition and eligibility when applying for VA benefits. The backlog has been growing since last year when Congress expanded benefits eligibility to more veterans, more than tripling since November 2019 and now standing at 203,000 veterans nationwide. In Arkansas, more than 1,500 veterans are waiting for a C&P exam.

During a Senate VA Committee hearing in June, I pressed the VA on its plan to reduce the backlog. While department leaders were hopeful that resuming in-person exams would help decrease the number of veterans awaiting an appointment, they also requested additional flexibility to decrease the backlog.

Veterans shouldn't have to wait months to file disability claims. We've taken great pride in strengthening benefits, so we need to ensure the infrastructure is in place to accommodate the increased number of people who are turning to the VA for help. It's clear this framework is not meeting the current demand.

That's why I introduced legislation to allow certain specialty medical professionals to perform C&P exams. By allowing additional health care personnel to conduct these health screenings, we can ensure veterans get the attention they deserve in a timely manner.

There is momentum building in Congress to expand the number of providers who can conduct disability exams. A similar bill was introduced in the House of Representatives. The Chairman of the Senate VA Committee understands the urgency to provide flexibility and expand the VA's capacity to conduct C&P exams. The chairman incorporated this bill in a comprehensive veterans' benefits package that I am hopeful the committee will take up soon.

While in-person exams recently resumed at several VA facilities around the country including the Central Arkansas Veterans Healthcare System, we need to take action to help the thousands of veterans waiting for their exam so they can file their disability claims and receive the benefits they have earned.

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7. Other

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From: Tucker, Brooks
Sent: Thu, 3 Sep 2020 09:42:59 +0000
To: (b)(6) @gmail.com
Subject: Fwd: 3 September Veterans Affairs Media Summary and News Clips
Attachments: 200903_Veterans Affairs Media Summary and News Clips.docx, 200903_Veterans Affairs Media Summary and News Clips.pdf

Get Outlook for iOS
From: VA Media Analysis (b)(6) @aptiveresources.com>
Sent: Thursday, September 3, 2020 5:21:25 AM
To: VA Media Analysis <(b)(6) @aptiveresources.com>
Subject: [EXTERNAL] 3 September Veterans Affairs Media Summary and News Clips

Good morning,

Please find the attached Veterans Affairs Media Summary and News Clips.

If you wish to be added to the distribution list, please reply to (b)(6) *@aptiveresources.com and we will direct your request to the appropriate person. Thank you.*

VA Media Analysis

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Veterans Affairs Media Summary and News Clips

3 September 2020

1. Top Stories

Coronavirus / COVID-19

1 - Tampa Bay Times: **St. Pete World War II vet recovers from COVID-19 in time for 75th anniversary of war's end** (2 September, Ileana Najarro, 4.1M uvm; Saint Petersburg, FL)
Donald Betts had just avoided the brunt of fire from German fighter planes when he spotted another large group of fighters spread out across the sky up ahead. It was 1944, and he was in a bomber flying over Europe. Betts was a waist-gunner with the U.S. Army Air Corps, a long way from his home in Pennsylvania.

Hyperlink to Above

2 - The Free Lance-Star: **Warner gets earful from Fredericksburg-area veterans about the VA** (2 September, Cathy Jett, 366k uvm; Fredericksburg, VA)
Aug. 26, 2019, is etched in Christopher McBride's memory. That's the date of his fifth suicide attempt, when he reached the Veterans Administration's suicide hotline and finally got the help he was seeking. "From that day forward, I was inundated with phone calls, appointments and doctors who made me feel the somebody cared," he said during a veterans roundtable U.S. Sen. Mark Warner, D–Va., held Wednesday in Fredericksburg.

Hyperlink to Above

3 - WPSD (NBC-6, Video): **Nurses at Shawnee Senior Living in Herrin claim toxic work environment is contributing to COVID-19 outbreak inside the facility** (2 September, Logan Gay, 306k uvm; Paducah, KY)
Former and current employees are speaking out about what they claim are unsafe working conditions at Shawnee Senior Living Center in Southern Illinois. We've learned from the Illinois Department of Public Health, the Senior Living Center has 107 COVID-19 cases including 5 deaths.

Hyperlink to Above

4 - Salisbury Post: **Salisbury VA one of three sites for research study on COVID-19 treatment drug** (2 September, Ben Stansell, 61k uvm; Salisbury, NC)
A new research study is underway at the W.G. "Bill" Hefner VA Medical Center to test a drug to treat patients with COVID-19. The Salisbury VA is one of only three hospitals across the country that are hosting a research study for PTC299, a drug manufactured by PTC Therapeutics that is also being tested in treating acute leukemia. The VA Health Care System was awarded the study out of a semi-competitive field of applicants.

Hyperlink to Above

1.1 - WSMV (NBC-4, Video): **US Secretary of Veterans Affairs discusses importance about mental health with veterans** (2 September, Ethan Illers, 879k uvm; Nashville, TN)

AMERICAN OVERSIGHT

September is suicide prevention month and veterans are among those especially susceptible. The US Secretary of Veterans Affairs, Robert Wilkie, visited Music City Wednesday to thank VA Hospital's workers for all their hard work during the COVID-19 pandemic.

Hyperlink to Above

1.2 - Military Times: VA secretary attacks reports of slowdowns in mailed prescriptions as 'conspiracy theories' (2 September, Leo Shane III, 2.3M uvm; Vienna, VA)
Veterans Affairs Secretary Robert Wilkie is dismissing reports of significant delays in veterans mailed prescriptions as "conspiracy theories" being used to "score political points against the Trump administration," and warning that the narrative could discourage some individuals from using the U.S. postal service for critical medications.

Hyperlink to Above

1.3 - U.S. News & World Report (AP): Case Over 1966 US Bomb Accident in Spain Goes Before Court (2 September, Dave Collins, 27.4M uvm; Washington, DC)
The U.S. Department of Veterans Affairs used flawed radiation data to deny disability benefits to veterans who responded to a 1966 plane accident involving U.S. hydrogen bombs in Spain, Yale Law School students told a federal appeals court Wednesday.

Hyperlink to Above

1.4 - U.S. News & World Report (AP): Lawsuit: Whistleblower in VA Deaths Wrongfully Suspended (2 September, 27.4M uvm; Washington, DC)
A man who says he alerted authorities to a string of suspicious patient deaths at a West Virginia veterans hospital has filed a lawsuit claiming he was wrongfully suspended because of his actions, a newspaper reported.

Hyperlink to Above

1.5 - Military.com: Millions of VA Appointments Canceled During Pandemic Have Not Been Rescheduled (2 September, Patricia Kime, 5.6M uvm; McLean, VA)
As Department of Veterans Affairs medical centers geared up in early March to respond to the unfolding COVID-19 pandemic, many moved to cancel elective procedures and in-person medical appointments in an effort to protect patients and staff from exposure and focus on coronavirus care.

Hyperlink to Above

1.6 - WCSC (CBS-5, Video): Karen Pence visits Ralph H. Johnson VA Medical Center (2 September, Ann McGill, 734k uvm; Charleston, SC)
The second lady of the United States spent about two hours Wednesday at Charleston's VA hospital. Karen Pence, who leads a task force focusing on suicide prevention among Veterans, visited the Ralph H. Johnson VA Medical Center. Pence says that as the mother of a military son, the well-being of Veterans is very important to her.

Hyperlink to Above

1.7 - The White House: Second Lady Karen Pence Highlights Suicide Prevention Research in Charleston, South Carolina (2 September, Washington, DC)

AMERICAN OVERSIGHT

Today, Second Lady Karen Pence joined by Acting Deputy Secretary of Veterans Affairs (VA) Pamela Powers, visited Charleston to learn more about veteran suicide prevention efforts. Mrs. Pence and Ms. Powers visited the Mental Health Research Building at the Ralph H. Johnson Veterans Affairs Medical Center (VAMC) for a tour and roundtable discussion.

Hyperlink to Above

1.8 - The Plain Dealer: Cleveland VA, Ohio State join clinical trials testing experimental COVID-19 vaccines in humans (2 September, Julie Washington, 4.6M uvm; Cleveland, OH)
Two Ohio research centers —the Louis Stokes Cleveland VA Medical Center and the Ohio State University Wexner Medical Center — are joining the hunt for a safe and effective COVID-19 vaccine. The Cleveland VA is one of more than 120 clinical investigational sites around the world that will collectively enroll up to 30,000 participants in a vaccine trial, the VA announced in a statement.

Hyperlink to Above

1.9 - FOX News: Pentagon taps Google for A.I. project to help veterans battling cancer (2 September, Nick Givas, 72.4M uvm; New York, NY)
Google announced Wednesday it has been chosen by a sector of the Defense Department to assist with a new U.S. health system designed to help pathologists study and identify certain types of cancers suffered by military veterans.

Hyperlink to Above

2. Improving Customer Service

2.1 - The Hill: It's time to focus on the needs of minority veterans (2 September, Rory E. Riley-Topping, 33.4M uvm; Washington, DC)
Thus far, 2020 has been a year of social unrest and, in the hopes of many, a year that will bring about systemic change. Issues relating to social justice for minorities have taken center stage in this regard, from the aftermath of the killing of George Floyd in Minneapolis, Minn., to seeking justice for Breona Taylor in Louisville, Ken., to the most recent shooting of Jacob Blake in Kenosha, Wisc.

Hyperlink to Above

2.2 - Politico: Why veterans want money for the Postal Service (2 September, Eleanor Mueller, 25.7M uvm; Arlington, VA)
The shrinking U.S. Postal Service payroll is imperiling a go-to career for military veterans, who have long relied on the agency for well-paid and secure jobs in public service. Driven by years of financial strain and accelerated by operational changes imposed by newly installed Postmaster General Louis DeJoy, the agency has steadily reduced pay, intensified workloads and shifted toward temporary workers, resulting in a higher turnover and a steadily declining workforce at one of the nation's largest employers of vets.

Hyperlink to Above

2.3 - Connecting Vets: VA secretary pushes back on USPS prescription delays but some slowdowns persist (2 September, Abbie Bennett, 10M uvm; Washington, DC)

AMERICAN OVERSIGHT

Department of Veterans Affairs Secretary Robert Wilkie is pushing back on reports that U.S. Postal Service delays have led to slowdowns for veterans' prescription deliveries. But internal emails show some delays are ongoing.

Hyperlink to Above

2.4 - Military.com: As Veterans Battle Pandemic Isolation, Organizations Adapt to Meet Their Needs (2 September, Alyk Russell Kenlan, 5.6M uvm; McLean, VA)
For Scott Tekesky, his time stationed at an Army base on Oahu, Hawaii, far from his family, prepared him for the isolation of sheltering in place in his suburban Atlanta home for months because of the COVID-19 pandemic.

Hyperlink to Above

2.5 - The Oregonian: Oregon could herald a research-driven psychedelic renaissance: former Navy SEAL says psilocybin helped him cope, could aid many more if voters say yes (2 September, Bryce Dole, 4.6M uvm; Portland, OR)
The former Navy SEAL walked into a house somewhere in California late on a December evening. Inside a large candlelit room, ominous spiritual music swelled as he approached nearly a dozen veterans seated in a circle. It had been nearly three months since his first treatment, in Mexico. And overall, things had been better.

Hyperlink to Above

2.6 - Task & Purpose: VA secretary dismisses mail-order prescription delays as 'conspiracy theories' despite his department confirming they were real (2 September, James Clark and Jared Keller, 1.4M uvm; New York, NY)
The top leader of the Department of the Veterans Affairs wrote in a Wednesday op-ed that reported delays in mail-order prescription deliveries due to changes at the U.S. Postal Service amounted to little more than "conspiracy theories," despite his agency confirming those deliveries have recently been delayed on average by roughly 25 percent.

Hyperlink to Above

2.7 - WAVY (NBC-10): Local VA Union members to join nationwide COVID-19, racial justice protests Labor Day weekend (2 September, Madison Pearman, 1.4M uvm; Portsmouth, VA)
Community members are invited to join local union members of the VA to participate in a socially distanced protest with motivations ranging from lack of protective equipment to ending systemic racism.

Hyperlink to Above

2.8 - WIVB (CBS-4, Video): VA of Western New York holds virtual birthday celebration for WWII Veteran (2 September, 699k uvm; Buffalo, NY)
The VA of the Western New York healthcare system had a virtual birthday party today for one of our local veterans. Sydney Cole turns 106-years-old today. He served in World War II as a former captain and pilot in the Army Air Forces.

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AMERICAN OVERSIGHT

2.9 - WHBQ (FOX-13, Video): Report: VA may not have followed up with millions of canceled healthcare appointments during pandemic (2 September, Samantha Manning, 649k uvm; Memphis, TN)
The Department of Veterans Affairs may have failed to follow up with more than three million healthcare appointment cancelations during the coronavirus pandemic, according to a new watchdog report. The report by the Office of Inspector General for the VA found that from mid-March to mid-June, the VA canceled more than 11 million face-to-face healthcare appointments.

Hyperlink to Above

2.10 - New Hampshire Union Leader: Al Heidenreich's Veterans Views: Manchester VA tops in my book (2 September, 575k uvm; Manchester, NH)
OK, I hear you — those who groan and whine about this and that about the Manchester Veterans hospital and the less-than pleasant experiences. I have no reason to doubt the authenticity of most complaints, as I have had a few myself.

Hyperlink to Above

2.11 - inewsource (Video): Kiaya Bender: 'I'm scared that what they're doing won't be enough' (2 September, Zoe Meyers, San Diego, CA)
Last October, the San Diego VA notified Kadima Neuropsychiatry Institute in La Jolla that it would not renew authorizations for veterans to receive ketamine treatments there. For Marine veteran Kiaya Bender that means he will be transferred back to the VA this November for an alternative treatment for his severe depression. In this second video about Bender, he and his wife, Shelby, share their uncertainty and fear as they approach the change in his mental health care.

Hyperlink to Above

2.12 - The Daily News: Batavia VA resident celebrates 106th birthday virtually (3 September, Brian Quinn, Batavia, NY)
Sydney Cole celebrated his 106th birthday Tuesday with not only fellow residents at the Spruce Lodge Community Living Center, but family and other well-wishers via Zoom. The World War II veteran, who witnessed the Holocaust and flew aircraft with both the Royal Canadian Air Force and United States Army Air Corps, is a resident of the VA Western New York Healthcare System's Batavia site.

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3. Business Transformation

3.1 - KAUZ (CBS-6, Video): Veterans will no longer have to go to Sheppard for medical care (2 September, Ebonee Coleman, 43k uvm; Wichita Falls, TX)
The Oklahoma City VA Health Care System is opening a new VA clinic in Wichita Falls at the end of September 2020. The facility is 16,500 square feet where they will offer medical services for primary care, mental health behavior, social work and have an onsite pharmacist.

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AMERICAN OVERSIGHT

3.2 - The Timberjay: **Work set to begin on Ely VA Clinic expansion** (2 September, Keith Vandervort, 7k uvm; Tower, MN)
A multi-million dollar expansion project begins later this month that will double the space used by the Veterans Affairs Community Medical Clinic at the city-owned "Sato" building in the Ely business park on Miner's Drive.

Hyperlink to Above

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Forbes: **VA Expands Aid To Cover Vietnam Vets' Caregivers** (2 September, Stephenie Overman, 86.9M uvm; New York, NY)
An 18-year-old American soldier who went to fight in Vietnam in 1968 — the year of peak deployment —is now 70 years old. In addition to the usual health problems affecting that age group, many Vietnam veterans struggle with Post-traumatic stress disorder (PTSD) and the effects of Agent Orange.

Hyperlink to Above

5. Suicide Prevention

5.1 - WCSC (CBS-5, Video): **Second Lady Karen Pence visiting downtown Charleston VA Medical Center** (2 September, Summer Huechtker and Riley Bean, 734k uvm; Charleston, SC)
The second lady of the United States says she is visiting the Ralph H. Johnson Veterans Affairs Medical Center in downtown Charleston. Karen Pence will be joined by the Acting Deputy Secretary of Veterans Affairs, Pamela Powers and South Carolina first lady, Peggy McMaster in her visit Wednesday, officials say.

Hyperlink to Above

5.2 - WCIV (ABC-4): **Local VA leaders to show nation-leading veteran suicide prevention efforts to 2nd Lady** (2 September, Brooke Schwieters, 473k uvm; Mount Pleasant, SC)
Even before a global pandemic created the need for doctors visits over the computer, veterans and VA medical professionals throughout the Lowcountry were already ahead of the game. "We were already a national leader," explained Dr. Hugh Myrick M.D., Ralph H. Johnson VA Medical Center's Associate Chief of Staff for Mental Health. "We were doing about 42,000 patient encounters per year via telehealth."

Hyperlink to Above

5.3 - WFXR (FOX-27): **Salem Veterans Administration: There is help at your fingertips during Suicide Prevention Month** (2 September, 250k uvm; Roanoke, VA)
September is Suicide Prevention Month, and saving a life can be as simple as making a phone call and asking: "How are you?" That is one of the things the U.S. Department of Veterans Affairs says we should be doing to help make a difference in the lives of veterans who may be experiencing difficult times.

Hyperlink to Above

AMERICAN OVERSIGHT

5.4 - WCBD (NBC-2, Video): Second Lady Karen Pence participates in roundtable discussion on Veteran Suicide Prevention efforts (2 September, Olivia Parsons, 249k uvm; Mount Pleasant, SC)
Second lady Karen Pence will make her way to the Lowcountry on Wednesday to highlight suicide prevention efforts in Charleston. Acting Deputy Secretary of Veterans Affairs Pamela Powers will join Second Lady Pence in a tour and roundtable discussion. Per a press release, 'the tour will consist of viewing the Hall of Heroes exhibit, a demonstration, an overview of an evidence-based virtual PTSD treatment program, and meeting veteran patients.'

Hyperlink to Above

5.5 - Alabama Political Reporter: VA encourages support for veterans as suicides increase (2 September, Eddie Burkhalter, 152k uvm; Montgomery, AL)
High rates of veteran suicides across the country, and especially in Alabama, were seen before the COVID-19 pandemic, and have only gotten worse since the public health crisis, but there's work underway to bring awareness and aid.

Hyperlink to Above

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - USA Today: Confusion over CARES Act eviction ban leaves some families on the brink of homelessness (2 September, Brenda Wintrode, Amy DiPierro, Ryan Little, et al., 61.6M uvm; McLean, VA)
Yochebed Israel was the kind of person Congress had in mind when it voted in March to impose a temporary moratorium on many evictions as the coronavirus spread. First, the furnace in her Tampa, Florida, apartment broke and her electric bill rose above $460 a month for five months. She fell behind on rent, forced to choose between keeping the lights on or paying the landlord.

Hyperlink to Above

6.2 - KCRW (NPR-89.9, Audio): Could the West LA VA's tent city be a model for bringing relief to LA's unhoused? (2 September, Steve Chiotakis, 334k uvm; Santa Monica, CA)
On one of the lawns at the West LA VA, there are rows of camping tents for veterans experiencing homelessness. It's an alternative to sleeping on the sidewalk. The VA provides tents, bathrooms, meals, medical care, and social services.

Hyperlink to Above

6.3 - Times-Herald: Construction resumes at Mare Island Preserve and Naval Cemetery (2 September, Thomas Gase, 69k uvm; Vallejo, CA)
The Department of Defense's Innovative Readiness Training (IRT) Program has resumed construction at the Mare Island Preserve and Naval Cemetery. The work began Tuesday and requires a closure of the preserve until the project is complete. The IRT project includes grading, installation of drainage systems, minor restoration of burial sites, and fence repair throughout the area. It is anticipated that the preserve will reopen to the public on Oct. 9.

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AMERICAN OVERSIGHT

7. Other

7.1 - Smithsonian Magazine: The Paralyzed World War II Veterans Who Invented Wheelchair Basketball (2 September, David Davis, 6.3M uvm; Washington, DC)
On an unremarkable Wednesday evening in the spring of 1948, 15,561 spectators flocked to New York's Madison Square Garden to watch two teams of World War II veterans play an exhibition basketball game.

Hyperlink to Above

7.2 - WMUR (ABC-9, Video): Republican candidates for Senate spar over veterans' health care, pandemic response (2 September, Kirk Enstrom, 1.1M uvm; Manchester, NH)
The two major candidates vying for the Republican nomination for U.S. Senate in New Hampshire sparred on veterans' health care, how best to deal with the COVID-19 pandemic and who would be most effective in Washington in a debate that aired Tuesday.

Hyperlink to Above

7.3 - Keweenaw Report: Oscar G. Johnson VA Medical Center Ready to Help Vets in Need (1 September)
September is Suicide Prevention Month, and the Oscar G. Johnson VA Medical Center wants you to know they're ready to help you or your loved ones.

Hyperlink to Above

7.4 - WXXV 25: Gulf Coast Veterans Health Care System "Suicide Prevention Month" (2 September, Grace Boyles)
The U.S. Department of Veterans Affairs announced its September Suicide Prevention Month "Be There" campaign yesterday.

Hyperlink to Above

7.5 - WWMT 3: West Michigan VA wants community to check in on veterans during suicide prevention month (2 September, Trisha McCauley)
Battle Creek Veterans Association leaders said the COVID-19 pandemic was increasing isolation, depression and loneliness for many people. They were especially concerned about how those feelings were impacting local veterans.

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1. Top Stories

Coronavirus / COVID-19

1 - Tampa Bay Times: St. Pete World War II vet recovers from COVID-19 in time for 75th anniversary of war's end (2 September, Ileana Najarro, 4.1M uvm; Saint Petersburg, FL)

Donald Betts had just avoided the brunt of fire from German fighter planes when he spotted another large group of fighters spread out across the sky up ahead.

AMERICAN OVERSIGHT

It was 1944, and he was in a bomber flying over Europe. Betts was a waist-gunner with the U.S. Army Air Corps, a long way from his home in Pennsylvania.

Betts reached the radio operator. He told him he had no ammunition left. So the crew's plan was to fly straight at the fighters and jump out at the last minute.

As they got closer, the planes ahead gave a recognition signal. They were U.S. planes on a mission in northern Italy. Another close call for Betts.

On the 75th anniversary of the end of World War II, Betts, 99, reminisces from his St. Petersburg assisted-living facility about his 51 B-17 bomber missions. About two weeks before the anniversary, Betts claimed yet another harrowing victory: recovering from COVID-19.

"I was proud I was able to do something," Betts said of his service.

Betts enlisted on Sept. 16, 1942, and left the military on Oct. 13, 1945, as a staff sergeant. At the war's end, he was back stateside serving as a gunnery instructor. He later returned to work in Pennsylvania for his former employer, a candy and sundries wholesaler, where he did everything from processing orders to making sales and deliveries until he was 80, according to his great-nephew, Joe Piemonte.

Piemonte and his sister, Theresa Piemonte, who both live in Tampa Bay, learned more growing up about Betts' work at the wholesaler than they learned about his war stories.

He probably felt his sacrifice during the war wasn't as great as others', they suppose, particularly those fighting on the ground. He didn't open up until he was in his 70s, they said, about the time Joe Piemonte entered the Air Force.

People were afraid to ask him what the war was like when he came back, Betts said. He knew all about the tragedies. How a gunner went out on a mission and disappeared. How some lost their lives on the first mission, others on the last.

He survived the war by luck, he said, and it's important to remember the war's anniversary for all those who were lost.

About 325,000 U.S. World War II veterans are expected to be alive by the end of this month, according to projections from the U.S. Department of Veterans Affairs.

And Betts recently survived another close call. After noticing that he was losing weight rapidly, he was taken to the Bay Pines VA Healthcare System on July 30, where he tested positive for COVID-19.

"We kept telling him, you know, you've been through worse, you're gonna pull through this," Theresa Piemonte said.

On Aug. 13, Betts was treated to a birthday surprise at the hospital with balloons, a "Happy Birthday" banner and a poster with several photos of a B-17 bomber, Joe Piemonte said. His family even sang to him via teleconference. He was released back to his apartment on Aug. 17, after testing negative for the virus.

AMERICAN OVERSIGHT

Betts has inspired Joe Piemonte, not just through his military service, but through his dedication to his family. Betts took care of Joe and Theresa Piemonte's grandmother when she was widowed and had Alzhiemer's disease, Joe Piemonte said. He now watches over their mother, who lives in his assisted-living facility and also has Alzheimer's.

"I mean, he's certainly a hero in my eyes," Joe Piemonte said.

Before he enlisted, Betts' mother asked him not to request a job that involved flying, he said. He recalled saying he would honor her wishes.

But when he graduated from armament school, he was asked to be a flyer.

"I said, 'Well, if you're asking me, I'll say yes, but I'm not asking for it,'" he said in an interview last week.

Betts said he had no fear of flying at the time, nor of being shot at, which he admits was kind of crazy.

His crew shared the same sentiment. When they went out to bomb German ball bearing and aircraft factories and oil refineries, they sang riffs of songs with lyrics such as: "Oh what a beautiful morning. Oh what a beautiful day. What a day to go bombing. Soon we'll be on our way."

Betts said he was glad he didn't have to do any fire bombings on cities.

He recounts his tales more frequently these days to family members hoping to learn more about their World War II veteran, including the tale of his last mission.

Betts already had served two tours when he signed up for one more mission to fly deep into northern Germany from Italy, through Poland. Crew members trained for the worst-case scenario: not having enough gas to get back.

They were prepared to parachute out over what was then Yugoslavia and hope they got picked up by friendly forces.

Luckily for Betts, he got to fly in a newer B-17 model with gas tanks that allowed them to make it back home.

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2 - The Free Lance-Star: Warner gets earful from Fredericksburg-area veterans about the VA (2 September, Cathy Jett, 366k uvm; Fredericksburg, VA)

Aug. 26, 2019, is etched in Christopher McBride's memory.

That's the date of his fifth suicide attempt, when he reached the Veterans Administration's suicide hotline and finally got the help he was seeking.

AMERICAN OVERSIGHT

“From that day forward, I was inundated with phone calls, appointments and doctors who made me feel the somebody cared,” he said during a veterans roundtable U.S. Sen. Mark Warner, D–Va., held Wednesday in Fredericksburg.

Before that, McBride said he begged and pleaded for the VA to approve more than the one appointment per month he was allowed. That’s not enough for veterans who may sink into depression a day or week after a doctor’s visit, he said.

“Then you’re back in that valley. You have no way to go,” said McBride. “We need to be able to tell these veterans, in the sense that they matter, that you’re more important than one time a month. It needs to be one time a day or one time a week or whatever they need. Why can’t we make this available to the men and women who’ve served our country?”

Warner thanked him for sharing his experience, and said he was surprised that he couldn’t get the increased services he needed unless he called the hotline.

“That shouldn’t be the case,” he said.

Warner held the veterans roundtable at the Fick Conference Center because he wanted to hear the concerns and suggestions of 10 Virginia veterans, and to make sure that all veterans get the benefits, health care and respect that they deserve.

Veteran suicide is a national tragedy, he said, noting that 17 to 18 veterans a day commit suicide. Of those, two-thirds have had no contact with the VA.

“Not everyone is comfortable going to the VA,” said Warner. “We need a much broader network, because it’s a real crisis and a real emergency. People in the community can help in different ways.”

One way the senator said he has tried to reach out to them is the bipartisan legislation he’s cosponsored to create a new grant program. It would enable the VA to conduct additional outreach through veteran-serving nonprofits in addition to state and local organizations. Called the IMPROVE Wellbeing for Veterans Act, it was included in recent Senate legislation to expand veterans’ access to mental health services.

Richard Hardy, an Army veteran, said some people are afraid to get help while they’re in the military because it could jeopardize their position. Even if they do, it can take years to qualify for disability if a medical condition isn’t related to something in their military record, said Eric Hollins, a Marine Corps veteran.

“Maybe that’s one reason why so many veterans don’t ever attempt to apply,” said Hardy.

Steven Botello, a Navy veteran and American Legion Department of Virginia service officer, suggested that one way to improve things would be for the military to automatically enter a person’s medical files into the VA system when they are demobilized, leave or retire—unless they opt out. That way, veterans wouldn’t have to dig up their files years later when they want to access VA services.

“It’s an interesting idea,” Warner said. “It makes sense.”

AMERICAN OVERSIGHT

Several of the veterans mentioned that they have to drive an hour or more to reach a VA hospital or clinic, and it's become harder to get an appointment now due to the COVID-19 pandemic. Hardy said that has been the excuse for the cancellation of every appointment he's had lately, which he finds infuriating. He said it's all part of the VA's "delay, deny, die" attitude.

Warner said one of the more frustrating issues he's been dealing with is getting Veterans Administration outpatient clinics up and running in the Fredericksburg area, since it has one of the fastest-growing populations of veterans in the country. The VA is looking at locations in Fredericksburg, as well as Stafford and Spotsylvania counties, and is expected to make its decision on a location Sept. 30. The clinic is scheduled to open in 2023.

"I'm trying to move that date up, but it's been a battle," he said.

Warner said his other big issues include expanding coverage for veterans exposed to Agent Orange, improving housing conditions for active military and passing legislation to prevent veteran homelessness.

"You have given me lots to think about," he told the panel. "I appreciate you."

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3 - WPSD (NBC-6, Video): Nurses at Shawnee Senior Living in Herrin claim toxic work environment is contributing to COVID-19 outbreak inside the facility (2 September, Logan Gay, 306k uvm; Paducah, KY)

HERRIN, IL - Former and current employees are speaking out about what they claim are unsafe working conditions at Shawnee Senior Living Center in Southern Illinois. We've learned from the Illinois Department of Public Health, the Senior Living Center has 107 COVID-19 cases including 5 deaths.

The sign in front of Shawnee Senior Living in Herrin was supposed to read "Heroes work here". A former employee who worked as a CNA and two current nurses say it doesn't feel that way inside.

All three asked to remain anonymous, but they had plenty to say. The employees said the toxic work environment inside the facility is contributing to the spread of the virus.

They claimed the following:

- The management team has not properly supplied them with PPE to work the Covid-19 Unit
- Patients are not receiving adequate care
- A large amount of those positive cases are staff members.
- Staff who tested positive for COVID-19 are being threatened with termination if they don't agree to come back to work before testing negative for the virus.

A call to The Senior Living Center addressing these concerns was not returned.

AMERICAN OVERSIGHT

The Marion VA said it started moving several veteran patients out of the facility after being made aware of the significant increase in positive COVID-19 cases. In a statement the VA said: "The Leadership Team of the Marion VA were made aware of a significant increase in positive Covid-19 cases at Shawnee Senior Living Center. We have reached out to offer our support during this pandemic to include aiding in the care coordination and transferring of several Veterans residing at their location over to the Marion VA Medical Center to reduce the patient workload during this overwhelming situation.

The three workers decided to speak out because they were scared for their patients. They claim they felt helpless because many of the resident's family members don't know what's going on inside the facility. The former CNA even suggested family members take their elderly patients to another senior living center.

We are waiting to hear back from the Illinois Department of Public Health if they received any complaints from staff or residents regarding the center.

Local 6 received this statement from Shawnee Senior Living Center last week. It reads

"Protecting the health and well-being of our residents and staff remains our highest priority. Due to HIPAA laws, we are unable to comment on the health information of anyone connected to our community. Please be assured that Shawnee Senior Living is working closely with the IL Dept. of Public Health as well as the local health department, following their recommendations as well as the guidance of the CDC. We are humbled by the way our staff continues to rise to the challenges brought on by the battle against COVID-19. They are all Health Care Heros. Residents and staff have become "family" to each other at Shawnee Senior Living. Together, we wish to thank the families and local community for your encouragement to us through your ongoing support and prayers."

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4 - Salisbury Post: **Salisbury VA one of three sites for research study on COVID-19 treatment drug** (2 September, Ben Stansell, 61k uvm; Salisbury, NC)

A new research study is underway at the W.G. "Bill" Hefner VA Medical Center to test a drug to treat patients with COVID-19.

The Salisbury VA is one of only three hospitals across the country that are hosting a research study for PTC299, a drug manufactured by PTC Therapeutics that is also being tested in treating acute leukemia. The VA Health Care System was awarded the study out of a semi-competitive field of applicants.

"We're kind of distinguished as being the third site to open across the nation," said Dr. Robin Hurley, associate chief of staff for research and academic affairs at the VA Medical Center. "This is pretty new, pretty cutting-edge stuff. It's a combination of several things. One is that we have a good reputation for working with our partners for industry trials whenever we have had trials in other disease processes. Companies like to work with hospitals that work with them."

Along with boasting a reputation as being a good working partner, the Salisbury VA also serves about 90,000 veterans in the area. Having such a large potential patient pool was another reason the VA Medical Center was selected for the study.

AMERICAN OVERSIGHT

Dr. Ruben Cohen, principal investigator for the study, has not yet administered PTC299 to a patient because no patient has met the criteria for being administered the drug.

“The principal investigator and the study team decide, if the patient is hospitalized and meets inclusion criteria and don’t have exclusion criteria, that they can be offered the trial,” Hurley said.

The drug can only be administered to a patient that recently received a positive COVID-19 test and is showing only mild symptoms of the virus. A patient who fits this criteria is offered the drug and will decide if they want to participate in the study or not.

Whenever the first patient at the VA Medical Center is administered the drug, they won’t know for certain if they were given the drug or a placebo. Neither will the doctors. That’s because the trial is double-blind to ensure results are as accurate as possible. A patient has a 50% chance of receiving PTC299. It will only be revealed after the conclusion of the study whether or not a patient received a placebo or the real drug.

While a patient who has COVID-19 will not know for sure whether they are receiving PTC299 or a placebo, they will receive the same care no matter what. The staff at the Salisbury VA will continue to treat the virus to the best of their abilities.

“We continue to treat the patients with all of the existing treatments that are available for COVID-19 patients, including Remdesivir, Dexamethasone or plasma,” said Dr. Charles de Comarmond, associate chief of staff for medicine at the VA Medical Center. “None of these treatments are prohibited.”

Like most drugs that are being tested to treat COVID-19, PTC299 is not new.

“Virtually all the drugs currently being used to treat COVID-19 are what we call repurposed drugs,” de Comarmond said. There has not been a singular drug that has been made from scratch.”

Since PTC299 is a well-known drug, so are many of its side effects, which include nausea, diarrhea, fatigue, coughing and more. Doctors at the Salisbury VA would be able to explain these potential side effects to any patient who is considering taking the drug.

Across the global health care community, researchers and hospitals are working diligently to both formulate a COVID-19 vaccine and to determine which drugs can be repurposed to treat the virus most effectively. The staff at the VA say they are enthusiastic to play a role in this larger effort.

“Whenever there’s uncertainty among some new type of disease, a pandemic, an epidemic, contributions to research is what accelerates the path to actually getting medications that work,” de Comarmond said. “Trying to enroll patients in clinical trials helps accelerate the process of getting a drug from discovery to the point where everyone can get it in a safe manner without being involved in a clinical trial.”

Along with testing the new drug, the VA staff have been employing convalescent plasma therapy to treat patients with COVID-19. The Salisbury VA has performed the therapy, which is a transfusion, on six patients since May and is one of 80 VA facilities participating in the Mayo Clinic research study.

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1.1 - WSMV (NBC-4, Video): US Secretary of Veterans Affairs discusses importance about mental health with veterans (2 September, Ethan Illers, 879k uvm; Nashville, TN)

September is suicide prevention month and veterans are among those especially susceptible.

The US Secretary of Veterans Affairs, Robert Wilkie, visited Music City Wednesday to thank VA Hospital's workers for all their hard work during the COVID-19 pandemic.

Wilkie took a few minutes to talk to News4, stressing the importance of starting a conversation about mental health with veterans. They're also starting a brand new campaign designed to make sure every veteran has someone to talk to.

"Sadly, 20 veterans a day take their lives by suicide. But of those 20, about 70 percent of veterans we don't see. We're not a part of our system. And what the "Be There" campaign does is tell people that we are here. We're ready to listen," Secretary Wilkie said.

He also said Tennessee is on the effort's front lines as well, using powerful computers to find the pockets of veterans the system misses.

If you are a veteran and are in need of help, call 1-877-222-8387. Click here for more information.

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1.2 - Military Times: VA secretary attacks reports of slowdowns in mailed prescriptions as 'conspiracy theories' (2 September, Leo Shane III, 2.3M uvm; Vienna, VA)

Veterans Affairs Secretary Robert Wilkie is dismissing reports of significant delays in veterans mailed prescriptions as "conspiracy theories" being used to "score political points against the Trump administration," and warning that the narrative could discourage some individuals from using the U.S. postal service for critical medications.

"It's disappointing to see how comfortable some are with presenting misinformation to advance a political agenda, even when that information has the potential to cause harm to those who served this country," Wilkie wrote in an op-ed published in the Washington Examiner on Tuesday.

Veterans should never be given reason to doubt a system that continues to work for them at a high level, year after year."

Wilkie's comments come amid growing concerns from both Democrats and Republicans on Capitol Hill about issues with postal service operations, including reports from veterans service organizations of slowdowns in medication delivery.

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Last last month, Disabled American Veterans reported "an increasing number of credible reports" of problematic slowdowns in veterans receiving mailed prescriptions. Democratic leaders of the House Committee on Oversight and Reform said they have received numerous letters from veterans complaining about delayed deliveries creating health problems, with little explanation for the reasons.

Last week, Senate Veterans' Affairs Committee Chairman Jerry Moran, R-Kan., sent a letter to Postmaster General Louis DeJoy asking USPS to prioritize timely delivery of veterans' mail-order medications amid planned agency reforms.

"VA has informed me that over the past year, its outpatient prescriptions delivered by USPS have experienced delays of nearly 25 percent, with average delivery time rising from 2.3 days in June 2019, to 2.86 days," Moran wrote.

"There is no doubt the COVID-19 pandemic has challenged postal operations as it has so many aspects of our society. In light of the difficult environment, I urge you to remain mindful that ongoing management and operational reforms do not negatively impact important functions which VA and our veterans rely."

Democratic lawmakers have accused the White House of altering postal operations in an effort to disrupt mail-in voting this fall, inadvertently also hurting veterans.

VA mail-order pharmacies handle roughly 150 million outpatient prescriptions each year, with USPS handling about 86 percent of that work. That number has increased slightly since the start of the coronavirus pandemic, after many VA medical sites with pharmacies shut down for non-emergency services in an effort to slow the spread of that illness.

In his editorial, Wilkie noted that the slowdown to just under three days for delivery still remains faster than the department's self-mandated target of three-to-five days for medication mailings.

"It's only natural that some isolated problems will occur, given the volume of prescriptions we send in the mail," he wrote. "But when we see delays, we don't sit back and accept them — we find solutions. VA staff continuously monitor our delivery times, and we shift to commercial carriers if USPS is experiencing problems in certain regions of the country."

The secretary acknowledged that the department has switched to private-sector delivery services for some areas in recent months, including Michigan, New York, New Jersey and Arizona. But he insisted there is "no data" backing up signs of widespread problems with veterans medication deliveries.

"This utterly untrue premise doesn't square with the fact that the vast majority of veterans are happy with VA's prescription program," he wrote.

Democratic lawmakers have promised additional oversight on the issue in coming months to ensure that mailed ballots and medications continue to be delivered in a timely fashion.

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1.3 - U.S. News & World Report (AP): Case Over 1966 US Bomb Accident in Spain Goes Before Court (2 September, Dave Collins, 27.4M uvm; Washington, DC)

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HARTFORD, Conn. (AP) — The U.S. Department of Veterans Affairs used flawed radiation data to deny disability benefits to veterans who responded to a 1966 plane accident involving U.S. hydrogen bombs in Spain, Yale Law School students told a federal appeals court Wednesday.

The students are representing Air Force veteran Victor Skaar, of Nixa, Missouri, in a class-action lawsuit seeking benefits for him and others who say they were exposed to radiation during the recovery and cleanup of the undetonated bombs and later became ill.

“The VA has denied those veterans who are now elderly and facing a variety of health concerns benefits and has refused to recognize the conditions of their service for over 50 years,” Yale student Lily Halpern told the U.S. Court of Appeals for Veterans Claims during a hearing held by phone. “So while this case is about unsound science, it is also about remedying a grave injustice.”

A lawyer for the VA defended the radiation exposure data, and the three-judge panel is not expected to rule for weeks or months.

On Jan. 17, 1966, a U.S. B-52 bomber and a refueling plane collided during a refueling operation near the southern Spanish village of Palomares, killing seven of 11 crew members but no one on the ground. At the time, the U.S. was keeping nuclear-armed warplanes in the air near the Soviet border as the Cold War was in full swing.

The midair crash resulted in the release of four U.S. hydrogen bombs. None of the bombs exploded, but the plutonium-filled detonators on two went off, scattering 7 pounds (3 kilograms) of highly radioactive plutonium 239 across the landscape.

The 1,600 servicemen who were sent to the crash site area to recover the weapons and clean up the contamination were exposed to dangerous levels of radiation daily for weeks or months at a time, according to court documents filed by the Yale students. Many of the servicemen later developed various forms of cancer, blood disorders, heart and lung dysfunction and other sicknesses but were denied disability benefits by the VA.

Skaar, an Air Force veteran who is now 83, told The Associated Press in 2017 that he has a blood disorder and developed melanoma and prostate cancer, which were successfully treated. He believes his ailments were related to his service in Palomares, he said.

He and other military members did not wear protective clothing or masks as they cleaned up the site, he said, and they now feel betrayed by their government.

The VA's denial of disability benefits was based on radiation exposure estimates compiled by the Air Force, Halpern said. Although most of the military members in Palomares provided urine samples for testing in 1966, Air Force officials did not use 98% of the test results, leading to inaccurate estimates of the radiation exposure that likely were much lower than they really were, she said.

Halpern said the VA did not use scientifically sound evidence as required to deny benefits to the Palomares veterans, and she asked the court to order the agency to reassess the disability claims using sound evidence. The Yale students are seeking to overturn a ruling by the Board of Veterans' Appeals that rejected Skaar's appeal of the denial of his benefits.

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Mark Vichich, an attorney for the VA and Secretary Robert Wilkie, defended the validity of the radiation exposure estimates during Wednesday's court hearing.

But Judge Michael Allen questioned Vichich on whether the VA looked into whether the Air Force's estimates were scientifically sound.

"The secretary has had no reason to suspect that the information the Air Force is giving us is not based on sound science," Vichich said.

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1.4 - U.S. News & World Report (AP): Lawsuit: Whistleblower in VA Deaths Wrongfully Suspended (2 September, 27.4M uvm; Washington, DC)

CLARKSBURG, W.VA. (AP) — A man who says he alerted authorities to a string of suspicious patient deaths at a West Virginia veterans hospital has filed a lawsuit claiming he was wrongfully suspended because of his actions, a newspaper reported.

Gregory Bee said he was suspended from the Louis A. Johnson VA Medical Center in Clarksburg in 2019 after he attempted to make the deaths public by contacting various news outlets, the office of the inspector general and the office of Rep. David McKinley, the Charleston Gazette-Mail reported Tuesday, citing the lawsuit.

In an email response to a request for comment, medical center spokesman Wesley R. Walls told The Associated Press that hospital officials "would be happy to respond to these allegations in detail, but in order to do so we need the individual's written consent to discuss their complete work history."

Walls added that while the "VA encourages employees to identify problems and will not tolerate any efforts to retaliate against those individuals," he added that "identifying as a whistleblower doesn't automatically give credence to someone's claims nor does it shield them from accountability when they have failed to uphold VA's values."

Former nursing assistant Reta Mays pleaded guilty in July to killing seven military veterans in 2017 and 2018 by injecting them with insulin when it was not prescribed.

The lawsuit says Bee worked in patient care services at the Clarksburg facility from 2015 until April 2019. It says he was instructed in August 2018 to amend various policies regarding the security, storage and administration of insulin, as well as language concerning hypoglycemia. He learned about the deaths shortly after he received those instructions, and attempted to make them public in the fall of 2018, the lawsuit says.

In the same time period, the lawsuit says, a "false allegation of sexual harassment" was made against Bee and he was suspended for seven days for being 15 minutes late for work. In March 2019, Bee was reassigned to the laundry facility and a supervisor told Bee he was advised to "confine" him there, according to the lawsuit.

Bee objected to the transfer and filed a complaint in February 2019 with the VA's Office of Accountability and Whistleblower Protection, which remains pending. He was placed on

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administrative leave without pay on April 5, 2019, the lawsuit says. Bee alleges that he received a "de facto termination," since he hasn't been paid since.

Bee is seeking reinstatement to employment, back wages and compensatory damages.

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1.5 - Military.com: Millions of VA Appointments Canceled During Pandemic Have Not Been Rescheduled (2 September, Patricia Kime, 5.6M uvm; McLean, VA)

As Department of Veterans Affairs medical centers geared up in early March to respond to the unfolding COVID-19 pandemic, many moved to cancel elective procedures and in-person medical appointments in an effort to protect patients and staff from exposure and focus on coronavirus care.

From March 15 through June 15, the Veterans Health Administration -- or the veterans themselves -- canceled 11.2 million appointments across the system.

While roughly 5 million of those appointments were tracked -- either conducted by telephone, video or rescheduled, at least 3.3 million needed the same type of follow-up and didn't get it, the VA Office of Inspector General said in a report released Tuesday.

The OIG review remains ongoing as inspectors look over the remaining canceled appointments, as well as efforts to reschedule and reach out to veterans.

The lack of follow-up, OIG inspectors said, may put patients at increased risk of not getting needed medical care.

"The OIG recognizes the efforts of VHA personnel to manage the needs of patients during the COVID-19 pandemic," inspectors wrote in the report, "Appointment Management During the COVID-19 Pandemic." "Avoiding non-urgent, face-to-face appointments was warranted but unfortunately increased the risk of patients not receiving rescheduled appointments."

Beginning in early March, some VA facilities began screening patients for fever and other symptoms of the SARS-CoV-2 coronavirus, which was first reported as a cluster in Wuhan, China, on Dec. 31.

VA medical centers also began restricting visitors to nursing home facilities and inpatient wards, as well as spinal cord and traumatic brain injury facilities.

Later, hospitals and clinics stopped all non-essential care and, according to the OIG, started canceling appointments. From March 15 to May 1, 7.3 million appointments were canceled, and a third of those, or 2.3 million, received no follow-up.

Slightly more than 1 million were converted to telehealth appointments, mainly by telephone, the OIG noted.

Exactly how many appointments were canceled by VA staff or patients themselves is unknown: On March 22, the VHA directed employees to classify all dropped appointments as canceled by the patient unless the provider was not available, according to the OIG.

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The VHA rationalized this as reasonable, because in a national health care crisis, "It is in the veteran's best interest and there is agreement by the veteran," according to the report.

The VA reversed the guidance in April, but the classification distinction remains important. Under normal circumstances, VA medical facilities usually follow up on appointments canceled by clinics but not by patients.

The VA OIG estimates that about a third of the appointments nixed from March 22 to May 1 were classified as being canceled by the patient, leaving those patients to reschedule appointments themselves and resetting the wait to be seen.

The VA told OIG inspectors that it has instructed staff to follow up on all cancellations during the period, regardless of classification.

According to the report, VA facilities also canceled or discontinued more than a half million consults for specialty care, causing delays in care for veterans who need higher-level services.

The disparities have left some veterans, like Gary Fiffe, without reliable medical care for months.

"They've canceled probably 10 appointments on me," Fiffe told Military.com. "The Topeka VA is doing lab work in the parking lot in your car. There are people who have the best [personal protective equipment] -- masks, gloves -- in the world, and they won't let people in the hospital, only if you are on death's door. The clinic in the town where I live is basically fully staffed yet seeing a limited amount of patients."

"The hospital shutdown for a handful of people hurt countless others," wrote another Military.com reader. "The fact is, vets were turned away."

Appointment scheduling and patient wait times have long been a challenge for the VA, dating to 2012 when the Government Accountability Office noted shortcomings in the system. A scandal erupted in 2014 over patient appointment wait times and off-the-books schedules at VA medical centers and elsewhere.

The OIG expressed concern that the department will lose track of patients who need appointments at a VA facility or a referral to community care and made several recommendations, to include developing a strategy to reschedule patients, monitor facilities' progress and take follow-on action on canceled consults.

VHA officials concurred with the recommendations, saying it has completed plans and will conduct oversight.

Since the outbreak began, more than 52,000 veterans, employees and others treated at the VA have contracted COVID-19. Of those, 2,937 have died. Currently, 3,147 patients are being treated for the coronavirus in the VA health system.

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1.6 - WCSC (CBS-5, Video): Karen Pence visits Ralph H. Johnson VA Medical Center (2 September, Ann McGill, 734k uvm; Charleston, SC)

The second lady of the United States spent about two hours Wednesday at Charleston's VA hospital.

Karen Pence, who leads a task force focusing on suicide prevention among Veterans, visited the Ralph H. Johnson VA Medical Center.

Pence says that as the mother of a military son, the well-being of Veterans is very important to her.

Her visit to the facility began with a tour of the Hall of Heroes, which features portraits of Lowcountry Veterans.

She then learned about a non-invasive treatment used to help Veterans who battle depression.

Pence says on average, about 20 Veterans a day commit suicide and she wants to do what she can to stop the tragedy.

President Donald Trump implemented the task force Pence leads.

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1.7 - The White House: Second Lady Karen Pence Highlights Suicide Prevention Research in Charleston, South Carolina (2 September, Washington, DC)

Today, Second Lady Karen Pence joined by Acting Deputy Secretary of Veterans Affairs (VA) Pamela Powers, visited Charleston to learn more about veteran suicide prevention efforts.

Mrs. Pence and Ms. Powers visited the Mental Health Research Building at the Ralph H. Johnson Veterans Affairs Medical Center (VAMC) for a tour and roundtable discussion. The first stop on the tour was to view the Hall of Heroes, an exhibit of artwork created by a veteran. Following the exhibit, they viewed a demonstration of the Transcranial Magnetic Stimulation and heard from two veteran patients who have benefited from the technology. The simulation is used by VA hospitals across the country with veterans suffering from depression, suicidality, and other psychological health conditions that can lead to suicide. The tour concluded with the viewing of a virtual PTSD Treatment with physiological monitoring and meeting with a veteran who has benefited from this program. Charleston VAMC has been working to provide physiological monitoring, which helps indicate the level of response to stimuli or "triggers" as part of Veteran therapy.

Following the tour, the Second Lady participated in a roundtable discussion with South Carolina based researcher, Dr. Tracy Stecker, Scott R. Isaacks, Director and CEO, Ralph Johnson, and Associate Chief of Staff of Metal Health at the VA, Dr. Donald Myrick. Mrs. Pence delivered brief remarks, highlighting her role with PREVENTS. Dr. Stecker has been leading studies and interventions on veteran suicide and shared more on her work and research at the VA.

"Great to learn more about technology helping veterans at the Charleston VA, the VA's first National Tele-Mental Health Hub, providing evidence-based psychotherapies for Veterans from

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Maine to West Virginia." said Second Lady Karen Pence. "I am inspired by the important work of Dr. Strecker and the VAMC in providing quality mental health care for our veterans."

"The Trump administration focuses on improving Veteran care and access like no previous administration," said Acting VA Deputy Secretary Pam Powers. "After seeing VA's dedicated Charleston-area employees in action today, it's easy to see why Veterans' trust in VA reached an all-time high in April – up 19 points since President Trump took office."

On March 5, 2019, President Trump signed Executive Order 13861, establishing a three-year effort known as the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS). PREVENTS recently launched their national health campaign called REACH, which aims to empower all Americans to play a role in preventing suicide. Second Lady Karen Pence serves as the Lead Ambassador. To learn more about PREVENTS, click here.

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1.8 - The Plain Dealer: Cleveland VA, Ohio State join clinical trials testing experimental COVID-19 vaccines in humans (2 September, Julie Washington, 4.6M uvm; Cleveland, OH)

Two Ohio research centers —the Louis Stokes Cleveland VA Medical Center and the Ohio State University Wexner Medical Center — are joining the hunt for a safe and effective COVID-19 vaccine.

The Cleveland VA is one of more than 120 clinical investigational sites around the world that will collectively enroll up to 30,000 participants in a vaccine trial, the VA announced in a statement. The research will collect data on the safety and immune response of the proposed vaccine BNT162b2.

The proposed COVID-19 vaccine was developed by Pfizer Inc. and the German biotechnology company BioNTech SE.

Cleveland VA trial

The Cleveland VA is the only VA hospital hosting a Pfizer vaccine trial, U.S. secretary of veterans affairs Robert Wilkie wrote in a recent opinion piece.

"The Cleveland VA Medical Center was chosen as the only VA to participate in this study because of proven success incorporating veterans into vaccine trials supported by a strong clinical research program," said Dr. Curtis Donskey, the Cleveland VA's chief of infection control. "We feel it's important to ensure our veteran population is represented in this critical effort. VA provides care for many veterans with chronic conditions that put them at a higher risk for severe outcomes due to COVID-19."

Donskey and Margaret Tiktin, clinical research center director at the Cleveland VA, will lead the study here.

The VA's Phase 2/3 study is looking to enroll non-pregnant, healthy adults ages 18-85 who are at risk for contracting COVID-19. Priority will be given to veterans, whether or not they are enrolled in VA care.

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An equal number of participants will get the vaccine and placebo during the VA's trial, the VA said.

Clinical development of new drugs or vaccines is a three-phase process, according to the Centers for Disease Control and Prevention. In Phase 1, small groups of people receive a trial vaccine. In Phase 2, the trial vaccine is given to people who have characteristics similar to those for whom the new vaccine is intended. In Phase 3, the vaccine is given to thousands of people and tested for efficacy and safety.

People interested in participating in the study through the Cleveland VA Medical Center can call 216-791-3800 ext. 65273. Once the maximum number of participants is reached, the VA will track interested participants for a potential future study, the VA Center said.

Wexner Medical Center trial

The Wexner Medical Center will be a test site for a multicenter, 30,000-person clinical trial testing an experimental COVID-19 vaccine, Ohio State announced recently.

The vaccine, called AZD1222, was co-developed by the University of Oxford and the biopharmaceutical company AstraZeneca, Ohio State said in a statement.

A large early-stage clinical trial in the United Kingdom showed this experimental vaccine is safe and prompts a strong immune response, producing both antibodies and T-cells, which find and attack virus cells, the university said.

"Time is of the essence to develop a vaccine and/or drugs that can halt the transmission of (the coronavirus) and reduce the serious health effects and deaths caused by COVID-19," Dr. Susan Koletar, director of the division of infectious diseases at Ohio State Wexner Medical Center and principal investigator of this vaccine trial, said in a statement.

About 500 adults are needed for the randomized, double-blind and placebo-controlled trial to evaluate how well the AZD1222 vaccine protects people from COVID-19.

The Wexner Medical Center study is looking for participants who are at high-risk for exposure to COVID-19, including people over 65, teachers, first responders, college students, and factory and restaurant workers.

Study participants will receive either the experimental vaccine or a placebo, have blood samples drawn and follow up with medical experts over two years. Those interested in volunteering for the AZD1222 clinical trial can apply by clicking here.

Results from the Wexner Medical Center and other clinical trials conducted through the COVID-19 Prevention Network are critical in getting a COVID-19 vaccine to market, said Dr. Rama Mallampalli, chair of the department of internal medicine at The Ohio State University College of Medicine, in a statement.

The National Institute of Allergy and Infectious Diseases created the COVID-19 Prevention Network, using the infectious diseases expertise at four of its existing clinical trials networks. This allowed the network to quickly set up COVID-19 clinical trials at sites with a long history of research and collaboration, Mallampalli said.

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University Hospitals

UH joins about 120 clinical investigational sites around the world that will collectively enroll up to 30,000 participants in a trial to test a proposed COVID-19 vaccine, the hospital system said recently. The phase 2/3 vaccine study is sponsored Pfizer Inc. and BioNTech SE.

The new study will enroll adults 18 to 85 who are not pregnant. Because of the disproportional rate of COVID-19 among people of color, UH plans to ensure that people of color are well represented in this study, the hospital system said. Call 612-524-9091 to learn how to participate.

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1.9 - FOX News: Pentagon taps Google for A.I. project to help veterans battling cancer (2 September, Nick Givas, 72.4M uvm; New York, NY)

EXCLUSIVE – Google announced Wednesday it has been chosen by a sector of the Defense Department to assist with a new U.S. health system designed to help pathologists study and identify certain types of cancers suffered by military veterans.

The Defense Innovation Unit (DIU) tasked Google with crafting a specialized artificial-intelligence model of information that could be overlayed with augmented-reality microscopes. Google's machine intelligence then helps doctors as they use the microscopes to map out the tumor, in an effort to determine its distinct makeup and cellular structure.

Vice president of the global public sector for Google Cloud Mike Daniels spoke with Fox News about the program. He said the innovations being rolled out could lead to exciting breakthroughs in cancer research, as well as general health care.

"Health care is critical to the military's force readiness," Daniels said during a phone interview. "More important than that, or equally important, is funding for certain cancer-related programs. The DHA (Defense Health Agency) spends $1.7 billion of its annual budget on cancer research.

"We are hoping by activating A.I. we are able to accomplish two outcomes," Daniels continued. "One is, better patient outcomes with respect to diagnoses, and two is to create some efficiency to help these pathologists sift through the enormous amount of data they have. It's an important practical application of A.I. at the point of care, to drive real-world outcomes that matter for our country."

The program, also aimed at helping drive down medical costs, is focusing on both active-duty military members and veterans, to be implemented at DHA treatment facilities and Veterans Affairs hospitals across the U.S.

"How it happens is, there is a limited set of military hospitals and VA facilities that have augmented-reality microscopes," Daniels explained. "We are deploying our already developed model onto those microscopes to literally be a virtual assistant for the pathologist, at the time when they are looking at these slides."

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He added that the technology "identifies areas where they might want to look closer, because of an algorithm relay match. ... Our responsibilities will include day-to-day program management, architecture, and technical implementation of that aspect."

Aashima Gupta, the director of global health care solutions for Google Cloud, also spoke with Fox News about the undertaking. She said the level of relief the program will provide practicing pathologists cannot be understated.

The program will lighten pathologists' workloads by lessening the number of hours they must spend on such dense material, freeing them to do a deeper dive into the other aspects of their advanced research, while also expediting the publishing of their findings, Gupta said.

"Looking through a pathologist's microscope and examining the tumor in a patient, that's the gold standard today," she said. "They look through the microscope and look into the tissue of the tumor. Looking at the tissue has a profound impact on most of the treatment decisions, but the task is very laborious today and pretty burdensome.

"When they're looking and analyzing tissue, small cells need to be noted and this can be used to determine the stage of the cancer," she continued. "Our hope is to limit the unidentified data by bringing this technology into the clinical workflow so that while the pathologist is doing that examination, the model overlays and identifies the areas where it may need more focus. Doctors can tell if there are certain areas where they can go deeper, or if certain segments need more attention than others."

Daniels said the world is fast approaching the perfect conditions for a substantial leap forward in terms of machine learning. He claimed society has been inching close to the day when this kind of A.I-related research will yield myriad practical applications that could end up trickling down to the public for mass-use, not unlike many discoveries of the Pentagon's DARPA (Defense Advanced Research Projects Agency) unit.

"We've just invested a ton of research and development (R&D) dollars into pathology specifically and this model is one result of that – combined with the fact that we are a pioneer in artificial intelligence and machine learning," Daniels said. "Now, because of the maturity of the technology and our cutting edge A.I. – coupled with our deep investment in pathology, it's finally at the right intersection to try to go out and practically apply this at the point of care. Which is to me, the breakthrough – a sort of 'Aha! moment' associated with this project."

He added, "To the extent that we are able to affect military readiness, to drive better outcomes for our service members and veterans – along with allowing DHA to redeploy funds to other cutting edge research areas – if we can do that, we've made an enormous impact not just medically, but for the country, We are very honored to be part of this project as we try to contribute to the DOD – and frankly to the entire nation in this way."

Initially, the program will focus on "targeted cancers," including breast, colon and prostate cancer, cervical dysplasia and lymph node metastasis.

However, from a technological perspective, the project could expand to include other types of cancers in the future and may also have the potential to yield new artificial intelligence methods, which could be used to seek knowledge outside the initiative's original focus.

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2. Improving Customer Service

2.1 - The Hill: It's time to focus on the needs of minority veterans (2 September, Rory E. Riley-Topping, 33.4M uvm; Washington, DC)

Thus far, 2020 has been a year of social unrest and, in the hopes of many, a year that will bring about systemic change.

Issues relating to social justice for minorities have taken center stage in this regard, from the aftermath of the killing of George Floyd in Minneapolis, Minn., to seeking justice for Breona Taylor in Louisville, Ken., to the most recent shooting of Jacob Blake in Kenosha, Wisc.

As the public is learning, however, often with frustration, our governmental and political institutions are often slow to embrace change. Two examples of this can be seen in the collision of how we approach legislation and policy related to minority veterans' issues.

Although the U.S. Department of Veterans Affairs (V.A.) founded its Center for Minority Veterans at the direction of Congress in 1994, and minority veterans make up nearly a quarter of the total veteran population in the U.S., in a recent report, V.A. found that racial and ethnic disparities still exist within its healthcare system.

Minority veterans, like minorities in the U.S. generally, have unfortunately faced decades of discrimination that has been reinforced through legislation and government policies.

For example, although most associate the G.I. Bill with benefits that allowed veterans to prosper after World War II, the legislation was structured in such a way that, although not specifically excluding African-American veterans, in effect prevented them from accessing its benefits.

Specifically, southern democrats, including then-Chairman of the House Veterans' Affairs Committee, John Rankin (D-Miss.), feared that returning black veterans would use their status as veterans to advocate against Jim Crow laws, and therefore advocated that the programs be administered by individual states instead of the federal government.

Similarly, some African-American veterans could not take advantage of the G.I. Bill or other V.A. benefits because minority veterans received dishonorable discharges at a much higher rate than their white counterparts.

This problem still exists today, as evidenced by recent testimony provided Lindsay Church, the Executive Director of Minority Veterans of America before the House Committee on Veterans' Affairs, which noted that: "black service members were substantially more likely than white service members to face military justice or disciplinary action, a key factor in the characterization of service of discharge paperwork."

The testimony concluded that: "Bad paper discharges compound the already unjust and inequitable social and structural conditions which categorically disadvantage minority veterans."

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Moreover, a recent survey conducted of V.A. employees found that 78 percent of union members thought that racism was a problem at V.A., and 55 percent stated that they had witnessed racial discrimination against veterans.

Although VA employees stated that they requested an Office of Inspector General Report to investigate racism at various V.A. facilities, no action was taken.

The employees also requested that Congress hold a hearing on the subject and initiate its probe into racism at V.A.

Congress, however, is also an institution that is slow to embrace change and has grappled with its issues surrounding how to implement meaningful reform given the partisanship and divisions of its current members.

Although a hearing on minority veterans' issues, as requested by the minority V.A. employees, is a good place to start, it should be acknowledged as just that, a starting point. Unfortunately, across Congress, the average number of days per hearing topic has declined from several to just one, and often to only an hour or two per subject at best, which restricts members' ability to properly assess the scope of the issue and have meaningful dialogue offering possible solutions.

Indeed, over this past Congress, hearings before the House Veterans' Affairs Committee have lasted an average of about two hours and rarely have more than a handful of witnesses.

Importantly, however, Congressional committees, including HVAC, do have other options available beyond simply holding a single hearing that may or may not lead to change.

One recent successful example is the Committee's handling of issues related to female veterans – which involved creating a bipartisan Women Veterans Task Force.

The Task Force works "to increase the visibility of the two million women who have served in the U.S. military and promote inclusivity and equitable access to comprehensive healthcare, benefits, education and economic opportunity, and other federal resources, particularly at [V.A.]."

Stakeholders have praised the Task Force for tackling head-on issues that marginalize women veterans and address the inequities they endure.

To this end, since minority veterans similarly face issues related to marginalization and inequality related to their service, and minority veterans represent a larger percentage of the current veteran population than female veterans, the Committee could create a similar task force to address issues related to minority veterans specifically.

And, finally, the Committee could take things one step further by re-evaluating their Subcommittee structure and creating a subcommittee that is specifically devoted to minority and women veterans' issues.

Currently, House Rule X limits most House Committees to five subcommittees, which the House Veterans' Affairs Committee already has. However, one of these subcommittees is an oversight subcommittee, and the rule allows for six when one of the designated subcommittees is designated explicitly for oversight. Therefore, the Committee could take action and create an

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additional subcommittee, just as it did when it created the new subcommittee on electronic health record modernization in 2018.

As recently noted by the Government Accountability Office, subject matter that has been the topic of congressional hearings and other targeted oversight activity typically make the most progress in terms of implementing its recommendations, an argument that strongly favors the Committee creating an entity specifically devoted to minority veterans' issues.

By 2040, minority veterans are projected to make up over 35 percent of all living veterans. With this perspective in mind, as well as the recent momentum acknowledging the need to correct our nation's history of systemic racism, the time is right for Congress to begin focusing on the unique needs of the minority veterans' population.

Rory E. Riley-Topping is the founder of Riley-Topping Consulting, where she continues to work with various veterans organizations. […]

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2.2 - Politico: **Why veterans want money for the Postal Service** (2 September, Eleanor Mueller, 25.7M uvm; Arlington, VA)

The shrinking U.S. Postal Service payroll is imperiling a go-to career for military veterans, who have long relied on the agency for well-paid and secure jobs in public service.

Driven by years of financial strain and accelerated by operational changes imposed by newly installed Postmaster General Louis DeJoy, the agency has steadily reduced pay, intensified workloads and shifted toward temporary workers, resulting in a higher turnover and a steadily declining workforce at one of the nation's largest employers of vets.

The trend is a major reason why veterans groups are pushing for Congress to enact emergency funding for the agency by the end of September.

Democrats are fighting to enact more funding and reforms for the agency, something they say takes on outsize importance given the number of Americans who will have to vote by mail in the upcoming presidential election because of Covid-19. Republicans counter that any money is meaningless without an attempt to improve the agency's long-term sustainability, and should not be passed without a broader pandemic aid package.

USPS employed nearly 100,000 veterans at the beginning of 2020, according to agency data. In 2018, veterans made up 16 percent of the Postal Service workforce, per a Pew Research Center analysis — nearly three times their 5.8 percent representation in the workforce overall.

"We're promoting these jobs for veterans as these stable, good jobs to make sure our disabled veterans have gainful employment because they served their country, and now we're trying to underfund it, cut the programs, cut the way hiring processes are," said Will Attig, executive director of AFL-CIO's United Veterans Council. "Now, when a veteran comes home, they get hired as a temporary worker."

"That's kind of, in my opinion, pretty disrespectful."

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The Postal Service employed 633,108 workers as of the end of fiscal 2019, according to Pew, 30 percent below its peak in 1999. More than one in five are considered “non-career,” meaning their positions are temporary, earning lower pay with fewer benefits. In 2010, just 13 percent were non-career, according to USPS.

At the same time, overall pay has decreased: Postal Service mail carriers earned a median hourly wage of $24.67 in 2019, according to Labor Department statistics. A decade earlier, they were earning a median hourly wage of $25.10.

As the number of overall USPS employees has dropped, so too has the percentage of veterans: The Postal Service workforce was more than 31 percent vets in fiscal 1999, according to USPS’ annual report to Congress that year. Today, veterans make up about 8 percent of new hires, according to USPS.

These trends have emerged over the course of years. But the operational changes imposed — and after a barrage of criticism, temporarily paused — by DeJoy have sped the process, economists say. Since taking office in June, the former XPO Logistics executive and GOP donor has moved to limit overtime, close mail processing facilities and displace top executives, in what he says is an attempt to cut costs. Democrats and postal workers say they worry it is a well-coordinated attempt to privatize the agency.

“The idea is it will be easier to reorganize and privatize if you can try to make the whole thing nonfunctional,” said Sarah Ryan, a former USPS employee and labor professor at Evergreen State College. “It’s just a stab in the heart to make the whole thing nonfunctional.”

“It’s just intentional chaos.”

USPS officials counter that the trends, including lower salary schedules and more non-career workers, have been key in keeping costs low.

"In the 2010 round of collective bargaining, the Postal Service was able to introduce a lower salary schedule for new career hires as well as a lower-cost non-career component of the workforce, which has saved the Postal Service billions of dollars and allowed it to restrain labor cost growth relative to the private sector," USPS spokesperson David Coleman said.

"[N]on-career employees have saved the Postal Service over $11 billion over the past decade."

Coleman said the trends may also have served to drive veterans away: "The USPS Talent Acquisition Team believes the reason for the decline [in veteran workers] is there has been more of a focus on non-career hiring which may not be as attractive to our veteran population."

Many veterans have been drawn to the Postal Service's mission of public service and relatively militaristic structure. Regions are headed by postmasters; workers who don’t show up for their shifts are dubbed AWOL.

“Our soldiers want to serve, and they want stability when they come home,” Attig said. “They want to be part of something that’s not just a 9-to-5.”

Keith Combs was discharged from the U.S. Marines on May 11, 1987. On May 12, he was “knocking on the post office door, putting in an application,” Combs, now 57, said.

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"I kind of felt like it wasn't much different than the service I was already providing to the United States," said Combs, who still works for USPS as a mail processor and heads the American Postal Workers Union's Detroit chapter. As a USPS employee, "I would still be providing service to the United States."

Veterans also like the Postal Service because it allows them to live almost anywhere and take time off to serve in the National Reserve.

"A lot of our veterans when they leave the military, the majority of them try to come back to their home states, their hometowns," said Ariel De Jesus, an assistant director at American Legion. "And of course, there's always a post office over there."

The House passed a bill on Aug. 22 that would funnel $25 billion into the agency — $15 billion more than was enacted via the CARES Act, an earlier pandemic aid package, in the form of a loan. But Senate Majority Leader Mitch McConnell called the bill a "a totally piecemeal postal bill" based on "overblown conspiracy theories." The White House threatened a veto.

Veterans — historically one of President Donald Trump's most reliable voter bases — are taking note, Soltz said. They are also concerned about well-documented delays in Veterans Affairs mail-order prescriptions and veterans' disproportionate reliance on mail-in voting.

"Those three combinations of issues — our military votes by mail, the USPS is a huge hirer of veterans, and prescriptions are delivered by mail — put the president in a position he didn't understand," Jon Soltz, chair of VoteVets, said.

Trump campaign officials countered that Trump is an advocate for veterans.

"President Trump is a staunch champion for America's veterans," said Ken Farnaso, deputy national press secretary for the campaign. "President Trump will always prioritize the health and well-being of our nation's heroes while ensuring that their sacred vote is secure and counted."

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2.3 - Connecting Vets: VA secretary pushes back on USPS prescription delays but some slowdowns persist (2 September, Abbie Bennett, 10M uvm; Washington, DC)

Department of Veterans Affairs Secretary Robert Wilkie is pushing back on reports that U.S. Postal Service delays have led to slowdowns for veterans' prescription deliveries. But internal emails show some delays are ongoing.

Wilkie brushed off reported delays as "conspiracy theories" he said were being used to "score political points against the Trump administration" in an Op-Ed published in the Washington Examiner on Tuesday.

But VA previously acknowledged delays to its staff, veteran service organizations and Congress, saying that the department had seen its prescriptions mailed by USPS delayed by about 25% in 2020 so far.

VA also told Congress it planned to mitigate those delays by sending prescriptions earlier, working with USPS to ensure those packages were prioritized, switching to alternative delivery

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services such as UPS and FedEx in some cases, and asking veterans to pick up prescriptions at department pharmacies. VA told lawmakers USPS delays may have been worse in some areas, such as New York, New Jersey, Arizona and Michigan. In emails to veterans, VA advised them to preorder refills for medications as soon as they receive their latest batch.

Internal communications at the department obtained by Connecting Vets show some slowdowns continue.

At one VA pharmacy in the southeast, internal emails said that more than 100 veterans had contacted VA to complain of delayed medications.

Some prescriptions were delayed two weeks or more, including antidepressants, anti-anxiety medications, medications to treat and prevent pain and seizures and more.

Some of those medications had to be replaced because of the delays, according to the emails.

"Increases in mailing time are resulting in breaks in therapy," staff said.

Pharmacy staff worried that some of the medications could be less effective after sitting in postal storage for weeks, other internal communications show.

One VA pharmacy had to replace about 100 prescriptions by either shipping them overnight or having patients pick them up -- not new methods for the department, but efforts staff said they had to switch to in cases when USPS deliveries did not arrive as expected.

About half of those were controlled substances that are highly regulated or were refrigerated medications that are normally shipped by USPS priority mail. They were mailed the second week of August and hadn't moved by the end of the month, with no information from USPS on where they were or when they'll be delivered.

Air Force veteran Gary Fowler told Connecting Vets his medication was shipped out on Aug. 5, and he didn't receive it until Sept. 1. When he first noticed the delay in August, Fowler said he contacted VA and was able to pick up the medication at a department pharmacy, a 45-minute drive away.

"They were unable to explain the delivery delay so they allowed me to pick it up at the outpatient pharmacy," Fowler said. "I was just prescribed another med and they were able to do the same thing so I didn't have to deal with the delays again."

Fowler is just one of more than 200 veterans, caregivers and VA staff who began telling Connecting Vets of prescription delays in late July, delays ranging from a few days to weeks. Previously, many of those veterans and caregivers said they almost always received their VA prescriptions promptly within a few days. They provided documents showing those shipping delays, internal communications and more.

Wilkie argued that the reported delays, which he called "misinformation" could "cause harm to those who served this country" by casting doubt on VA's ability to reliably supply prescriptions by mail, which he said still average fewer than three days -- below the department's target of three to five days for deliveries.

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"It's only natural that some isolated problems will occur, given the volume of prescriptions we send in the mail," Wilkie wrote. "But when we see delays, we don't sit back and accept them — we find solutions. VA staff continuously monitor our delivery times, and we shift to commercial carriers if USPS is experiencing problems in certain regions of the country ... Veterans should never be given reason to doubt a system that continues to work for them at a high level, year after year."

The vast majority of VA prescriptions are fulfilled by mail from a group of seven massive, automated hub pharmacies across the country, the Consolidated Mail Outpatient Pharmacy (CMOP) system. That centralized pharmacy system processes about 80% to 90% of all VA outpatient prescriptions and most (90%) of those are shipped through USPS. The other prescriptions are typically filled at local VA medical facilities.

VA's mail-order pharmacy system processes more than120 million prescriptions per year, nearly half a million prescriptions daily and each working day, more than 330,000 veterans receive a package of prescriptions in the mail. Veterans who live further from VA medical facilities, especially in rural and remote areas of the country, often depend on mail-order prescriptions.

USPS is one of the country's largest veteran employers, with nearly 100,000 veterans on staff (about 15% of the total USPS workforce). About 60% of the veterans working at USPS have a disability rating, the agency estimates.

Given the volume of mail-order prescriptions VA has, Press Secretary Christina Noel told Connecting Vets on Sept. 1 that "there are going to be isolated reports of delays" but, "the number of reports has no increased significantly during the pandemic." VA's use of in-person pharmacies or commercial carriers such as FedEx and UPS also have not increased significantly during the pandeic, Noel added.

As reports of USPS delays grew in August, some attributed them to changes made by new Postmaster General Louis DeJoy, who took over the service on June 15. DeJoy has been a top donor to President Donald Trump, and issued a memo during his first month leading USPS announcing new policies, including that the Postal Service would now leave mail behind to ensure delivery trucks complete their routes on time.

House and Senate lawmakers -- both Democrat and Republican -- shared reports of delayed mail, including from veterans who had seen a slowdown in their mail-order prescriptions, during hearings on Capitol Hill where DeJoy was called to testify. DeJoy largely argued that the pandemic caused mail delays, not any decisions he made.

In late August, Senate Veterans Affairs Committee Chairman Jerry Moran, R-Kansas, sent DeJoy a letter asking him to prioritize veterans and troops as he considers USPS reforms.

“There is no doubt the COVID-19 pandemic has challenged postal operations as it has so many aspects of our society," Moran wrote. "In light of the difficult environment, I urge you to remain mindful that ongoing management and operational reforms do not negatively impact important functions which VA and our veterans rely.”

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2.4 - Military.com: As Veterans Battle Pandemic Isolation, Organizations Adapt to Meet Their Needs (2 September, Alyk Russell Kenlan, 5.6M uvm; McLean, VA)

For Scott Tekesky, his time stationed at an Army base on Oahu, Hawaii, far from his family, prepared him for the isolation of sheltering in place in his suburban Atlanta home for months because of the COVID-19 pandemic.

"When you're in the continental United States and get orders to go to Hawaii, you think beaches and palm trees," said Tekesky, a former infantry officer who left the service in 2014 as a first lieutenant. "About three or four months into getting there, you had the realization you're literally on a rock, in the middle of the Pacific Ocean, thousands of miles from the next piece of land and family. In that sense, it prepared us [for COVID-19]."

Through the nonprofit group Team Red White and Blue, where he is now an area director, Tekesky has been connected to the veteran community. He's relied on that friendship to support him while sheltering in place the same way he relied on fellow soldiers to help him while in Hawaii.

COVID-19 has exacerbated feelings of isolation for many veterans. From anxiety about the future, to financial instability or limited socialization, the pandemic has caused a surge in demand for veteran mental health support organizations, said Erin Fletcher, clinical director at the Wounded Warrior Project, a Florida-based nonprofit that supports injured veterans transitioning to civilian life.

"The stigma of mental health was getting in the way pre-pandemic," she said. "Now's the time; there's help and it does work."

From March to July, WWP's phone support sessions for veterans and families increased 36%, and referrals to mental health providers increased 52%. WWP has increased its mental health services, despite reshaping its programming to be wholly digital, Fletcher said.

For instance, "Project Odyssey," a 12-week workshop that brings 15 veterans together to work through mental health concerns, pivoted to being entirely online.

"They're still receiving psycho-education to increase their resiliency and psychological well-being," Fletcher said

WWP sees increased digitization as a permanent new way to reach veterans who might not have been able to access mental health support before.

"This is providing quality resources that isn't just a Band-Aid," Fletcher said. "This is something that we're going to continue to offer."

The Department of Veterans Affairs has also seen a spike in virtual mental health services during the pandemic, with mental health providers in April experiencing an almost six-fold increase in calls compared with pre-pandemic days.

"VA has been increasing its mental health outreach since the beginning of the pandemic, including increased use of social media, blogs and paid media to increase veteran awareness of services," a department spokesperson said. "VA has also targeted veterans who may be at

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increased risk of suicide or mental illness due to COVID-19 with the development and expansion of self-help protocols, like our COVID-19 mobile app."

The pandemic ushered in a massive increase in telehealth services at the VA, even beyond mental health needs. Between February and June, the department saw a tenfold increase in clinical video visits, officials said.

While telehealth services have expanded at the VA and nonprofits, in-person veteran mental health facilities like the Boulder Crest Foundation, a nonprofit with campuses in Virginia and Arizona that helps combat veterans overcome trauma, have had to scale back some operations.

"Our Warrior PATHH [Progressive Alternative Training for Healing Heroes] program is very sought after, and we've tried to keep that running through COVID," said Ken Falke, chairman of the board at Bouldercrest.

Since the Warrior PATHH program works with groups of eight people at a time, it was possible to adapt the in-person elements to be socially distant, he said. However, Boulder Crest has stopped other programs, such as bringing family members to stay on its campus.

"Sometimes, it takes two to three months to get into one of our programs, and because we've had delays [during COVID-19,] people are waiting longer, and that adds to their anxiety," Falke said. "Isolation has gotta be one of the worst things that can happen to a human."

Tekesky fought his feelings of isolation through group fitness, which has also helped many veterans struggling with isolation and anxiety during pandemic. Team Red White and Blue is a nonprofit headquartered in Atlanta. With 192 chapters across the country, the organization builds a community for veterans through physical and social activities.

"There is a direct connection between making your physical health a priority and making sure to connect with somebody else every day, and emotional and mental health," Team RWB spokesperson Bana Miller said.

While the organization has stopped in-person activities, it has seen digital participation "skyrocket," with almost 250,000 digital event check-ins this year, she said.

"It's become an opportunity for our members to not only connect within their community but to connect across their communities," Miller said. "You might have a veteran in San Diego, who is doing a Zoom yoga session with a veteran in Virginia Beach. It's brought people closer, despite the distance, no matter where they are."

Beyond providing a sense of community during shelter-in-place orders, Team RWB has also helped people stay active when gyms closed and many spent all day at home. Its socialization and fitness programs also have worked for mental health challenges during the pandemic.

"One of the things our organization has tried to address over the last couple of years is supporting veterans as they transition away from their service," Miller said. "They're experiencing all sorts of challenges that include isolation and weight gain. And that seems to be a common experience across the country and probably around the world during this pandemic."

In March, Tekesky competed in Team RWB's digital Olympic Games. While teams competed by local chapters, the event encouraged community building within each team, rather than rivalry.

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Tekesky, who sheltered at home with his wife Chelsea and 6-month-old son Sawyer, said the mindset he developed in the military helped him manage during the pandemic.

"It's just a situation that you adapt to, and that's what makes the military community so capable in a time like this," he said. "That mindset of assessing [a situation] and accepting it. But then you have to still operate in it. You can't stop; you have to keep going."

Keeping an optimistic outlook is necessary, he said. Acknowledging his feelings of anxiety about the future and then focusing on what he could control helped him stay positive and happy during the shelter-in-place order, he explained.

"It was a really tough situation, but there were definitely some nuggets of awesomeness," he said. "We got to see [Sawyer] crawl; we got to see him say his first words. And [the pandemic] has gone on so long we got to see him take his first steps."

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2.5 - The Oregonian: **Oregon could herald a research-driven psychedelic renaissance: former Navy SEAL says psilocybin helped him cope, could aid many more if voters say yes** (2 September, Bryce Dole, 4.6M uvm; Portland, OR)

The former Navy SEAL walked into a house somewhere in California late on a December evening. Inside a large candlelit room, ominous spiritual music swelled as he approached nearly a dozen veterans seated in a circle.

It had been nearly three months since his first treatment, in Mexico. And overall, things had been better. But eighteen years of service, on missions across the world and in combat zones, had taken a toll.

He struggled with post traumatic stress disorder and often turned to alcohol and drugs to cope. Worst of all, he said, he ignored the people who loved him.

So he'd come to California to try something new: psilocybin, the psychoactive ingredient in "magic mushrooms."

A man and his two assistants walked around the room, handing out capsules of the psychedelic drug. For the next five hours, the former SEAL's mind flooded with memories of combat, his fellow soldiers, his family and friends. He listened to the stories of the other veterans and felt empathy for their struggle. Afterwards, he felt relief, like a weight he didn't know was there had been lifted off his shoulders.

"I couldn't get out of my own head, my own suffering and need," Chad Kuske, the SEAL, said in August from his home in Lake Oswego. "I knew that I wasn't there. I was pretending. I couldn't even acknowledge the PTSD or the things that affected me. I was in total denial."

The session Kuske attended in 2019 was part of a loose network of underground psychotherapy groups that have formed during what many have come to call a psychedelic renaissance.

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Studies from numerous universities have shown promising evidence that psilocybin – and other psychedelic drugs like LSD – can help people who struggle with mental illness, end-of-life anxiety, addiction and PTSD.

Today, multiple cities have decriminalized the drug. But only Oregon is looking to legalize it for therapeutic use. If passed, Ballot Measure 109 would make it the first state to make it legal to use psilocybin in the presence of a trained therapist.

Psilocybin is a naturally occurring compound found in more than 200 species of mushrooms. The hallucinatory fungi have been ingested for their mind-altering effects for hundreds and possibly thousands of years.

Scientists say psilocybin can occasion hallucinations, shifts in perception, changes in sense of time, moments of euphoria and spiritual experiences that can have longstanding positive effects.

Psilocybin research at Johns Hopkins University showed that over two-thirds of participants had "mystical experiences" that ranked among the most profound in their lives, resulting in increased well-being and life satisfaction.

Federal law, however, classifies psilocybin as a Schedule I drug, like LSD and marijuana, and the Drug Enforcement Agency cautions it may cause temporary physical or mental harm in some cases. Federal officials note that it is not addictive.

When taken in an uncontrolled setting, the drugs have been known to cause panic and anxiety. People with certain mental illnesses – like bipolar disorder or schizophrenia – are deliberately screened out of therapy by scientists, who fear it could induce psychosis.

Ingesting the wrong kind of mushroom, which may look nearly identical to a psilocybin mushroom, can cause paralysis and death.

That's why leaders of the Oregon initiative don't seek to make the drug recreational. Tom and Sheri Eckert, the husband and wife chief petitioners behind the measure who both practice therapy in Beaverton, insist that the drug be legalized only for supervised therapeutic use. Its use must be rooted in science and regulated with the guidance of scientists and health care professionals, the Eckerts say.

The initiative's focus point is one that the Eckerts believe is a national crisis that is especially dire in Oregon: untreated mental health conditions. The state has one of the highest rates of mental illness in the country, according to the Centers for Disease Control and Prevention.

"We need options. And this is a valid therapeutic option that could help thousands of people," said Tom Eckert.

But the treatment isn't only for Oregonians struggling with mental health problems. If voters pass the measure in November, anyone age 21 or older who passes a screening will be able to access the services for "personal development," the Eckerts said.

Research from the University of Amsterdam has shown that psychedelic drugs can also help healthy people, "with single doses capable of producing lasting changes in wellbeing and purpose," the study said.

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Despite the influx of positive research from prominent U.S. and British universities and elsewhere, some people remain skeptical that psilocybin should be legalized except in rare circumstances.

At least one Oregon specialist who's researched the drug's positive effects says its use should be highly regulated. Some advocates of constrained use of psilocybin worry the use of the drug will be contorted for profit.

"I don't think it's just about making people love rainbows and want to hug trees," said Chris Stauffer, an award-winning researcher and psychiatry professor at Oregon Health and Science University who studies psychedelic treatments. "It does things to the mind that are powerful. But if our motivation changes from wanting to heal to something else" that could be problematic, he said.

Kevin Sabet, a former longtime senior adviser in the White House Office of National Drug Control Policy under Presidents Bill Clinton, George W. Bush and Barack Obama, has said that legalizing psilocybin should be contingent upon science.

"Big tobacco is already involved in marijuana. I'm not surprised to see efforts to decriminalized other drugs," Sabet said in an interview with The Daily Signal after Denver decriminalized psilocybin. "Mushrooms are the next easiest argument. It's low-hanging fruit. They're not going to call for legalizing crack cocaine now. But they are not going to stop with mushrooms in Denver."

Even Michael Pollan, a journalist and professor who wrote a book on psychedelics and their benefits, "How to Change Your Mind," has expressed concerns.

"As much as the supporters of legal psilocybin hope to follow the political playbook that has rapidly changed the status of cannabis in recent years," Pollan wrote in the New York Times, "they need to bear in mind that psilocybin is a very different drug, and it is not for everyone."

NEW RESEARCH SHOWS PROMISE

Stauffer, now a Portland doctor specializing in research, became interested in studying psychedelics, trauma and addiction after a failed acting career. He quickly saw parallels.

"When you're someone's going through a (psychedelic) treatment, it's almost like a waking dream," Stauffer said. "As a researcher, you get to know the characters within them that are holding them back."

Stauffer's research began during a neuroscience fellowship at the San Francisco Veterans Affairs Medical Center. Today, he works at the Portland VA Medical Center and specializes in the treatment of PTSD and substance use disorders in veterans and LGBTQI+ populations.

Stauffer has conducted multiple therapeutic studies using psychedelic drugs, including psilocybin and MDMA. His studies, which have included combat veterans, long-term AIDS survivors and methamphetamine users, have shown overwhelmingly positive results, with significant reductions in depression and PTSD.

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Patients were also often more able to confront grief and felt a sense of connectedness to themselves, friends and families that had been lost to years of unresolved trauma, Stauffer said.

“In trauma, your mind creates these riddles and puzzles to keep your consciousness away from these things that are so overwhelming,” Stauffer said. “But when MDMA and psilocybin are on board, you go on these metaphorical journeys.”

Though his colleagues often voiced skepticism, Stauffer says that the stigma towards psychedelic drugs has shifted over the past several years. Research has made radical progress from when psilocybin was initially designated as a Schedule I drug decades ago to signify it has no accepted medical use and a high potential for abuse.

Psilocybin – like LSD and other psychedelic drugs – was tested in the 1950s and 1960s for treatment of addiction and mental illness, and often yielded positive results. Tests were also conducted by the Central Intelligence Agency and the Army to determine if the drugs could be used as truth serums, deterrent against enemy forces and mind-control.

In 1970, amid concerns of an anarchistic youth uprising fueled by psychedelics and tales of suicides, murder and psychotic breaks, the Nixon administration placed most psychedelic drugs on Schedule I. Though many horror stories eventually proved untrue, studies largely came to an end for a half-century.

In recent years, research at prominent universities like Johns Hopkins, Imperial College in London and the University of California, Los Angeles has dispelled many longstanding preconceptions of harm.

The research has proven so convincing that psilocybin was designated by the Food and Drug Administration as a “breakthrough therapy” in 2018 and 2019. The designation recognizes that the drug may have greater benefit over current depression treatments and promises to accelerate its development and review.

In guided psilocybin therapy, a therapist first gets to know the patient’s life story and prepares them for the experience. On the day of the treatment, the patient is provided with dark eyeshades and a high dose of the drug, which “blasts you off into the cosmos,” Stauffer said.

The therapist sits beside the patient as they endure the journey, helping them navigate and confront difficult moments. Without the therapist’s help and encouragement, the patient could resist the drug’s effects, resulting in anxiety and panic.

After the session, the facilitator and the patient work to distill the meaning of the experience in a process called “integration” and figure out how the patient can put the lessons learned into daily practice.

For those with unresolved trauma, Stauffer says psilocybin can prompt a reconciliation that would have been impossible for the patient to withstand on their own.

“You literally see yourself taking the chains off the locks in your own mind, which brings with it a flood of trauma memories that can be terrifying,” Stauffer said. “Our job is just to keep encouraging them to keep looking. And then, when they go back to the box, most often those chains are gone.”

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NATIONAL WAVE COULD FOLLOW

What Oregon voters decide in November could have ripple effects across the country. It wouldn't be the first time.

In 1973, just three years after federal officials classified marijuana as a Schedule I drug, the state became the first to decriminalize it, making possession of small amounts similar to a traffic ticket. Over the next five years, eleven other states would follow suit.

More recently, Oregon helped lead the nation in legalizing medical use of marijuana, and then, years later, legalized its recreational use. Other states, once again, followed suit. Oregon also was the first state to pass a bottle return law and to legalize assisted suicide. Both have spread to many other states.

"Oregon does tend to be the catalyst," Dustin Marlan, an assistant law professor at the University of Massachusetts School of Law, said.

The ballot measure contains safeguards, including a two-year period for state and local health officials to determine training, licensing, regulation and safety standards. The measure does not allow home use of psilocybin, and patients are not allowed to exit a treatment facility under its influence.

Since gaining enough signatures to qualify for the ballot, helped by $1 million from Dr. Bronner's soap company, proponents of the initiative have raised about $33,000 and spent just $4,300 since June, according campaign finance disclosures. Successful statewide ballot campaigns typically raise and spend millions.

Among the proponents are 42 doctors and nurses, 14 therapists and three elected officials, including Sen. Elizabeth Steiner Hayward, a Portland Democrat, Sen. Jeff Golden, an Ashland Democrat, and Congressman Earl Blumenauer, the Portland Democrat who has long advocated legalizing marijuana.

Chad Kuske is one of 10 veterans who've formally endorsed the campaign. Four of the 22 organizations endorsing the initiative are veteran groups.

In the Navy, Kuske was "top tier" he says. He likens it to playing for the New York Yankees but says that the pressure came with a price. The Navy medically retired him after 18 years on grounds his PTSD had become disabling.

"Living that way – being on all the time, ready all the time, judged all the time – there's no room for mistakes," Kuske said. "And when you're taken out of that, you're like 'What now? I'm lost. I don't have that mission anymore.' … It's really hard to just enjoy things anymore."

After taking psilocybin, Kuske said, he found it much easier to feel content. His awareness has improved, and when his pain and grief return, he knows how to get through it. Psilocybin has helped him overcome obstacles he never thought he could, he said.

He no longer uses hard drugs or alcohol. He meditates and does yoga daily. And every several months, he returns with his fellow veterans for another session.

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"You are shown the truth," Kuske said. "I've spent two decades wondering where I went wrong. I was always searching for something I'd forgotten about. Something that made me as angry as I was. But this medicine shows you the unclouded truth. I didn't forget anything; I just had the blinders on."

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2.6 - Task & Purpose: VA secretary dismisses mail-order prescription delays as 'conspiracy theories' despite his department confirming they were real (2 September, James Clark and Jared Keller, 1.4M uvm; New York, NY)

The top leader of the Department of the Veterans Affairs wrote in a Wednesday op-ed that reported delays in mail-order prescription deliveries due to changes at the U.S. Postal Service amounted to little more than "conspiracy theories," despite his agency confirming those deliveries have recently been delayed on average by roughly 25 percent.

Robert Wilkie, the secretary of veterans affairs, claimed in the op-ed published by The Washington Examiner that media reports of prescription delays were using veterans "to score political points against the Trump administration — this time by alleging delays in the delivery of prescription drugs by the U.S. Postal Service."

Wilkie added that these stories "falsely imply that the Department of Veterans Affairs is no longer a reliable supplier of prescription drugs through the mail."

However, Wilkie's claims are at odds with statements made by the VA.

Many learned about the issue in mid-August, after the nonprofit group Disabled American Veterans, which represents roughly 1 million wounded veterans, released a statement condemning the delays as "unacceptable" to injured veterans who depend on the mail delivery of prescriptions, claims decisions, and other critical messages from the VA.

"The VA has now confirmed to us that the United States Postal Service, which is responsible for delivering about 90% of all VA mail-order prescriptions, has indeed been delayed in delivering these critical medications by an average of almost 25 [percent] over the past year, with many locations experiencing much more significant delays," said Stephen Whitehead, DAV national commander.

In response, a VA official told Task & Purpose on Wednesday that DAV "does not speak for VA, and in this instance, the statements attributed to DAV omitted crucial context that the average number of days to deliver VA prescriptions via USPS averaged 2.86 days in July of 2020, faster than the 3-to-5 day delivery standard VA strives for," said Christina Noel, an agency spokeswoman.

Noel acknowledged the department has seen delays in deliveries, but argued they were relatively minor.

"While the average number of days to deliver VA prescriptions via USPS has increased from 2.3 days in June of 2019 to 2.86 days in July of 2020, the notion that this is somehow a major problem is not based on fact," Noel said. (A change from 2.3 days in June 2019 to 2.86 days in July 2020 amounts to a delay of nearly 25 percent).

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Todd Hunter, a DAV spokesman, told Task & Purpose that “we stand by our original statement as it was formulated based on VA-provided information.”

Though the VA says it has successfully met its benchmark of delivering medication to veterans within three to five business days on average, for those whose meds have been delayed, it can be a significant problem.

“There’s a warning label on one of my meds that if I stop taking it abruptly there’s a risk of seizures,” Tenley Lozano, a former coast guardsman in San Diego, told Task & Purpose in August.

For 73-year-old Marine veteran Richard Valdez, one of five who spoke with Task & Purpose about the issue, three of his four prescriptions — all critical to his health — were delayed by weeks.

“You start talking about 'what kind of meds would be impacted' and you've got vets with PTSD, and those with TBI, and you've got those with physical injuries from combat," Valdez said. "The whole picture really isn't being shown with regards to how this transcends the whole veteran population who are being impacted by these delays."

More than 80 percent of veterans who receive care from the VA get their prescriptions in the mail through Consolidated Mail Outpatient Pharmacies, which deliver prescriptions to some 330,000 veterans each day. The VA largely relies on the Postal Service to deliver those prescriptions — with more than 125 million prescriptions delivered in 2019 alone — though it does use commercial carriers like the United Parcel Service to handle some of its deliveries.

The Postal Service has become the latest political battleground in the run-up to the 2020 presidential election after President Trump said in August he would oppose funding for the agency in order to limit mail-in voting.

“Now they need that money in order to make the post office work, so it can take all of these millions and millions of ballots,” Trump said during an Aug. 13 interview on Fox Business Network. “But if they don’t get those two items, that means you can’t have universal mail-in voting, because they’re not equipped to have it.”

Trump’s comments sparked a renewed round of public outrage over perceived attempts to hobble the Postal Service, from planned cost-cutting measures to the removal of mail-sorting machines.

Concerns over the delays to veterans' prescriptions first gained traction last month following a series of stories by Connecting Vets' Abbie Bennett.

Although critics have focused on how reduced mail capacity could affect voting rights, lawmakers have become increasingly concerned over the potential impact on critical veterans’ benefits.

“Recent operational changes you ordered at USPS are needlessly delaying veterans’ access to life-saving prescriptions when the health and lives of Americans are already at high risk due to the COVID-19 pandemic,” a group of 31 senators wrote in an Aug. 13 letter to Postmaster General Louis DeJoy.

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Another letter signed by four congressmen was sent to DeJoy the following day.

"With local VA healthcare systems around the country experiencing medication shortages and switching to 30-day refills, which could cause additional delays and disruptions given the reliance on USPS, these delays are a real threat to our veterans, and your agencies must do everything possible to rectify the situation," lawmakers wrote in an Aug. 14 letter to both DeJoy and Wilkie.

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2.7 - WAVY (NBC-10): Local VA Union members to join nationwide COVID-19, racial justice protests Labor Day weekend (2 September, Madison Pearman, 1.4M uvm; Portsmouth, VA)

HAMPTON, Va. (WAVY) — Community members are invited to join local union members of the VA to participate in a socially distanced protest with motivations ranging from lack of protective equipment to ending systemic racism.

Union members have been taking to the streets for months protesting the VA's decision to eliminate hazard pay, shortages of personal protective equipment, calling for the passage of the HEROES Act, and an end to systemic racism at the VA.

The union says hundreds of members from the American Federation of Government Employees' National VA Council (AFGE NVAC) will hold protests across the country over the course of Labor Day weekend.

The states participating include Ohio, Virginia, Wisconsin, Nevada, Florida, Arkansas, California, Georgia, Kansas, Philadelphia, Minnesota, and possibly others.

A group in Hampton says they plan to join in the Virginia efforts on Thursday, September 3 at noon. According to a release from the group, they will be meeting outside the Hampton VA Medical Center.

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2.8 - WIVB (CBS-4, Video): VA of Western New York holds virtual birthday celebration for WWII Veteran (2 September, 699k uvm; Buffalo, NY)

The VA of the Western New York healthcare system had a virtual birthday party today for one of our local veterans.

Sydney Cole turns 106-years-old today.

He served in World War II as a former captain and pilot in the Army Air Forces.

The VA invited his friends and family to celebrate the special occasion via Zoom.

The online party was packed with lots of food, decorations, and even live-music.

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After the war, Sydney married and ran several successful businesses in downtown Buffalo.

He was recently inducted into the New York State Veterans Hall of Fame.

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2.9 - WHBQ (FOX-13, Video): Report: VA may not have followed up with millions of canceled healthcare appointments during pandemic (2 September, Samantha Manning, 649k uvm; Memphis, TN)

WASHINGTON, D.C. — The Department of Veterans Affairs may have failed to follow up with more than three million healthcare appointment cancelations during the coronavirus pandemic, according to a new watchdog report.

The report by the Office of Inspector General for the VA found that from mid-March to mid-June, the VA canceled more than 11 million face-to-face healthcare appointments.

It said more than 3 million canceled appointments did not have any indications of follow-ups.

"Because facilities do not have a tracking mechanism associated with these cancellations, such as an open consult (a referral) or a reminder to call and reschedule appointments, this poses a significant risk to patient care," the report said.

The canceled appointments were for needs like primary care, mental health care, and specialty care.

"There's a major concern especially as it relates to mental health cancelations because especially during this pandemic, mental health has been a tremendous challenge especially for veterans," said Ryan Gallucci, Director of National Veterans Service for Veterans of Foreign Wars (VFW).

The report said the VA may have lost track of vets in need of community care referrals.

"It's certainly worrisome," Gallucci said. "VA needs to make sure they're reaching out to their patients proactively especially during this crisis."

A spokesperson for the VA said the Department follows up on all canceled appointments regardless of whether it's marked in the scheduling system.

The VA said out of an abundance of caution, it started a review of all appointments canceled during the pandemic.

"Now is the time we need to make sure no veteran is slipping through the cracks and everybody is receiving care that they need," Gallucci said.

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2.10 - New Hampshire Union Leader: Al Heidenreich's Veterans Views: Manchester VA tops in my book (2 September, 575k uvm; Manchester, NH)

OK, I hear you — those who groan and whine about this and that about the Manchester Veterans hospital and the less-than pleasant experiences. I have no reason to doubt the authenticity of most complaints, as I have had a few myself.

However, as I sit and compose my thoughts in putting together my two-fingered essay, it has dawned on me that most of these issues are history and, especially in my instances, have had satisfactory conclusions.

I admit that the telephone system can be nightmarish at times but I have been assured that is a priority work in progress. As I honestly reflect on my 10-plus years of treatment for a variety of items, I will come up with an A+ rating with a special hoorah for the pleasant and caring attitude! Top shelf!

Room for improvement? Absolutely, and they appear to me to be working hard at it. A big "thank you" to ALL up on the hill! You've come a long way, baby!

In keeping with this week's subject matter regarding VA and its program offerings, I don't know how many were aware of the National American Legion Auxiliary efforts to offer veterans help and support in craft-related assistance and instruction. (I was not.) So check out the Manchester facility creative arts program, which has been available for the last couple of years and has aided in the physical and emotional needs of New Hampshire vets. The ultimate mission is to help these men and women recover from and cope with their issues on their long road back. The more I learn about this undertaking, the more excited I get, but to do it justice would take a full column at the minimum so I encourage anyone interested to call the Manchester VA at 624-4366, extension-6672 or your local American Legion post Auxiliary officer.

A veteran's personal view (or two): We don't need more laws. Just enforce those we already have. 2. Want to vote? You need a valid NH driver's license or non driver's proof of residency. 3. Defund police? OK, next time you need help, call a protester.

Finally, I had the honor of attending a beautiful ceremony at Pine Grove Cemetery on Monday and renewing friendships with a great West Side family. I will remember it as Hirschmann Strong!

Al Heidenreich is past commander of Henry J. Sweeney American Legion Post 2.

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2.11 - inewsource (Video): Kiaya Bender: 'I'm scared that what they're doing won't be enough' (2 September, Zoe Meyers, San Diego, CA)

Last October, the San Diego VA notified Kadima Neuropsychiatry Institute in La Jolla that it would not renew authorizations for veterans to receive ketamine treatments there. For Marine veteran Kiaya Bender that means he will be transferred back to the VA this November for an alternative treatment for his severe depression.

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In this second video about Bender, he and his wife, Shelby, share their uncertainty and fear as they approach the change in his mental health care.

This video includes Bender's accounts of suffering from suicidal thoughts. Those who watch it should know that help is available. Call the National Suicide Prevention Lifeline at (800) 273-8255 or the San Diego Access and Crisis Line at (888) 724-7240.

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2.12 - The Daily News: Batavia VA resident celebrates 106th birthday virtually (3 September, Brian Quinn, Batavia, NY)

Sydney Cole celebrated his 106th birthday Tuesday with not only fellow residents at the Spruce Lodge Community Living Center, but family and other well-wishers via Zoom.

The World War II veteran, who witnessed the Holocaust and flew aircraft with both the Royal Canadian Air Force and United States Army Air Corps, is a resident of the VA Western New York Healthcare System's Batavia site.

"He was very touched that, even during this COVID environment that we're in, he was well appreciated and honored and respected. He enjoyed being the center of attention today for his birthday and celebrated with five or six residents," said Terry McGuire, VA public affairs specialist. They were probably eight to 10 people who called in as well-wishers.

"It was a great way to celebrate a legendary veteran who is well-known and well-recognized throughout the VA Western New York healthcare system," McGuire said. "From 100 going forward, he had crowds that would come that would get bigger and bigger every year. Well over 100 guests would come and go to visit him. A lot of times, it would be packed.

"This one was a lot lower-key than a typical year." McGuire said of Tuesday's celebration, before adding, "He (Cole) fully understood the restrictions of the COVID-19 pandemic."

From his days in the military, Cole earned The War Medal for 28 days of service to Canada between Sept. 3, 1939 and Sept. 2, 1945, according to a 2017 press release from Congressman Brian Higgins' office. Cole earned several awards from his service in the United States Army, including the American Defense Service Medal; American Campaign Medal; European-African-Middle Eastern Campaign Medal with two bronze service stars; World War II Victory Medal; Honorable Service Lapel Button World War II; Air Medal; Purple Heart Medal, for injuries sustained in action while serving in World War II; Bronze Star Medal, awarded to members of the military distinguishing themselves by heroic service while engaged in an action against an armed enemy; and Prisoner of War Medal, awarded to members of the U.S. Armed Forces taken prisoner during armed conflict.

"He was shot down in Belgium on and was taken prisoner for six months," McGuire said. "The Russians were the ones that freed his camp as they swung west toward Germany."

VA Public Affairs Officer Evangeline Conley said earlier Tuesday that the VA was excited for Cole.

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"The VA Western New York Healthcare System recreation therapist, Sarah Stephens, coordinated with his family and friends and leadership at the Batavia VA to ensure a great celebration and a safe environment," she said.

Conley said Rockin Robin was planning to perform for Cole. Another group planning to participate was Pin Ups for a Cause.

"That's a group that has been performing for our veterans at the Community Living Center in Batavia on a regular basis," Conley said of Rockin Robin. "The Pinups for a Cause support veterans and they know Sydney and visited him at the Buffalo site when we had visitation ..."

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3. Business Transformation

3.1 - KAUZ (CBS-6, Video): Veterans will no longer have to go to Sheppard for medical care (2 September, Ebonee Coleman, 43k uvm; Wichita Falls, TX)

The Oklahoma City VA Health Care System is opening a new VA clinic in Wichita Falls at the end of September 2020.

The facility is 16,500 square feet where they will offer medical services for primary care, mental health behavior, social work and have an onsite pharmacist.

The clinic also will include 16 primary care exam rooms, four mental health consultation rooms, one in-house lab and one physical therapy area.

The OKC Health Care System says they hope to see around 80 veterans a week. They also believe that having an offsite clinic will make access to medical care easier for veterans.

"Right now we're trying to expand some specialty care tow of the services I know we're actively recruiting for right now are dermatology and cardiology but we're still working through that right now." said Adrian Carter, Project Lead at the Oklahoma City VA Health Care System, Wichita Falls VA Clinic.

The current Wichita Falls VA Clinic is located at Sheppard Air Force Base, but because of COVID-19 veterans are having to wait in long lines and sign in family members in order to get inside to receive medical care.

Once the new clinic opens it's doors, the clinic at Sheppard Air Force Base will close and the building will be demolished.

All staff and patients will be transferred from the old clinic to the new one so that veterans will be able to keep their same doctors.

Any veterans currently getting care within the OKC VA Health Care System who would like to move their care to the Wichita Falls clinic will need to call (940) 257-000.

For new veterans that wish to enroll for care at the Wichita Falls clinic, call (405) 456-3072.

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3.2 - The Timberjay: Work set to begin on Ely VA Clinic expansion (2 September, Keith Vandervort, 7k uvm; Tower, MN)

ELY - A multi-million dollar expansion project begins later this month that will double the space used by the Veterans Affairs Community Medical Clinic at the city-owned "Sato" building in the Ely business park on Miner's Drive.

Work on the $2.8 million project could be completed by the end of next summer, according to Clerk-Treasurer Harold Langowski, who provided a recent update to the Ely Economic Development Authority.

Langowski represented the city late last month in design work and project discussions with the architects and contractor, and VA officials approved the majority of the design work. He anticipated the VA would grant final approval this week on the building addition that would increase the clinic's capacity to 7,450 square feet.

"It was a good process and I'm glad I went," Langowski said. "We were able to, in real time, revise the drawings, and the designer, who was based in Colorado, was able to take every revision we discussed before lunch and have the (new) drawings available after lunch."

Langowski related several "stumbling blocks" in moving the project forward.

"Materials gathering is seemingly a little difficult. Even with lumber, the pricing has gone up for trusses and those sorts of things," he said.

The city is completing an infrastructure grant application to the Department of Iron Range Resources and Rehabilitation to help pay for required site improvements.

"Our hope is to be under construction for the site utilities in September, building construction in October, and have it all dried in before winter sets in so then the carpenters can work on the inside throughout the winter," Langoski said. "Late next spring we want them to occupy the new space and then we will remodel the existing space so we are complete some time next August. It is a pretty busy schedule."

The medical clinic expansion project comes with the VA agreeing to a ten-year lease with the city earlier this summer that could be extended for an additional ten years, according to Langowski.

"We will finance the (expansion) project and be paid by the VA at occupancy and over the first ten years of the term to pay for the financed improvements."

With the 3,500 square-foot expansion, new medical services will be available for the area's many veterans.

Other business

[...]

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Forbes: **VA Expands Aid To Cover Vietnam Vets' Caregivers** (2 September, Stephenie Overman, 86.9M uvm; New York, NY)

An 18-year-old American soldier who went to fight in Vietnam in 1968 — the year of peak deployment —is now 70 years old. In addition to the usual health problems affecting that age group, many Vietnam veterans struggle with Post-traumatic stress disorder (PTSD) and the effects of Agent Orange.

All of this puts them at higher risk of serious illness if they contract Covid-19, and puts a tremendous strain on the family members who want to care for them at home.

Fortunately, the U.S. Department of Veterans Affairs (VA) is about to increase the scope of its Program of Comprehensive Assistance for Family Caregivers (PCAFC) to include eligible veterans who suffered serious injury in the line of duty on or before May 7, 1975. Benefits of the program include monthly stipends, medical training and health insurance. The expansion is set to go into effect Oct. 1.

The program originally covered only the approximately 20,000 veterans who left the service after Sept. 11, 2001. As part of the VA Mission Act of 2018, eligible veterans of all eras will eventually be covered.

With the pandemic raging, this expansion is arriving at a crucial time.

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5. Suicide Prevention

5.1 - WCSC (CBS-5, Video): **Second Lady Karen Pence visiting downtown Charleston VA Medical Center** (2 September, Summer Huechtker and Riley Bean, 734k uvm; Charleston, SC)

The second lady of the United States says she is visiting the Ralph H. Johnson Veterans Affairs Medical Center in downtown Charleston.

Karen Pence will be joined by the Acting Deputy Secretary of Veterans Affairs, Pamela Powers and South Carolina first lady, Peggy McMaster in her visit Wednesday, officials say.

The VA Public Affairs Officer Tonya Lobbestael said the ladies are coming to highlight what the Ralph H. Johnson Veterans Affairs Medical Center is doing to prevent suicide in veterans.

"With September being suicide prevention month, this is a prime time for them to come and help shine the spotlight on the public health issue of amongst veterans as well as among the general

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population," Lobbestael said. "So I think this is a great opportunity for everyone to learn more about what they can do.

The Second Lady is the lead ambassador for a commission called PREVENTS that works to address suicide in veterans in the United States, and Pence says she's chosen the Charleston VA as one of her stops on her tour of premier programs in the country.

"I think that one of the things that we really need to focus on is veterans do have some very complex clinical issues that they're dealing with that are wounds of war," Lobbestael said. "And we all know that suicide in the United States is a public health crisis."

Pence says she is coming to learn about a method that the Ralph H. Johnson Veterans Affairs Medical Center is using on patients with severe depression called Transcranial Magnetic Stimulation.

Lobbestael said it's a non-invasive process used to help veterans who suffer from depression and psychological health conditions.

A lot of the research for this program was done at the Ralph H. Johnson Veterans Affairs Medical Center, and Lobbestael said it's being spread across the VA system nationwide.

The VA will also give an overview of its virtual PTSD treatment, which Lobbestael said is a program they had before the pandemic. She said it was already running, but they have enhanced the program in order to keep patients on their treatment schedules.

Lobbestael said doctors and patients will also get to share stories about their programs and treatment in a round table discussion with Pence, Powers and McMaster. The roundtable will also include researchers from the VA and MUSC, Lobbenstael said.

"Having these ladies come certainly focuses even more attention on what is a national public health issue that really needs to be addressed," Lobbestael said. "So I'm very thankful to have them come here and to see some of the really groundbreaking work that we're doing and to learn even more about how we can care for our veterans."

About 80,000 patients receive care from the Ralph H. Johnson Medical Center and all of their outpatient clinics along the South Carolina and Georgia coastline, Lobbestael said.

The event starts at 10:45 a.m., and the VA says they hope it brings more awareness on veterans who struggle with PTSD and depression, especially while September is Suicide Prevention Month.

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5.2 - WCIV (ABC-4): Local VA leaders to show nation-leading veteran suicide prevention efforts to 2nd Lady (2 September, Brooke Schwieters, 473k uvm; Mount Pleasant, SC)

CHARLESTON COUNTY, S.C. (WCIV) -- Even before a global pandemic created the need for doctors visits over the computer, veterans and VA medical professionals throughout the Lowcountry were already ahead of the game.

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"We were already a national leader," explained Dr. Hugh Myrick M.D., Ralph H. Johnson VA Medical Center's Associate Chief of Staff for Mental Health. "We were doing about 42,000 patient encounters per year via telehealth."

Dr. Myrick explained, teleheath was originally the VAMC's way of reaching out to rural veterans to get the care they needed.

"So when the COVID pandemic hit, it was a very easy transition and we were able to maintain their level of care," he said.

But the innovations in veteran care, particularly in suicide prevention efforts, at Ralph H. Johnson, go beyond that, and top U.S. leaders are taking notice.

On Wednesday Morning, Second Lady Karen Pence will be touring the Ralph H. Johnson VA Medical Center and taking part in a roundtable discussion with local VA medical leaders.

"I think she's coming to look at some of the unique things we're doing here," Dr. Myrick said.

The VAMC Associate Chief of Staff for Mental Health emphasized the importance of public-private partnerships that go into the VAMC's operation and patient success.

This, along with the center's 300-plus staff and strategic programs that separate Ralph H. Johnson as a leader, like same-day access clinics, screening technology, and safety planning.

"The most vulnerable period for a patient is the first 30 days after that person is hospitalized," said Dr. Myrick. "So those patients will be seen within one week after discharge and contacted four times to help with post-discharge engagement."

Implementations, Dr. Myrick added, are crucial in light of climbing veteran suicide rates.

According to Dr. Myrick, From 2005 to 2017, the United States saw a 43 percent increase in suicides. In the latter year, studies estimate 17 veterans commit suicide every day.

"But in that 17 per day, 11 are not in VA care," explained Dr. Myrick. "And that's what we're trying to change right now, how do we get veterans not in VA care in VA care?" he explained.

The veteran mental health leader and advocate said he hopes the Second Lady's visit Wednesday aids outreach efforts for veterans in need of help.

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5.3 - WFXR (FOX-27): Salem Veterans Administration: There is help at your fingertips during Suicide Prevention Month (2 September, 250k uvm; Roanoke, VA)

SALEM, Va. (WFXR) — September is Suicide Prevention Month, and saving a life can be as simple as making a phone call and asking: "How are you?"

That is one of the things the U.S. Department of Veterans Affairs says we should be doing to help make a difference in the lives of veterans who may be experiencing difficult times.

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The Salem Veterans Affairs Health Care System explains that looking for indicators of suicide or self-harm is important to getting veterans the help they need before it is too late.

The Salem VA HCS reports that the suicide rate for veterans is 1.5 times the rate it is for non-veterans.

There are some simple actions that can be taken to make a difference in the lives of veterans in crisis.

The VA suggests texting veterans, visiting them, cooking them dinner, or just calling to ask them how they are doing.

To learn more about how to prevent suicide, or to seek help, the VA has set up a Veterans Crisis Line website.

The VA also suggests watching the free S.A.V.E. training video to learn how to respond with compassion if someone indicates they are having thoughts of suicide.

There is also help for local families of veterans who may have lost a loved one. The Salem VAMC offers a Healing Grief Group for veterans. The number for more information is (520) 982-2463 Ext. 4247.

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5.4 - WCBD (NBC-2, Video): Second Lady Karen Pence participates in roundtable discussion on Veteran Suicide Prevention efforts (2 September, Olivia Parsons, 249k uvm; Mount Pleasant, SC)

CHARLESTON, S.C. (WCBD) – Second lady Karen Pence will make her way to the Lowcountry on Wednesday to highlight suicide prevention efforts in Charleston.

Acting Deputy Secretary of Veterans Affairs Pamela Powers will join Second Lady Pence in a tour and roundtable discussion. Per a press release, 'the tour will consist of viewing the Hall of Heroes exhibit, a demonstration, an overview of an evidence-based virtual PTSD treatment program, and meeting veteran patients.'

The roundtable discussion will include remarks from both Mrs. Pence and Ms. Powers, but will also include stories from veterans. South Carolina based researcher and MUSC professor Dr. Tracy Stecker will also participate in the discussion as she's been leading studies and interventions on veteran suicide.

Dr. Stecker's work is focused on getting individuals who need treatment into treatment. She said her work is completely done by phone and she's noticed that has been a method that works really well, but she wants to push for more resources.

"Why don't we have a system where people can actually call and talk to a provider? asked Dr. Stecker. "Talk about all their ambivalence. Talk about their concerns. Talk about what kind of treatments are available. Talk about what type of treatments they prefer and get that set up before coming in."

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She said this would help people who are deciding whether if treatment is right for them to make the decision with the help of support services.

Wednesday's tour of the Veterans Affairs Medical Center gets underway starting at 10:45 a.m. followed by the roundtable starting at 11:45 a.m.

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5.5 - Alabama Political Reporter: VA encourages support for veterans as suicides increase (2 September, Eddie Burkhalter, 152k uvm; Montgomery, AL)

High rates of veteran suicides across the country, and especially in Alabama, were seen before the COVID-19 pandemic, and have only gotten worse since the public health crisis, but there's work underway to bring awareness and aid.

The Central Alabama Veterans Health Care System's Be There campaign aims to remind veterans and their loved ones that small actions can make a big difference. September is Suicide Prevention Month.

"We understand that these unprecedented times can cause additional stress and hardship. And that is just one of the reasons why CAVHCS is committed to being there for Veterans in need," said Amir Farooqi, CAVHCS interim director, in a statement. "We need everyone to get involved. This September, and all year, I encourage everyone to be there for Veterans and others in need. Suicide is a complex national public health issue that affects us all."

According to a report by the U.S. Department of Veterans Affairs in Alabama in 2016, the last year for which data is available, veterans died by suicide at a rate of 34.2 percent per 100,000 people. That's compared to the national average of veteran suicides of 30.1 percent.

Alabama had the 15th highest rate of veteran suicides in the nation in 2016, according to the report. Nationally, an average of 20 veterans kill themselves every day in the U.S.

A report released in June by the Meadows Mental Health Policy Institute projects that a five percent increase in the unemployment rate results in an additional 550 veteran suicides annually. That same five percent increase in unemployment is also projected to add 20,000 additional cases of veterans abusing substances to cope, the report states.

CAVHCS's Be There campaign suggests several actions that can help make a difference for a Veteran to include:

- Learning about the warning signs of suicide, found on the Veterans Crisis Line website.
- Watching the free S.A.V.E. training video to learn how to respond with care and compassion if someone indicates they are having thoughts of suicide.
- Contacting VA's Coaching Into Care program where a licensed psychologist or social worker will provide loved ones with guidance for motivating Veterans to seek support.
- Sharing stories of hope and recovery from VA's Make the Connection.
- Reaching out to the Veterans in your life to show them you care by sending a check-in text, cook them dinner or simply asking, "How are you?"

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For more information and resources visit BeThereForVeterans.com.

If you or someone you know is having thoughts of suicide, contact the Veterans Crisis Line to receive free, confidential support and crisis intervention available 24 hours a day, 7 days a week, 365 days a year. Call 1-800-273-8255 and Press 1, text to 838255, or chat online at VeteransCrisisLine.net/Chat.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - USA Today: Confusion over CARES Act eviction ban leaves some families on the brink of homelessness (2 September, Brenda Wintrode, Amy DiPierro, Ryan Little, et al., 61.6M uvm; McLean, VA)

This story was supported by grants from the Pulitzer Center, the Scripps Howard Foundation and the Park Foundation. It was a collaboration by the Howard Center for Investigative Journalism at the University of Maryland, Big Local News at Stanford University, the University of Arkansas and Boston University.

Yochebed Israel was the kind of person Congress had in mind when it voted in March to impose a temporary moratorium on many evictions as the coronavirus spread.

First, the furnace in her Tampa, Florida, apartment broke and her electric bill rose above $460 a month for five months. She fell behind on rent, forced to choose between keeping the lights on or paying the landlord.

Then she contracted COVID-19 in April, she said, missing two months of work without full sick pay as a certified nursing assistant at a long-term care center.

And then, in May, she came home to find an eviction order attached to her door.

"It makes me feel the anxiety of being homeless," she said.

The federal CARES Act, enacted March 27, was supposed to protect Israel and people in up to 20 million other rental households from just that fate. It barred landlords whose properties got federal benefits from filing to evict tenants for 120 days.

But a two-month investigation by the Howard Center for Investigative Journalism at the University of Maryland found that cracks in the federal law appeared immediately.

Confusion about the moratorium's language, which played out in conflicting guidance from federal agencies and the courts, led to selective enforcement. Landlords were expected to determine for themselves whether their property was covered by the law. And renters had virtually no legal help to fight back if wrongfully evicted.

Israel's property manager, Tzadik Management, said through a spokesperson that it didn't know the property in Hillsborough County, Florida, was secured by a federal loan. Court records show

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Tzadik has since asked to dismiss all 24 evictions identified by the Howard Center, including Israel's, that it filed during the federal moratorium.

The Howard Center focused on eviction filings in 10 counties that are home to Memphis, Tennessee; Tulsa and Oklahoma City in Oklahoma; Atlanta and Savannah in Georgia; Tampa and St. Petersburg in Florida; New Orleans and Milwaukee – all areas hit hard by the coronavirus. Prior to the pandemic, at least 20% of renters in those counties spent half or more of their income on rent, and all had eviction filing rates well above the U.S. average.

The eviction moratorium expired July 24, and the Senate left Washington three weeks later without an agreement with the House to extend it. The Trump administration signaled late Tuesday that it would halt evictions for all renters through the end of the year to stop the spread of the coronavirus. The moratorium, which does not include money to help tenants in arrears, takes effect Friday, according to a draft in the Federal Register.

Emily Benfer, a law professor at Wake Forest University and chair of the American Bar Association's COVID-19 Task Force Committee on Eviction, praised the administration's action as a "tremendous intervention that promises to protect the health and safety of millions of renters." But she also warned in an email Tuesday night that it is only a "half measure."

"Without rental assistance to cover the mounting debt, it only delays eviction and its devastating consequences," she wrote.

The CARES Act eviction moratorium only covered rentals with mortgages backed by federal programs such as the Federal Housing Administration, the Department of Veterans Affairs and the Federal National Mortgage Association, also known as Fannie Mae; properties that received Low-Income Housing Tax Credits, and people who got federal housing assistance, such as vouchers, to help pay the rent.

Confusion on the ground

Eric Dunn, director of litigation for the National Housing Law Project, said Congress should have passed a blanket moratorium covering all evictions.

"What we got was a moratorium for nonpayment of rent from some housing, which is complicated and difficult to figure out," he said.

Landlords and property managers in four of the 10 counties examined by the Howard Center filed at least 101 evictions that violated the federal moratorium, a review of court and other public records found. The total is conservative because court data in some counties lacked key details needed to confirm CARES Act violations.

Courts or plaintiffs have since moved to dismiss all of them.

The federal moratorium placed the burden on landlords not to evict tenants in covered properties. In an effort to reinforce that, high courts in Georgia, Oklahoma and Tennessee ordered landlords to sign affidavits saying their property was not covered by the federal law. But even in those states, the Howard Center found wrongful evictions.

Confusion also existed around federal housing subsidies, such as Section 8 vouchers.

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The CARES Act said that if a landlord accepted subsidies for even one tenant in a property, it could not evict the rest of the tenants living there. But a Department of Housing and Urban Development FAQ said the agency "does not have the authority to extend jurisdiction over unassisted tenants."

Michael Scaljon is general counsel for Ventron Management, which operates rental properties in Florida and Georgia. He said the company interprets the CARES Act to protect the tenants receiving Section 8 assistance but not their neighbors, and has filed evictions accordingly.

A Nebraska district court reached a different conclusion. In a June ruling, the court rejected the HUD guidance, saying the CARES Act language was "clear and unambiguous" that if one household receives federal assistance, then all tenants in the property are protected from eviction.

In Florida, meanwhile, two neighboring county clerks differed in their interpretations of the Florida Supreme Court's order to suspend the issuance of all eviction notices, called writs of possession.

The Pinellas County clerk stopped issuing the writs, but neighboring Hillsborough County did not.

Impact on tenants

The only way tenants could find out whether their building was covered by the federal moratorium was to search online databases, some of which only a mortgage holder could access.

Challenging a landlord's assertion that an eviction was valid could be difficult even when a tenant had a lawyer. Court records showed the vast majority of renters being evicted had none.

Yet tenants bear the burden of wrongful filings, even if cases are dismissed.

"Once an eviction is filed, it immediately results in a scarlet E for a tenant or a renter," said Emily Benfer, a law professor at Wake Forest University and chair of the American Bar Association's COVID-19 Task Force Committee on Eviction. "It plummets credit scores and creates barriers to future housing opportunities."

A New Orleans court dismissed an eviction filing in June against 35-year-old Ernest George because his landlord accepted Section 8 vouchers from other tenants at the property, according to his lawyer. For the ironworker and his family, legal representation and the CARES Act provided a safety net.

Evictions hit minority communities harder even before the pandemic. George's majority Black neighborhood in Orleans Parish had an eviction rate five times higher than the national average in 2017, according to a study of New Orleans eviction data.

Eviction moratoriums haven't closed the gap. For example, in Hillsborough County, home to Tampa, eviction filings dropped 77% in white neighborhoods but 68% in nonwhite neighborhoods after the CARES Act took effect.

Impact on landlords

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When landlords don't receive rent, it ripples into the local economy. From the landscaper to the plumber, people lose business and income, said Florida property manager Dave Sigler.

"It's important that these rents get paid," he said. "Not just to keep the owners having their houses, but it keeps the whole economy going on such a larger scale."

Landlords did not receive direct assistance from the CARES Act, but their federally backed mortgages were protected from foreclosure. The law provided up to 90 days of forbearance for multifamily properties and as much as a year for properties with four or fewer units.

In Tulsa, the city and nonprofits launched a massive effort to pay landlords months of back rent with private funds when courts reopened in June. If landlords accepted payments from the Landlord Tenant Relief Program, they had to agree not to evict tenants for nonpayment of rent for the next 90 days.

But organizers said landlords in less than 15% of eligible eviction filings took the offer. They didn't want to give up their right to evict.

What's next?
Housing experts had warned that the scope of evictions would start to show in September; landlords were supposed to wait 30 days after the federal moratorium expired to file evictions. Trump's decision to extend and broaden the eviction moratorium could put off that reckoning until January – at least for some.

Ashley Fitzgibbon could be one of them. Fitzgibbon, an Oklahoma City single mother of six, said she thought she was "finally getting it together" before she lost her house-cleaning and babysitting jobs at the end of March.

"It was just such a hard hit," she said.

Fitzgibbon's rental house was not covered by the CARES Act and Oklahoma never instituted a statewide eviction moratorium. When the courts reopened in May, her property manager served her with a summons and has done so every month through August.

So far, the 35-year-old has managed to get the cases dismissed by borrowing money, adding a third roommate in her five-bedroom rental house and working odd jobs such as dog sitting and errand running to make rent each month.

"I'm so incredibly thankful that there were people that, like, had that safety net, and it sucks that I wasn't one of them," Fitzgibbon said.

She's made the tough decision to sell her 2016 Ford Expedition. The proceeds, she said, will give her a financial buffer through the rest of the year.

And besides, she said she wasn't using it much anyway. She doesn't have the money for gas.

Clara Longo de Freitas, Arya Hodjat, Julia Lerner and Victoria Daniels from the University of Maryland, Abby Zimmardi and Mary Hennigan from the University of Arkansas and Noemi Arellano-Summer, Anoushka Dalmia and Nick McCool from Boston University contributed reporting for this story. Roxanne Ready, Big Local News Data Analyst Justin Mayo and Howard Center Data Editor Sean Mussenden provided data analysis.

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DiPierro reported for Big Local News at Stanford. Wintrode, Perez, Canham-Clyne, Ahmed reported for the University of Maryland and McGoey and Pottiger gathered and analyzed data for Maryland.

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6.2 - KCRW (NPR-89.9, Audio): Could the West LA VA's tent city be a model for bringing relief to LA's unhoused? (2 September, Steve Chiotakis, 334k uvm; Santa Monica, CA)

On one of the lawns at the West LA VA, there are rows of camping tents for veterans experiencing homelessness. It's an alternative to sleeping on the sidewalk. The VA provides tents, bathrooms, meals, medical care, and social services.

KCRW reporter Anna Scott recently visited this site and found that for some, it's a refuge. And now, some city officials are looking at starting their own government-run homeless encampments. Here are a few key questions about the possibility:

What is the West LA VA, and why is it operating a sanctioned encampment?

The U.S. Department of Veterans Affairs' Greater Los Angeles Healthcare System campus in Brentwood is a 388-acre complex of medical offices, old buildings and open space, serving military veterans. Portions of the land are also leased to private and outside entities. Many veterans experiencing homelessness receive services there, and some camp on the sidewalks surrounding the property.

In April, amid the pandemic, the VA turned one of its parking lots into a makeshift campground with 25 tents to allow homeless veterans to shelter in place. The program, which is called the Care, Treatment and Rehabilitative Services Initiative (CTRS), is specifically for health care-eligible veterans and provides hot meals, bathrooms, security, health care and social services. The idea is to provide a low barrier place to begin exiting homelessness.

Is it working?

According to a spokesperson for the VA Greater Los Angeles Healthcare System, 220 veterans have participated in CTRS so far, and the vast majority have remained engaged in services. A little less than half (46%) have moved into transitional or temporary housing with case management. About 10% have been discharged to receive higher level medical care, while smaller numbers have left to live with family, entered a residential program on the campus or walked out with no notice.

The VA is in the process of expanding CTRS. Over the past few months, it has grown from 25 to 50 tents, and now officials have made space for 100.

Could this be done in other parts of LA?

At least two LA City Councilmembers are actively exploring potential sites for service-connected, sanctioned campgrounds. Spokespeople for Mike Bonin, who represents much of the Westside and Venice, and Joe Buscaino, who represents San Pedro, told KCRW they are looking into it.

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Buscaino is specifically considering a parking lot on the campus of Los Angeles Harbor College, according to spokesman Branimir Kvartuc, but only if he can resume sanitation cleanups of nearby street encampments.

A spokesman for LA Mayor Eric Garcetti, Alex Comisar, told KCRW in an email: "Sanctioned encampments are not the solution to homelessness, and they are far from ideal. But bringing people into areas with security and services is better than leaving them out on our sidewalks. We're taking nothing off the table."

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6.3 - Times-Herald: **Construction resumes at Mare Island Preserve and Naval Cemetery** (2 September, Thomas Gase, 69k uvm; Vallejo, CA)

The Department of Defense's Innovative Readiness Training (IRT) Program has resumed construction at the Mare Island Preserve and Naval Cemetery.

The work began Tuesday and requires a closure of the preserve until the project is complete. The IRT project includes grading, installation of drainage systems, minor restoration of burial sites, and fence repair throughout the area. It is anticipated that the preserve will reopen to the public on Oct. 9.

The cemetery is the oldest naval cemetery on the West Coast and has been designated as a National Historic Landmark.

It has three Congressional Medal of Honor recipients — James Cooney, Alexander Parker and William Halford. Also, Halford's great grandson, Ralph, was on hand at the ceremony and brought a compass that was used by William.

The IRT suspended their work in March 2020 due to COVID-19, and the preserve was reopened in May for limited public access every Friday, Saturday, and Sunday.

The city of Vallejo closed the Mare Island Preserve in October 2019 after a series of wildfires burned over 40 acres. Since the fire, Vallejo staff has addressed various wildfire-related issues on the open space, including shoring up burned areas and addressing safety issues resulting from severe fire damage. Due to the COVID-19 pandemic, repairs for the cemetery have been slowed down.

Sine then the Mare Island Naval Cemetery has gone through a major restoration over the past year. Many trees that used to surround the cemetery have been removed, as well as a portion of the white picket fence that surrounded it, although portions of the fence will be but back after the drainage system is repaired.

"Fixing the drainage system, that's the biggest item," longtime Mare Island Naval Cemetery advocate and veteran Nestor Aliga told the Times-Herald on Wednesday. "It's the biggest I believe because it's causing the most damage. There are sinkholes because of the drought and when the nearby old golf course had it's own draining system damaged, the rain from the golf course would flow all the way down the cemetery. This caused some headstones to topple over."

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Rep. Mike Thompson, D. St. Helena, announced over the summer that his legislation to transfer control of the Mare Island Naval Cemetery to the Department of Veterans Affairs was included in the National Defense Authorization Act.

This provision allows for the cemetery to be properly repaired and maintained as the final resting place for hundreds of our nation's heroes.

"Proud that today my legislation to repair and maintain the Mare Island Naval Cemetery was included in a bill funding our nation's defense. This will ensure that this national sanctuary can be preserved for generations to come," said Thompson in July. "This sacred space must be upheld to the highest standards to honor our service members buried there and I will continue working to find every possible solution to get this done for our veterans."

The verdict will most likely come in September if and when H.R.6039 is combined with other Veterans Affairs bills and packaged into one big omnibus bill, and then voted by the House via unanimous consent. The Senate will then combine S.2983 (Senator Dianne Feinstein companion bill for Mare Island) with other Veterans Affairs bills and packaged into one big omnibus bill, and then voted by the Senate via unanimous consent.

Aliga said a lot of steps would have to take place but he's optimistic this can all happen by 2023. He's also hoping for new space for burial ground in Vallejo.

"Only 20 percent of all veterans get buried at national cemeteries," Aliga said in July. "The reason that it's 80 percent not buried is because the place they would be buried is too far away. The rule is that it has to be within 75 miles. But in Oakland or San Francisco, 75 miles in traffic is a long way to go. When a loved one dies, part of the grieving process is that you should be able to visit them every day if needed. If we could have more people buried at Mare Island, then Vallejo would become another option and you wouldn't need to go as far as Dixon or Monterey."

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7. Other

7.1 - Smithsonian Magazine: The Paralyzed World War II Veterans Who Invented Wheelchair Basketball (2 September, David Davis, 6.3M uvm; Washington, DC)

On an unremarkable Wednesday evening in the spring of 1948, 15,561 spectators flocked to New York's Madison Square Garden to watch two teams of World War II veterans play an exhibition basketball game.

The servicemen who took to the hardwood that night were as extraordinarily ordinary as any group of veterans. They could have been the "mud-rain-frost-and-wind boys" from Ernie Pyle's Pulitzer Prize–winning columns, or "Willie and Joe" from Bill Mauldin's Pulitzer Prize–winning cartoons. They were your brother, your neighbor, your best friend from high school.

Except, they were different. The home team consisted of paralyzed veterans from Halloran hospital on Staten Island. The visitors were paralyzed veterans from Cushing hospital in Framingham, Massachusetts. All of the players rolled onto the court in shiny wheelchairs.

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Behind the sharp-shooting wizardry of Jack Gerhardt, a wiry paratrooper who was wounded at Normandy, Halloran took a 12-9 edge at halftime before cruising to a 20-11 victory. But the final score didn't seem to matter much to the boisterous crowd; they cheered both teams with equal fervor because they knew they were watching something special.

To that point in time, wheelchair sports did not exist. The Paralympics had not yet been invented. These veterans were sports trailblazers.

They were medical miracles as well.

Before World War II, paraplegia was considered to be a virtual death sentence. The life expectancy of soldiers who suffered traumatic spinal-cord injuries during World War I was estimated at 18 months. Most died from sepsis or infection. The "dead-enders" and "no-hopers" who survived were shunted off to institutions or hidden from view by their families. They were stigmatized for their disability and considered unlikely prospects for employment or marriage: How could they start or support a family, the logic went, when they couldn't control their own bladders?

This stigma extended all the way to the office of the president of the United States. Franklin D. Roosevelt used a wheelchair after he was stricken with polio in the early 1920s. He did not hide his affliction after he was first elected president in 1932, but he rarely appeared in public in a wheelchair and took extreme measures to avoid being photographed that way.

World War II would prove to be a game-changer for the public's perception of paraplegia. The war unleashed, along with new weapons, innovative medical practices and drugs that saved soldiers' lives. The discovery of penicillin in 1928, and the ability to produce large quantities of the "wonder drug" in the early 1940s, dramatically reduced fatal infections, especially among those with spinal cord injuries. So did the use of sulfa powder and tablets. The collection and distribution of plasma allowed for life-saving blood transfusions, while advances in anesthesia enabled surgeons to save lives on the operating table. Field hospitals and portable surgical units situated close to the battlefield enabled doctors to treat the wounded expeditiously.

Thanks to faster evacuation and transportation methods, including transport planes and hospital ships, injured service-members could return home sooner and in better health.

Once stateside, an estimated 2,500 U.S. paralyzed veterans regained their health and equilibrium in one of the seven newly opened spinal-cord injury centers within the Veterans Administration hospital system.

Ernest Bors in California and Howard Rusk in New York were among the doctors who helped popularize treatments in which paralyzed veterans used recreation to repair their damaged bodies and to adjust to their "new normal" condition. Veterans and their doctors experimented with several sports, including seated volleyball and wheelchair baseball, but none caught on until a physical education instructor at Birmingham VA hospital in Van Nuys, California, created a new sport: wheelchair basketball.

That P.E. teacher, Bob Rynearson, was a coach's son who grew up playing sports in the San Fernando Valley. At the Birmingham VA, he noticed that the paralyzed veterans liked to play a crude form of pickup basketball after the non-disabled players abandoned the court. He began organizing practices for the wheelchair crew and then wrote the first set of rules for the sport.

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Rynearson's goal was twofold: maintaining the speed of the game without jeopardizing the players' safety. Players were allowed two pushes on their wheels while in possession of the ball, after which they were required to pass, dribble, or shoot. Incidental contact between wheelchairs was allowed, although ramming into an opponent on purpose resulted in a personal foul.

While watching the men wheel up and down the court and jockey for position, Rynearson arrived at his most perceptive insight: that the wheelchair should be considered an extension of the athlete's body. In this he was aided by the new-fangled wheelchair models being produced in Southern California, which the rising aviation industry had turned into an engineering capital.

Wheelchair "technology" had long been mired in Civil War-era design. Old-school chairs were all-wooden, rigid-frame models that were essentially pieces of bulky furniture, with all of the maneuverability of an aircraft carrier. That changed in the late 1930s, when engineers Herbert Everest and Harry Jennings started to fashion something more maneuverable.

Everest, an engineer who broke his back in a mining accident, had become discouraged with the cumbersome models, and proposed creating a device that would become the first truly modern wheelchair. Everest & Jennings' easy-to-propel, transportable wheelchairs were made of lightweight steel aircraft tubing and weighed around 45 pounds. They were designed for the paraplegics' comfort and ease-of-use. And, as it turned out, the E&J chairs worked well for basketball action.

At about the same time the games were getting underway in California, paralyzed veterans rehabbing at Cushing VA hospital in Framingham, Massachusetts, started to play their own version of the sport inside the hospital's gymnasium. Soon, wheelchair basketball squads with names like the Rolling Devils, the Flying Wheels, and the Gizz Kids were barnstorming the nation and filling arenas with cheering fans. They routinely trounced non-disabled professional and college teams who borrowed wheelchairs for the occasion, including the New York Knicks, the Boston Celtics, and the Harlem Globetrotters.

For a short while, they became media darlings. A photo of Halloran star Jack Gerhardt, sitting in his wheelchair while holding a basketball, was featured on the cover of Newsweek. Seemingly every publication covered their exploits, from Women's Home Companion to Popular Mechanics to the Daily Worker. Hollywood came calling to make a feature film about them, The Men, which marked the Hollywood debut of Marlon Brando.

America's wounded warriors-turned-playmakers were joined by their British counterparts at Stoke Mandeville Hospital outside London. There, the vets started with archery and then netball (a cousin of basketball that is played without a backboard and with a lowered rim). The brainchild of these games was Dr. Ludwig Guttmann, a German-born Jewish neurologist who fled the Nazis for England just before the war. There, Guttmann took charge of the spinal-cord injury ward at Stoke Mandeville and, like Bors and Rusk, incorporated recreation into the veterans' rehabilitation regimen.

Guttmann launched the Stoke Mandeville Games and was not modest about his goals: he wanted to turn the event into "the disabled men and women's equivalent of the Olympic Games." His ambition came to fruition in Rome in 1960, when he orchestrated what is today considered to be the first official Paralympic Games. Their birth inspired countless other previously unimaginable events and activities for people with disabilities.

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The pioneering wheelchair athletes didn't just revolutionize the possibility of sport, but their public presence also helped reduce the stigma of disability outside the gymnasium. If people with paraplegia could play an exciting and exacting brand of basketball—basketball!—they couldn't possibly be considered "wheelchair-bound" or "confined to a wheelchair." Given the chance, they were obviously capable of doing everything non-disabled veterans could do.

"The years to come are not going to be wasted in self-pity or vain regrets," the New York Times editorialized in 1948, after another early wheelchair basketball contest. "They are going to be participants."

They proved to be more than "participants." In 1946, as they were rehabbing in the VA hospitals, they banded together to form the Paralyzed Veterans of America organization. The PVA was an early and vocal leader in the protracted fight for human rights for those with disabilities. Its members raised money for scientists to research paraplegia; lobbied Congress for legislation that addressed accessibility, employment, housing, and transportation; advocated for the principles of independence and self-determination; and refused to be treated as objects of pity.

In demonstrating that ability matters more than disability, these veterans fired the first shots in what would become the protracted fight for disability rights in this country.

David Davis is a Los Angeles-based journalist and the author of Wheels of Courage: How Paralyzed Veterans from World War II Invented Wheelchair Basketball, Fought for Disability Rights, and Inspired a Nation.

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7.2 - WMUR (ABC-9, Video): Republican candidates for Senate spar over veterans' health care, pandemic response (2 September, Kirk Enstrom, 1.1M uvm; Manchester, NH)

The two major candidates vying for the Republican nomination for U.S. Senate in New Hampshire sparred on veterans' health care, how best to deal with the COVID-19 pandemic and who would be most effective in Washington in a debate that aired Tuesday.

Candidates Corky Messner and Don Bolduc come from similar backgrounds. Both grew up in working-class families. Messner served in the military before making his career in law, while Bolduc started in law enforcement before becoming a highly decorated general in the U.S. Army.

Because of the COVID-19 pandemic, the WMUR debate was structured differently than in previous years. The candidates were in separate rooms at the New Hampshire Institute of Politics, while the moderator and questioners were at WMUR's studios.

For much of the debate, the candidates didn't directly engage with each other. Messner often touted his endorsement from President Donald Trump while portraying himself as a political outsider who could defeat U.S. Sen. Jeanne Shaheen, who he called a career politician.

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Bolduc said he has concrete ideas to get the federal government out of the way and allow for solutions to the country's problems to come from the bottom up. He said that will be the way to address the COVID-19 crisis.

"I believe in personal responsibility. I believe in trusting people," Bolduc said. "We need to streamline the systems that we're going to use to get people help. And first and foremost, we've got to put millionaires and public servants at the end of the line when it comes to getting help. We've got to put the people who need it the most upfront."

Messner said the government has helped people and businesses affected by the pandemic, but it's important that aid be targeted directly.

"Granite Staters are being innovative, and we in Washington, D.C., must do what needs to be done to provide help to small businesses and people without jobs on a very specific, targeted basis," Messner said. "We need to empower Granite Staters. We need to make sure individual liberty is protected. We need to make sure that career politicians don't bog down the help that is needed."

As Congress has failed to pass another stimulus bill to help businesses and residents cope with the pandemic, Bolduc said he's not sure another stimulus is needed, pointing to the money that has already been allocated and not spent.

"I think we really need to look at bottom-up solutions," he said. "What are the communities saying that they need? And, oh, by the way, why does it always have to be the federal government that solves everyone's problems? That's why we're in this mess."

The candidates were challenged on some of their past statements related to the pandemic. Bolduc was asked about his statements that COVID-19 probably began as a biological warfare agent engineered in a Chinese lab.

"Sure, I believe it's in a lab, and I have 18 to 21 U.S. intelligence agencies that actually confirmed that," he said. "It was made by China. It was in a lab. It was either accidentally released, which is the best case, and in the worst case, it was intentionally released."

Scientists have cast serious doubt on the claim that COVID-19 originated in a lab, though there is a facility that conducts research on viruses in Wuhan, the city that was the epicenter of the initial outbreak. Scientists said the genetic sequences of the coronaviruses being researched at the lab do not match COVID-19.

Messner was asked about statements he made after Trump mused about injecting disinfectant as a way to fight COVID-19. Messner said he was misinterpreted as saying that the suggestion was Trump's attempt to be "inspirational."

"I went on to talk about what President Trump is doing, and I went on to say that sometimes, generally, President Trump talks in aspirational terms," Messner said. "It wasn't intended to be specifically referring to anything he said."

The biggest clash between the candidates came as they talked about health care for veterans. Bolduc said he gets his health care from the Manchester Veterans Affairs Medical Center, and his experience has led him to believe that the whole system should be privatized.

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"The bureaucracy in Washington, D.C., is broken, and it needs to be fixed, but more importantly, we need to get the VA out of the primary health care system, because they can't manage it properly," he said. "We need to privatize all of that for our veterans, and that will increase the care, it will decrease wait times, and it will get at the root causes of the extremely high suicide rate."

Messner said New Hampshire veterans he has spoken with like getting their medical care from the VA, a statement that got chuckles from Bolduc.

"I've heard from veterans from their mouth that they like the care they get at the VA. I've also heard from veterans that they like choice. I've heard from veterans they don't like the care that they get from the VA," Messner said. "What I am saying is provide more choice for those who don't like the care and those who like it can continue to get the care there. It doesn't have to be one or the other."

He also said other organizations that help veterans need more help from the federal government, but bureaucracy has gotten in the way.

Both candidates departed from the Trump administration on their enthusiasm for a vaccine for COVID-19. Trump has often stated that he believes a vaccine will be available before the end of the year, and the government has eased some restrictions and made moves to speed up the development process.

But Bolduc said the government agencies tasked with reviewing and approving vaccines aren't maintaining the proper standards.

"I do not believe that the current CDC and NIH and any other government medical facility which has standards on this is being held to the proper standard for any vaccine," he said. "I think those need to be improved, first and foremost.

Messner said the government has to be transparent about how any vaccine is developed and how safe and effective it is.

"I think it is incumbent upon the government to fully disclose once a vaccine is developed, how it was developed, what testing has been done, what are the implications of the vaccine on individuals, and so there is a clear and transparent disclosure about all the details with respect to that vaccine," he said.

Bolduc also disagreed with the president's move to pull 12,000 troops out of Germany. He said each member of NATO should do its part to support the alliance, but he believes those troops should stay in Europe.

"Repositioning is one thing, but keeping the forces that we have there, we have reduced from 300,000 down to the number that we have today, and that number that we have today does a variety of things, not only in Europe, but in Africa, and we need that flexibility, and we need that structure in place so that if something happens, we have something to fall in on," Bolduc said. "I've studied this, I've worked with it, I've lived it. I know exactly the footprint that we need. We have it just about right."

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Commenting on the protests over police brutality that have marked the past summer, both candidates said they do not believe systemic racism exists in the country. But they agreed that steps could be taken to improve police training or provide better leadership.

"The first thing that needs to happen is to help law enforcement throughout the country," Messner said. "Sen. Tim Scott in the Senate proposed a reasonable bill to help law enforcement, to give more money for training, to have a system where there's better reporting, and the career politicians in the U.S. Senate, the Democrats, would not even vote to allow that bill to come to debate."

As a former police officer, Bolduc said that if he was there when a Minneapolis police officer was kneeling on George Floyd's neck for 9 minutes, he would have stopped it. He said police officer's need to help each other deescalate situations.

"Now we need leadership to kick in, and we need leadership to take over. and we need to hold people accountable for their actions," he said.

Votes will be counted on Sept. 8 to determine which candidate will go on to face Shaheen in the general election.

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7.3 - Keweenaw Report: Oscar G. Johnson VA Medical Center Ready to Help Vets in Need (1 September)
September is Suicide Prevention Month, and the Oscar G. Johnson VA Medical Center wants you to know they're ready to help you or your loved ones.

The "Be There" campaign, reminds everyone that small actions can make a big difference for veterans going through a rough patch.

Sharon Anastas, suicide prevention coordinator said "It is very important we recognize that we can all have an impact on the lives of others in need. Asking the important questions and offering those resources can have a great impact in reducing veteran suicide."

The "Be There" campaign has several tips that can make a difference in a veteran's life including learning about the warning signs of suicide, found on the Veterans Crisis Line webiste, sharing stories of hope and recovery from the VA's Make The Connection website and simply asking a vet how they're doing?

Links to resources to help you help a veteran in need, are available here, here and here.

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7.4 – WXXV 25 - Gulf Coast Veterans Health Care System "Suicide Prevention Month" (2 September, Grace Boyles)
The U.S. Department of Veterans Affairs announced its September Suicide Prevention Month "Be There" campaign yesterday.

The slogan is meant to remind veterans and their loved ones of the importance of small acts of support. A few of the simple actions that can help make a difference in a veteran's life who is

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experiencing thoughts of suicide include learning about the warning signs of suicide and reaching out to veterans in your life to see how they are.

Gulf Coast Veterans Health Care System's Lead Suicide Prevention Coordinator Dawn Mucha-Johnson highlights the importance of raising awareness specifically about veteran suicide. "From 2007 to 2017 60,000 died by suicide. There's a huge stigma that prevents our veterans from talking about their thoughts and feelings and emotions, especially around suicide. So it is important that we get the word out there and we encourage those conversations, so that everyone decreases the stigma and has a more relaxed conversation and we get more assistance for our veterans."

If you or a veteran you know is having thoughts of suicide contact the 24/7 veterans crisis line at 1-800-273-8255 and press 1.

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7.5 – WWMT 3: West Michigan VA wants community to check in on veterans during suicide prevention month (2 September, Trisha McCauley)
BATTLE CREEK, Mich. — Battle Creek Veterans Association leaders said the COVID-19 pandemic was increasing isolation, depression and loneliness for many people. They were especially concerned about how those feelings were impacting local veterans.

The U.S. Department of Veterans Affairs said about 20 U.S. veterans took their life every day. They reported veterans ages 18 to 34 had the highest suicide rate.

The Battle Creek VA said exposure to trauma and financial issues were some factors that could lead to suicide.

The Battle Creek VA launched a campaign called Be There during September, to encourage people to check in with the veterans in their lives.

Battle Creek VA Suicide Prevention Coordinator Derik Van Baale said taking a few minutes to catch up with a quick phone call or text could make all the difference.

"If you think somebody is acting a little bit off and maybe down or depressed, one of the biggest things you can do is ask them, 'Are you thinking of taking your life? Are you thinking of committing suicide?' and know where to go. A crisis line is a great place to go to get help," Van Baale said.

Raising awareness for veteran suicide
Learn the warning signs of suicide
Respond with care and compassion
Know how to seek help for a veteran
Share stories of hope and recovery
Warning signs of suicide
Appearing frequently sad or depressed
Feelings of anxiety, agitation, sleeplessness or mood swings
Portraying excessive guilt, shame or sense of failure
Showing rage, anger or violent behavior
Engaging in risky activities without thinking
Losing interest in hobbies, work or school

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Neglecting personal welfare, deteriorating physical appearance
Withdrawing from family and friends
Getting affairs in order, such as writing a will or giving away prized possessions
Talking about death, dying or suicide

Van Baale said service members often have a hard time asking for help.

“For help with something like a mental health issue, kind of goes against the grain of what most service members are taught and actually it takes courage to ask for help and try to include it in normal conversations," he said.

The Battle Creek VA Medical Center is hosting a virtual 5K on Sept. 19 to raise awareness for veteran suicide.

If you or someone you know has thoughts of suicide, contact the Veterans Crisis Line at 1-800-273-8255 to get free, confidential support. You can also text 838255 or chat online for help.

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Veterans Affairs Media Summary and News Clips

3 September 2020

1. Top Stories

Coronavirus / COVID-19

1 - Tampa Bay Times: **St. Pete World War II vet recovers from COVID-19 in time for 75th anniversary of war's end** (2 September, Ileana Najarro, 4.1M uvm; Saint Petersburg, FL)
Donald Betts had just avoided the brunt of fire from German fighter planes when he spotted another large group of fighters spread out across the sky up ahead. It was 1944, and he was in a bomber flying over Europe. Betts was a waist-gunner with the U.S. Army Air Corps, a long way from his home in Pennsylvania.

Hyperlink to Above

2 - The Free Lance-Star: **Warner gets earful from Fredericksburg-area veterans about the VA** (2 September, Cathy Jett, 366k uvm; Fredericksburg, VA)
Aug. 26, 2019, is etched in Christopher McBride's memory. That's the date of his fifth suicide attempt, when he reached the Veterans Administration's suicide hotline and finally got the help he was seeking. "From that day forward, I was inundated with phone calls, appointments and doctors who made me feel the somebody cared," he said during a veterans roundtable U.S. Sen. Mark Warner, D–Va., held Wednesday in Fredericksburg.

Hyperlink to Above

3 - WPSD (NBC-6, Video): **Nurses at Shawnee Senior Living in Herrin claim toxic work environment is contributing to COVID-19 outbreak inside the facility** (2 September, Logan Gay, 306k uvm; Paducah, KY)
Former and current employees are speaking out about what they claim are unsafe working conditions at Shawnee Senior Living Center in Southern Illinois. We've learned from the Illinois Department of Public Health, the Senior Living Center has 107 COVID-19 cases including 5 deaths.

Hyperlink to Above

4 - Salisbury Post: **Salisbury VA one of three sites for research study on COVID-19 treatment drug** (2 September, Ben Stansell, 61k uvm; Salisbury, NC)
A new research study is underway at the W.G. "Bill" Hefner VA Medical Center to test a drug to treat patients with COVID-19. The Salisbury VA is one of only three hospitals across the country that are hosting a research study for PTC299, a drug manufactured by PTC Therapeutics that is also being tested in treating acute leukemia. The VA Health Care System was awarded the study out of a semi-competitive field of applicants.

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1.1 - WSMV (NBC-4, Video): **US Secretary of Veterans Affairs discusses importance about mental health with veterans** (2 September, Ethan Illers, 879k uvm; Nashville, TN)

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September is suicide prevention month and veterans are among those especially susceptible. The US Secretary of Veterans Affairs, Robert Wilkie, visited Music City Wednesday to thank VA Hospital's workers for all their hard work during the COVID-19 pandemic.

Hyperlink to Above

1.2 - Military Times: **VA secretary attacks reports of slowdowns in mailed prescriptions as 'conspiracy theories'** (2 September, Leo Shane III, 2.3M uvm; Vienna, VA)
Veterans Affairs Secretary Robert Wilkie is dismissing reports of significant delays in veterans mailed prescriptions as "conspiracy theories" being used to "score political points against the Trump administration," and warning that the narrative could discourage some individuals from using the U.S. postal service for critical medications.

Hyperlink to Above

1.3 - U.S. News & World Report (AP): **Case Over 1966 US Bomb Accident in Spain Goes Before Court** (2 September, Dave Collins, 27.4M uvm; Washington, DC)
The U.S. Department of Veterans Affairs used flawed radiation data to deny disability benefits to veterans who responded to a 1966 plane accident involving U.S. hydrogen bombs in Spain, Yale Law School students told a federal appeals court Wednesday.

Hyperlink to Above

1.4 - U.S. News & World Report (AP): **Lawsuit: Whistleblower in VA Deaths Wrongfully Suspended** (2 September, 27.4M uvm; Washington, DC)
A man who says he alerted authorities to a string of suspicious patient deaths at a West Virginia veterans hospital has filed a lawsuit claiming he was wrongfully suspended because of his actions, a newspaper reported.

Hyperlink to Above

1.5 - Military.com: **Millions of VA Appointments Canceled During Pandemic Have Not Been Rescheduled** (2 September, Patricia Kime, 5.6M uvm; McLean, VA)
As Department of Veterans Affairs medical centers geared up in early March to respond to the unfolding COVID-19 pandemic, many moved to cancel elective procedures and in-person medical appointments in an effort to protect patients and staff from exposure and focus on coronavirus care.

Hyperlink to Above

1.6 - WCSC (CBS-5, Video): **Karen Pence visits Ralph H. Johnson VA Medical Center** (2 September, Ann McGill, 734k uvm; Charleston, SC)
The second lady of the United States spent about two hours Wednesday at Charleston's VA hospital. Karen Pence, who leads a task force focusing on suicide prevention among Veterans, visited the Ralph H. Johnson VA Medical Center. Pence says that as the mother of a military son, the well-being of Veterans is very important to her.

Hyperlink to Above

1.7 - The White House: **Second Lady Karen Pence Highlights Suicide Prevention Research in Charleston, South Carolina** (2 September, Washington, DC)

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Today, Second Lady Karen Pence joined by Acting Deputy Secretary of Veterans Affairs (VA) Pamela Powers, visited Charleston to learn more about veteran suicide prevention efforts. Mrs. Pence and Ms. Powers visited the Mental Health Research Building at the Ralph H. Johnson Veterans Affairs Medical Center (VAMC) for a tour and roundtable discussion.

Hyperlink to Above

1.8 - The Plain Dealer: Cleveland VA, Ohio State join clinical trials testing experimental COVID-19 vaccines in humans (2 September, Julie Washington, 4.6M uvm; Cleveland, OH)
Two Ohio research centers —the Louis Stokes Cleveland VA Medical Center and the Ohio State University Wexner Medical Center — are joining the hunt for a safe and effective COVID-19 vaccine. The Cleveland VA is one of more than 120 clinical investigational sites around the world that will collectively enroll up to 30,000 participants in a vaccine trial, the VA announced in a statement.

Hyperlink to Above

1.9 - FOX News: Pentagon taps Google for A.I. project to help veterans battling cancer (2 September, Nick Givas, 72.4M uvm; New York, NY)
Google announced Wednesday it has been chosen by a sector of the Defense Department to assist with a new U.S. health system designed to help pathologists study and identify certain types of cancers suffered by military veterans.

Hyperlink to Above

2. Improving Customer Service

2.1 - The Hill: It's time to focus on the needs of minority veterans (2 September, Rory E. Riley-Topping, 33.4M uvm; Washington, DC)
Thus far, 2020 has been a year of social unrest and, in the hopes of many, a year that will bring about systemic change. Issues relating to social justice for minorities have taken center stage in this regard, from the aftermath of the killing of George Floyd in Minneapolis, Minn., to seeking justice for Breona Taylor in Louisville, Ken., to the most recent shooting of Jacob Blake in Kenosha, Wisc.

Hyperlink to Above

2.2 - Politico: Why veterans want money for the Postal Service (2 September, Eleanor Mueller, 25.7M uvm; Arlington, VA)
The shrinking U.S. Postal Service payroll is imperiling a go-to career for military veterans, who have long relied on the agency for well-paid and secure jobs in public service. Driven by years of financial strain and accelerated by operational changes imposed by newly installed Postmaster General Louis DeJoy, the agency has steadily reduced pay, intensified workloads and shifted toward temporary workers, resulting in a higher turnover and a steadily declining workforce at one of the nation's largest employers of vets.

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2.3 - Connecting Vets: VA secretary pushes back on USPS prescription delays but some slowdowns persist (2 September, Abbie Bennett, 10M uvm; Washington, DC)

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Department of Veterans Affairs Secretary Robert Wilkie is pushing back on reports that U.S. Postal Service delays have led to slowdowns for veterans' prescription deliveries. But internal emails show some delays are ongoing.

Hyperlink to Above

2.4 - Military.com: As Veterans Battle Pandemic Isolation, Organizations Adapt to Meet Their Needs (2 September, Alyk Russell Kenlan, 5.6M uvm; McLean, VA)
For Scott Tekesky, his time stationed at an Army base on Oahu, Hawaii, far from his family, prepared him for the isolation of sheltering in place in his suburban Atlanta home for months because of the COVID-19 pandemic.

Hyperlink to Above

2.5 - The Oregonian: Oregon could herald a research-driven psychedelic renaissance: former Navy SEAL says psilocybin helped him cope, could aid many more if voters say yes (2 September, Bryce Dole, 4.6M uvm; Portland, OR)
The former Navy SEAL walked into a house somewhere in California late on a December evening. Inside a large candlelit room, ominous spiritual music swelled as he approached nearly a dozen veterans seated in a circle. It had been nearly three months since his first treatment, in Mexico. And overall, things had been better.

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2.6 - Task & Purpose: VA secretary dismisses mail-order prescription delays as 'conspiracy theories' despite his department confirming they were real (2 September, James Clark and Jared Keller, 1.4M uvm; New York, NY)
The top leader of the Department of the Veterans Affairs wrote in a Wednesday op-ed that reported delays in mail-order prescription deliveries due to changes at the U.S. Postal Service amounted to little more than "conspiracy theories," despite his agency confirming those deliveries have recently been delayed on average by roughly 25 percent.

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2.7 - WAVY (NBC-10): Local VA Union members to join nationwide COVID-19, racial justice protests Labor Day weekend (2 September, Madison Pearman, 1.4M uvm; Portsmouth, VA)
Community members are invited to join local union members of the VA to participate in a socially distanced protest with motivations ranging from lack of protective equipment to ending systemic racism.

Hyperlink to Above

2.8 - WIVB (CBS-4, Video): VA of Western New York holds virtual birthday celebration for WWII Veteran (2 September, 699k uvm; Buffalo, NY)
The VA of the Western New York healthcare system had a virtual birthday party today for one of our local veterans. Sydney Cole turns 106-years-old today. He served in World War II as a former captain and pilot in the Army Air Forces.

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2.9 - WHBQ (FOX-13, Video): Report: VA may not have followed up with millions of canceled healthcare appointments during pandemic (2 September, Samantha Manning, 649k uvm; Memphis, TN)
The Department of Veterans Affairs may have failed to follow up with more than three million healthcare appointment cancelations during the coronavirus pandemic, according to a new watchdog report. The report by the Office of Inspector General for the VA found that from mid-March to mid-June, the VA canceled more than 11 million face-to-face healthcare appointments.

Hyperlink to Above

2.10 - New Hampshire Union Leader: Al Heidenreich's Veterans Views: Manchester VA tops in my book (2 September, 575k uvm; Manchester, NH)
OK, I hear you — those who groan and whine about this and that about the Manchester Veterans hospital and the less-than pleasant experiences. I have no reason to doubt the authenticity of most complaints, as I have had a few myself.

Hyperlink to Above

2.11 - inewsource (Video): Kiaya Bender: 'I'm scared that what they're doing won't be enough' (2 September, Zoe Meyers, San Diego, CA)
Last October, the San Diego VA notified Kadima Neuropsychiatry Institute in La Jolla that it would not renew authorizations for veterans to receive ketamine treatments there. For Marine veteran Kiaya Bender that means he will be transferred back to the VA this November for an alternative treatment for his severe depression. In this second video about Bender, he and his wife, Shelby, share their uncertainty and fear as they approach the change in his mental health care.

Hyperlink to Above

2.12 - The Daily News: Batavia VA resident celebrates 106th birthday virtually (3 September, Brian Quinn, Batavia, NY)
Sydney Cole celebrated his 106th birthday Tuesday with not only fellow residents at the Spruce Lodge Community Living Center, but family and other well-wishers via Zoom. The World War II veteran, who witnessed the Holocaust and flew aircraft with both the Royal Canadian Air Force and United States Army Air Corps, is a resident of the VA Western New York Healthcare System's Batavia site.

Hyperlink to Above

3. Business Transformation

3.1 - KAUZ (CBS-6, Video): Veterans will no longer have to go to Sheppard for medical care (2 September, Ebonee Coleman, 43k uvm; Wichita Falls, TX)
The Oklahoma City VA Health Care System is opening a new VA clinic in Wichita Falls at the end of September 2020. The facility is 16,500 square feet where they will offer medical services for primary care, mental health behavior, social work and have an onsite pharmacist.

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3.2 - The Timberjay: Work set to begin on Ely VA Clinic expansion (2 September, Keith Vandervort, 7k uvm; Tower, MN)
A multi-million dollar expansion project begins later this month that will double the space used by the Veterans Affairs Community Medical Clinic at the city-owned "Sato" building in the Ely business park on Miner's Drive.

Hyperlink to Above

4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Forbes: VA Expands Aid To Cover Vietnam Vets' Caregivers (2 September, Stephenie Overman, 86.9M uvm; New York, NY)
An 18-year-old American soldier who went to fight in Vietnam in 1968 — the year of peak deployment —is now 70 years old. In addition to the usual health problems affecting that age group, many Vietnam veterans struggle with Post-traumatic stress disorder (PTSD) and the effects of Agent Orange.

Hyperlink to Above

5. Suicide Prevention

5.1 - WCSC (CBS-5, Video): Second Lady Karen Pence visiting downtown Charleston VA Medical Center (2 September, Summer Huechtker and Riley Bean, 734k uvm; Charleston, SC)
The second lady of the United States says she is visiting the Ralph H. Johnson Veterans Affairs Medical Center in downtown Charleston. Karen Pence will be joined by the Acting Deputy Secretary of Veterans Affairs, Pamela Powers and South Carolina first lady, Peggy McMaster in her visit Wednesday, officials say.

Hyperlink to Above

5.2 - WCIV (ABC-4): Local VA leaders to show nation-leading veteran suicide prevention efforts to 2nd Lady (2 September, Brooke Schwieters, 473k uvm; Mount Pleasant, SC)
Even before a global pandemic created the need for doctors visits over the computer, veterans and VA medical professionals throughout the Lowcountry were already ahead of the game. "We were already a national leader," explained Dr. Hugh Myrick M.D., Ralph H. Johnson VA Medical Center's Associate Chief of Staff for Mental Health. "We were doing about 42,000 patient encounters per year via telehealth."

Hyperlink to Above

5.3 - WFXR (FOX-27): Salem Veterans Administration: There is help at your fingertips during Suicide Prevention Month (2 September, 250k uvm; Roanoke, VA)
September is Suicide Prevention Month, and saving a life can be as simple as making a phone call and asking: "How are you?" That is one of the things the U.S. Department of Veterans Affairs says we should be doing to help make a difference in the lives of veterans who may be experiencing difficult times.

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5.4 - WCBD (NBC-2, Video): Second Lady Karen Pence participates in roundtable discussion on Veteran Suicide Prevention efforts (2 September, Olivia Parsons, 249k uvm; Mount Pleasant, SC)
Second lady Karen Pence will make her way to the Lowcountry on Wednesday to highlight suicide prevention efforts in Charleston. Acting Deputy Secretary of Veterans Affairs Pamela Powers will join Second Lady Pence in a tour and roundtable discussion. Per a press release, 'the tour will consist of viewing the Hall of Heroes exhibit, a demonstration, an overview of an evidence-based virtual PTSD treatment program, and meeting veteran patients.'

Hyperlink to Above

5.5 - Alabama Political Reporter: VA encourages support for veterans as suicides increase (2 September, Eddie Burkhalter, 152k uvm; Montgomery, AL)
High rates of veteran suicides across the country, and especially in Alabama, were seen before the COVID-19 pandemic, and have only gotten worse since the public health crisis, but there's work underway to bring awareness and aid.

Hyperlink to Above

6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - USA Today: Confusion over CARES Act eviction ban leaves some families on the brink of homelessness (2 September, Brenda Wintrode, Amy DiPierro, Ryan Little, et al., 61.6M uvm; McLean, VA)
Yochebed Israel was the kind of person Congress had in mind when it voted in March to impose a temporary moratorium on many evictions as the coronavirus spread. First, the furnace in her Tampa, Florida, apartment broke and her electric bill rose above $460 a month for five months. She fell behind on rent, forced to choose between keeping the lights on or paying the landlord.

Hyperlink to Above

6.2 - KCRW (NPR-89.9, Audio): Could the West LA VA's tent city be a model for bringing relief to LA's unhoused? (2 September, Steve Chiotakis, 334k uvm; Santa Monica, CA)
On one of the lawns at the West LA VA, there are rows of camping tents for veterans experiencing homelessness. It's an alternative to sleeping on the sidewalk. The VA provides tents, bathrooms, meals, medical care, and social services.

Hyperlink to Above

6.3 - Times-Herald: Construction resumes at Mare Island Preserve and Naval Cemetery (2 September, Thomas Gase, 69k uvm; Vallejo, CA)
The Department of Defense's Innovative Readiness Training (IRT) Program has resumed construction at the Mare Island Preserve and Naval Cemetery. The work began Tuesday and requires a closure of the preserve until the project is complete. The IRT project includes grading, installation of drainage systems, minor restoration of burial sites, and fence repair throughout the area. It is anticipated that the preserve will reopen to the public on Oct. 9.

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7. Other

7.1 - Smithsonian Magazine: The Paralyzed World War II Veterans Who Invented Wheelchair Basketball (2 September, David Davis, 6.3M uvm; Washington, DC)
On an unremarkable Wednesday evening in the spring of 1948, 15,561 spectators flocked to New York's Madison Square Garden to watch two teams of World War II veterans play an exhibition basketball game.

Hyperlink to Above

7.2 - WMUR (ABC-9, Video): Republican candidates for Senate spar over veterans' health care, pandemic response (2 September, Kirk Enstrom, 1.1M uvm; Manchester, NH)
The two major candidates vying for the Republican nomination for U.S. Senate in New Hampshire sparred on veterans' health care, how best to deal with the COVID-19 pandemic and who would be most effective in Washington in a debate that aired Tuesday.

Hyperlink to Above

7.3 - Keweenaw Report: Oscar G. Johnson VA Medical Center Ready to Help Vets in Need (1 September)
September is Suicide Prevention Month, and the Oscar G. Johnson VA Medical Center wants you to know they're ready to help you or your loved ones.

Hyperlink to Above

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Battle Creek Veterans Association leaders said the COVID-19 pandemic was increasing isolation, depression and loneliness for many people. They were especially concerned about how those feelings were impacting local veterans.

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1. Top Stories

Coronavirus / COVID-19

1 - Tampa Bay Times: St. Pete World War II vet recovers from COVID-19 in time for 75th anniversary of war's end (2 September, Ileana Najarro, 4.1M uvm; Saint Petersburg, FL)

Donald Betts had just avoided the brunt of fire from German fighter planes when he spotted another large group of fighters spread out across the sky up ahead.

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It was 1944, and he was in a bomber flying over Europe. Betts was a waist-gunner with the U.S. Army Air Corps, a long way from his home in Pennsylvania.

Betts reached the radio operator. He told him he had no ammunition left. So the crew's plan was to fly straight at the fighters and jump out at the last minute.

As they got closer, the planes ahead gave a recognition signal. They were U.S. planes on a mission in northern Italy. Another close call for Betts.

On the 75th anniversary of the end of World War II, Betts, 99, reminisces from his St. Petersburg assisted-living facility about his 51 B-17 bomber missions. About two weeks before the anniversary, Betts claimed yet another harrowing victory: recovering from COVID-19.

"I was proud I was able to do something," Betts said of his service.

Betts enlisted on Sept. 16, 1942, and left the military on Oct. 13, 1945, as a staff sergeant. At the war's end, he was back stateside serving as a gunnery instructor. He later returned to work in Pennsylvania for his former employer, a candy and sundries wholesaler, where he did everything from processing orders to making sales and deliveries until he was 80, according to his great-nephew, Joe Piemonte.

Piemonte and his sister, Theresa Piemonte, who both live in Tampa Bay, learned more growing up about Betts' work at the wholesaler than they learned about his war stories.

He probably felt his sacrifice during the war wasn't as great as others', they suppose, particularly those fighting on the ground. He didn't open up until he was in his 70s, they said, about the time Joe Piemonte entered the Air Force.

People were afraid to ask him what the war was like when he came back, Betts said. He knew all about the tragedies. How a gunner went out on a mission and disappeared. How some lost their lives on the first mission, others on the last.

He survived the war by luck, he said, and it's important to remember the war's anniversary for all those who were lost.

About 325,000 U.S. World War II veterans are expected to be alive by the end of this month, according to projections from the U.S. Department of Veterans Affairs.

And Betts recently survived another close call. After noticing that he was losing weight rapidly, he was taken to the Bay Pines VA Healthcare System on July 30, where he tested positive for COVID-19.

"We kept telling him, you know, you've been through worse, you're gonna pull through this," Theresa Piemonte said.

On Aug. 13, Betts was treated to a birthday surprise at the hospital with balloons, a "Happy Birthday" banner and a poster with several photos of a B-17 bomber, Joe Piemonte said. His family even sang to him via teleconference. He was released back to his apartment on Aug. 17, after testing negative for the virus.

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Betts has inspired Joe Piemonte, not just through his military service, but through his dedication to his family. Betts took care of Joe and Theresa Piemonte's grandmother when she was widowed and had Alzhiemer's disease, Joe Piemonte said. He now watches over their mother, who lives in his assisted-living facility and also has Alzheimer's.

"I mean, he's certainly a hero in my eyes," Joe Piemonte said.

Before he enlisted, Betts' mother asked him not to request a job that involved flying, he said. He recalled saying he would honor her wishes.

But when he graduated from armament school, he was asked to be a flyer.

"I said, 'Well, if you're asking me, I'll say yes, but I'm not asking for it,'" he said in an interview last week.

Betts said he had no fear of flying at the time, nor of being shot at, which he admits was kind of crazy.

His crew shared the same sentiment. When they went out to bomb German ball bearing and aircraft factories and oil refineries, they sang riffs of songs with lyrics such as: "Oh what a beautiful morning. Oh what a beautiful day. What a day to go bombing. Soon we'll be on our way."

Betts said he was glad he didn't have to do any fire bombings on cities.

He recounts his tales more frequently these days to family members hoping to learn more about their World War II veteran, including the tale of his last mission.

Betts already had served two tours when he signed up for one more mission to fly deep into northern Germany from Italy, through Poland. Crew members trained for the worst-case scenario: not having enough gas to get back.

They were prepared to parachute out over what was then Yugoslavia and hope they got picked up by friendly forces.

Luckily for Betts, he got to fly in a newer B-17 model with gas tanks that allowed them to make it back home.

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2 - The Free Lance-Star: **Warner gets earful from Fredericksburg-area veterans about the VA** (2 September, Cathy Jett, 366k uvm; Fredericksburg, VA)

Aug. 26, 2019, is etched in Christopher McBride's memory.

That's the date of his fifth suicide attempt, when he reached the Veterans Administration's suicide hotline and finally got the help he was seeking.

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“From that day forward, I was inundated with phone calls, appointments and doctors who made me feel the somebody cared,” he said during a veterans roundtable U.S. Sen. Mark Warner, D–Va., held Wednesday in Fredericksburg.

Before that, McBride said he begged and pleaded for the VA to approve more than the one appointment per month he was allowed. That’s not enough for veterans who may sink into depression a day or week after a doctor’s visit, he said.

“Then you’re back in that valley. You have no way to go,” said McBride. “We need to be able to tell these veterans, in the sense that they matter, that you’re more important than one time a month. It needs to be one time a day or one time a week or whatever they need. Why can’t we make this available to the men and women who’ve served our country?”

Warner thanked him for sharing his experience, and said he was surprised that he couldn’t get the increased services he needed unless he called the hotline.

“That shouldn’t be the case,” he said.

Warner held the veterans roundtable at the Fick Conference Center because he wanted to hear the concerns and suggestions of 10 Virginia veterans, and to make sure that all veterans get the benefits, health care and respect that they deserve.

Veteran suicide is a national tragedy, he said, noting that 17 to 18 veterans a day commit suicide. Of those, two-thirds have had no contact with the VA.

“Not everyone is comfortable going to the VA,” said Warner. “We need a much broader network, because it’s a real crisis and a real emergency. People in the community can help in different ways.”

One way the senator said he has tried to reach out to them is the bipartisan legislation he’s cosponsored to create a new grant program. It would enable the VA to conduct additional outreach through veteran-serving nonprofits in addition to state and local organizations. Called the IMPROVE Wellbeing for Veterans Act, it was included in recent Senate legislation to expand veterans’ access to mental health services.

Richard Hardy, an Army veteran, said some people are afraid to get help while they’re in the military because it could jeopardize their position. Even if they do, it can take years to qualify for disability if a medical condition isn’t related to something in their military record, said Eric Hollins, a Marine Corps veteran.

“Maybe that’s one reason why so many veterans don’t ever attempt to apply,” said Hardy.

Steven Botello, a Navy veteran and American Legion Department of Virginia service officer, suggested that one way to improve things would be for the military to automatically enter a person’s medical files into the VA system when they are demobilized, leave or retire—unless they opt out. That way, veterans wouldn’t have to dig up their files years later when they want to access VA services.

“It’s an interesting idea,” Warner said. “It makes sense.”

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Several of the veterans mentioned that they have to drive an hour or more to reach a VA hospital or clinic, and it's become harder to get an appointment now due to the COVID-19 pandemic. Hardy said that has been the excuse for the cancellation of every appointment he's had lately, which he finds infuriating. He said it's all part of the VA's "delay, deny, die" attitude.

Warner said one of the more frustrating issues he's been dealing with is getting Veterans Administration outpatient clinics up and running in the Fredericksburg area, since it has one of the fastest-growing populations of veterans in the country. The VA is looking at locations in Fredericksburg, as well as Stafford and Spotsylvania counties, and is expected to make its decision on a location Sept. 30. The clinic is scheduled to open in 2023.

"I'm trying to move that date up, but it's been a battle," he said.

Warner said his other big issues include expanding coverage for veterans exposed to Agent Orange, improving housing conditions for active military and passing legislation to prevent veteran homelessness.

"You have given me lots to think about," he told the panel. "I appreciate you."

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3 - WPSD (NBC-6, Video): Nurses at Shawnee Senior Living in Herrin claim toxic work environment is contributing to COVID-19 outbreak inside the facility (2 September, Logan Gay, 306k uvm; Paducah, KY)

HERRIN, IL - Former and current employees are speaking out about what they claim are unsafe working conditions at Shawnee Senior Living Center in Southern Illinois. We've learned from the Illinois Department of Public Health, the Senior Living Center has 107 COVID-19 cases including 5 deaths.

The sign in front of Shawnee Senior Living in Herrin was supposed to read "Heroes work here". A former employee who worked as a CNA and two current nurses say it doesn't feel that way inside.

All three asked to remain anonymous, but they had plenty to say. The employees said the toxic work environment inside the facility is contributing to the spread of the virus.

They claimed the following:

- The management team has not properly supplied them with PPE to work the Covid-19 Unit
- Patients are not receiving adequate care
- A large amount of those positive cases are staff members.
- Staff who tested positive for COVID-19 are being threatened with termination if they don't agree to come back to work before testing negative for the virus.

A call to The Senior Living Center addressing these concerns was not returned.

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The Marion VA said it started moving several veteran patients out of the facility after being made aware of the significant increase in positive COVID-19 cases. In a statement the VA said: "The Leadership Team of the Marion VA were made aware of a significant increase in positive Covid-19 cases at Shawnee Senior Living Center. We have reached out to offer our support during this pandemic to include aiding in the care coordination and transferring of several Veterans residing at their location over to the Marion VA Medical Center to reduce the patient workload during this overwhelming situation.

The three workers decided to speak out because they were scared for their patients. They claim they felt helpless because many of the resident's family members don't know what's going on inside the facility. The former CNA even suggested family members take their elderly patients to another senior living center.

We are waiting to hear back from the Illinois Department of Public Health if they received any complaints from staff or residents regarding the center.

Local 6 received this statement from Shawnee Senior Living Center last week. It reads

"Protecting the health and well-being of our residents and staff remains our highest priority. Due to HIPAA laws, we are unable to comment on the health information of anyone connected to our community. Please be assured that Shawnee Senior Living is working closely with the IL Dept. of Public Health as well as the local health department, following their recommendations as well as the guidance of the CDC. We are humbled by the way our staff continues to rise to the challenges brought on by the battle against COVID-19. They are all Health Care Heros. Residents and staff have become "family" to each other at Shawnee Senior Living. Together, we wish to thank the families and local community for your encouragement to us through your ongoing support and prayers."

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4 - Salisbury Post: **Salisbury VA one of three sites for research study on COVID-19 treatment drug** (2 September, Ben Stansell, 61k uvm; Salisbury, NC)

A new research study is underway at the W.G. "Bill" Hefner VA Medical Center to test a drug to treat patients with COVID-19.

The Salisbury VA is one of only three hospitals across the country that are hosting a research study for PTC299, a drug manufactured by PTC Therapeutics that is also being tested in treating acute leukemia. The VA Health Care System was awarded the study out of a semi-competitive field of applicants.

"We're kind of distinguished as being the third site to open across the nation," said Dr. Robin Hurley, associate chief of staff for research and academic affairs at the VA Medical Center. "This is pretty new, pretty cutting-edge stuff. It's a combination of several things. One is that we have a good reputation for working with our partners for industry trials whenever we have had trials in other disease processes. Companies like to work with hospitals that work with them."

Along with boasting a reputation as being a good working partner, the Salisbury VA also serves about 90,000 veterans in the area. Having such a large potential patient pool was another reason the VA Medical Center was selected for the study.

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Dr. Ruben Cohen, principal investigator for the study, has not yet administered PTC299 to a patient because no patient has met the criteria for being administered the drug.

“The principal investigator and the study team decide, if the patient is hospitalized and meets inclusion criteria and don’t have exclusion criteria, that they can be offered the trial,” Hurley said.

The drug can only be administered to a patient that recently received a positive COVID-19 test and is showing only mild symptoms of the virus. A patient who fits this criteria is offered the drug and will decide if they want to participate in the study or not.

Whenever the first patient at the VA Medical Center is administered the drug, they won’t know for certain if they were given the drug or a placebo. Neither will the doctors. That’s because the trial is double-blind to ensure results are as accurate as possible. A patient has a 50% chance of receiving PTC299. It will only be revealed after the conclusion of the study whether or not a patient received a placebo or the real drug.

While a patient who has COVID-19 will not know for sure whether they are receiving PTC299 or a placebo, they will receive the same care no matter what. The staff at the Salisbury VA will continue to treat the virus to the best of their abilities.

“We continue to treat the patients with all of the existing treatments that are available for COVID-19 patients, including Remdesivir, Dexamethasone or plasma,” said Dr. Charles de Comarmond, associate chief of staff for medicine at the VA Medical Center. “None of these treatments are prohibited.”

Like most drugs that are being tested to treat COVID-19, PTC299 is not new.

“Virtually all the drugs currently being used to treat COVID-19 are what we call repurposed drugs,” de Comarmond said. There has not been a singular drug that has been made from scratch.”

Since PTC299 is a well-known drug, so are many of its side effects, which include nausea, diarrhea, fatigue, coughing and more. Doctors at the Salisbury VA would be able to explain these potential side effects to any patient who is considering taking the drug.

Across the global health care community, researchers and hospitals are working diligently to both formulate a COVID-19 vaccine and to determine which drugs can be repurposed to treat the virus most effectively. The staff at the VA say they are enthusiastic to play a role in this larger effort.

“Whenever there’s uncertainty among some new type of disease, a pandemic, an epidemic, contributions to research is what accelerates the path to actually getting medications that work,” de Comarmond said. “Trying to enroll patients in clinical trials helps accelerate the process of getting a drug from discovery to the point where everyone can get it in a safe manner without being involved in a clinical trial.”

Along with testing the new drug, the VA staff have been employing convalescent plasma therapy to treat patients with COVID-19. The Salisbury VA has performed the therapy, which is a transfusion, on six patients since May and is one of 80 VA facilities participating in the Mayo Clinic research study.

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1.1 - WSMV (NBC-4, Video): US Secretary of Veterans Affairs discusses importance about mental health with veterans (2 September, Ethan Illers, 879k uvm; Nashville, TN)

September is suicide prevention month and veterans are among those especially susceptible.

The US Secretary of Veterans Affairs, Robert Wilkie, visited Music City Wednesday to thank VA Hospital's workers for all their hard work during the COVID-19 pandemic.

Wilkie took a few minutes to talk to News4, stressing the importance of starting a conversation about mental health with veterans. They're also starting a brand new campaign designed to make sure every veteran has someone to talk to.

"Sadly, 20 veterans a day take their lives by suicide. But of those 20, about 70 percent of veterans we don't see. We're not a part of our system. And what the "Be There" campaign does is tell people that we are here. We're ready to listen," Secretary Wilkie said.

He also said Tennessee is on the effort's front lines as well, using powerful computers to find the pockets of veterans the system misses.

If you are a veteran and are in need of help, call 1-877-222-8387. Click here for more information.

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1.2 - Military Times: VA secretary attacks reports of slowdowns in mailed prescriptions as 'conspiracy theories' (2 September, Leo Shane III, 2.3M uvm; Vienna, VA)

Veterans Affairs Secretary Robert Wilkie is dismissing reports of significant delays in veterans mailed prescriptions as "conspiracy theories" being used to "score political points against the Trump administration," and warning that the narrative could discourage some individuals from using the U.S. postal service for critical medications.

"It's disappointing to see how comfortable some are with presenting misinformation to advance a political agenda, even when that information has the potential to cause harm to those who served this country," Wilkie wrote in an op-ed published in the Washington Examiner on Tuesday.

Veterans should never be given reason to doubt a system that continues to work for them at a high level, year after year."

Wilkie's comments come amid growing concerns from both Democrats and Republicans on Capitol Hill about issues with postal service operations, including reports from veterans service organizations of slowdowns in medication delivery.

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Last last month, Disabled American Veterans reported "an increasing number of credible reports" of problematic slowdowns in veterans receiving mailed prescriptions. Democratic leaders of the House Committee on Oversight and Reform said they have received numerous letters from veterans complaining about delayed deliveries creating health problems, with little explanation for the reasons.

Last week, Senate Veterans' Affairs Committee Chairman Jerry Moran, R-Kan., sent a letter to Postmaster General Louis DeJoy asking USPS to prioritize timely delivery of veterans' mail-order medications amid planned agency reforms.

"VA has informed me that over the past year, its outpatient prescriptions delivered by USPS have experienced delays of nearly 25 percent, with average delivery time rising from 2.3 days in June 2019, to 2.86 days," Moran wrote.

"There is no doubt the COVID-19 pandemic has challenged postal operations as it has so many aspects of our society. In light of the difficult environment, I urge you to remain mindful that ongoing management and operational reforms do not negatively impact important functions which VA and our veterans rely."

Democratic lawmakers have accused the White House of altering postal operations in an effort to disrupt mail-in voting this fall, inadvertently also hurting veterans.

VA mail-order pharmacies handle roughly 150 million outpatient prescriptions each year, with USPS handling about 86 percent of that work. That number has increased slightly since the start of the coronavirus pandemic, after many VA medical sites with pharmacies shut down for non-emergency services in an effort to slow the spread of that illness.

In his editorial, Wilkie noted that the slowdown to just under three days for delivery still remains faster than the department's self-mandated target of three-to-five days for medication mailings.

"It's only natural that some isolated problems will occur, given the volume of prescriptions we send in the mail," he wrote. "But when we see delays, we don't sit back and accept them — we find solutions. VA staff continuously monitor our delivery times, and we shift to commercial carriers if USPS is experiencing problems in certain regions of the country."

The secretary acknowledged that the department has switched to private-sector delivery services for some areas in recent months, including Michigan, New York, New Jersey and Arizona. But he insisted there is "no data" backing up signs of widespread problems with veterans medication deliveries.

"This utterly untrue premise doesn't square with the fact that the vast majority of veterans are happy with VA's prescription program," he wrote.

Democratic lawmakers have promised additional oversight on the issue in coming months to ensure that mailed ballots and medications continue to be delivered in a timely fashion.

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1.3 - U.S. News & World Report (AP): Case Over 1966 US Bomb Accident in Spain Goes Before Court (2 September, Dave Collins, 27.4M uvm; Washington, DC)

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HARTFORD, Conn. (AP) — The U.S. Department of Veterans Affairs used flawed radiation data to deny disability benefits to veterans who responded to a 1966 plane accident involving U.S. hydrogen bombs in Spain, Yale Law School students told a federal appeals court Wednesday.

The students are representing Air Force veteran Victor Skaar, of Nixa, Missouri, in a class-action lawsuit seeking benefits for him and others who say they were exposed to radiation during the recovery and cleanup of the undetonated bombs and later became ill.

“The VA has denied those veterans who are now elderly and facing a variety of health concerns benefits and has refused to recognize the conditions of their service for over 50 years,” Yale student Lily Halpern told the U.S. Court of Appeals for Veterans Claims during a hearing held by phone. “So while this case is about unsound science, it is also about remedying a grave injustice.”

A lawyer for the VA defended the radiation exposure data, and the three-judge panel is not expected to rule for weeks or months.

On Jan. 17, 1966, a U.S. B-52 bomber and a refueling plane collided during a refueling operation near the southern Spanish village of Palomares, killing seven of 11 crew members but no one on the ground. At the time, the U.S. was keeping nuclear-armed warplanes in the air near the Soviet border as the Cold War was in full swing.

The midair crash resulted in the release of four U.S. hydrogen bombs. None of the bombs exploded, but the plutonium-filled detonators on two went off, scattering 7 pounds (3 kilograms) of highly radioactive plutonium 239 across the landscape.

The 1,600 servicemen who were sent to the crash site area to recover the weapons and clean up the contamination were exposed to dangerous levels of radiation daily for weeks or months at a time, according to court documents filed by the Yale students. Many of the servicemen later developed various forms of cancer, blood disorders, heart and lung dysfunction and other sicknesses but were denied disability benefits by the VA.

Skaar, an Air Force veteran who is now 83, told The Associated Press in 2017 that he has a blood disorder and developed melanoma and prostate cancer, which were successfully treated. He believes his ailments were related to his service in Palomares, he said.

He and other military members did not wear protective clothing or masks as they cleaned up the site, he said, and they now feel betrayed by their government.

The VA's denial of disability benefits was based on radiation exposure estimates compiled by the Air Force, Halpern said. Although most of the military members in Palomares provided urine samples for testing in 1966, Air Force officials did not use 98% of the test results, leading to inaccurate estimates of the radiation exposure that likely were much lower than they really were, she said.

Halpern said the VA did not use scientifically sound evidence as required to deny benefits to the Palomares veterans, and she asked the court to order the agency to reassess the disability claims using sound evidence. The Yale students are seeking to overturn a ruling by the Board of Veterans' Appeals that rejected Skaar's appeal of the denial of his benefits.

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Mark Vichich, an attorney for the VA and Secretary Robert Wilkie, defended the validity of the radiation exposure estimates during Wednesday's court hearing.

But Judge Michael Allen questioned Vichich on whether the VA looked into whether the Air Force's estimates were scientifically sound.

"The secretary has had no reason to suspect that the information the Air Force is giving us is not based on sound science," Vichich said.

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1.4 - U.S. News & World Report (AP): Lawsuit: Whistleblower in VA Deaths Wrongfully Suspended (2 September, 27.4M uvm; Washington, DC)

CLARKSBURG, W.VA. (AP) — A man who says he alerted authorities to a string of suspicious patient deaths at a West Virginia veterans hospital has filed a lawsuit claiming he was wrongfully suspended because of his actions, a newspaper reported.

Gregory Bee said he was suspended from the Louis A. Johnson VA Medical Center in Clarksburg in 2019 after he attempted to make the deaths public by contacting various news outlets, the office of the inspector general and the office of Rep. David McKinley, the Charleston Gazette-Mail reported Tuesday, citing the lawsuit.

In an email response to a request for comment, medical center spokesman Wesley R. Walls told The Associated Press that hospital officials "would be happy to respond to these allegations in detail, but in order to do so we need the individual's written consent to discuss their complete work history."

Walls added that while the "VA encourages employees to identify problems and will not tolerate any efforts to retaliate against those individuals," he added that "identifying as a whistleblower doesn't automatically give credence to someone's claims nor does it shield them from accountability when they have failed to uphold VA's values."

Former nursing assistant Reta Mays pleaded guilty in July to killing seven military veterans in 2017 and 2018 by injecting them with insulin when it was not prescribed.

The lawsuit says Bee worked in patient care services at the Clarksburg facility from 2015 until April 2019. It says he was instructed in August 2018 to amend various policies regarding the security, storage and administration of insulin, as well as language concerning hypoglycemia. He learned about the deaths shortly after he received those instructions, and attempted to make them public in the fall of 2018, the lawsuit says.

In the same time period, the lawsuit says, a "false allegation of sexual harassment" was made against Bee and he was suspended for seven days for being 15 minutes late for work. In March 2019, Bee was reassigned to the laundry facility and a supervisor told Bee he was advised to "confine" him there, according to the lawsuit.

Bee objected to the transfer and filed a complaint in February 2019 with the VA's Office of Accountability and Whistleblower Protection, which remains pending. He was placed on

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administrative leave without pay on April 5, 2019, the lawsuit says. Bee alleges that he received a "de facto termination," since he hasn't been paid since.

Bee is seeking reinstatement to employment, back wages and compensatory damages.

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1.5 - Military.com: Millions of VA Appointments Canceled During Pandemic Have Not Been Rescheduled (2 September, Patricia Kime, 5.6M uvm; McLean, VA)

As Department of Veterans Affairs medical centers geared up in early March to respond to the unfolding COVID-19 pandemic, many moved to cancel elective procedures and in-person medical appointments in an effort to protect patients and staff from exposure and focus on coronavirus care.

From March 15 through June 15, the Veterans Health Administration -- or the veterans themselves -- canceled 11.2 million appointments across the system.

While roughly 5 million of those appointments were tracked -- either conducted by telephone, video or rescheduled, at least 3.3 million needed the same type of follow-up and didn't get it, the VA Office of Inspector General said in a report released Tuesday.

The OIG review remains ongoing as inspectors look over the remaining canceled appointments, as well as efforts to reschedule and reach out to veterans.

The lack of follow-up, OIG inspectors said, may put patients at increased risk of not getting needed medical care.

"The OIG recognizes the efforts of VHA personnel to manage the needs of patients during the COVID-19 pandemic," inspectors wrote in the report, "Appointment Management During the COVID-19 Pandemic." "Avoiding non-urgent, face-to-face appointments was warranted but unfortunately increased the risk of patients not receiving rescheduled appointments."

Beginning in early March, some VA facilities began screening patients for fever and other symptoms of the SARS-CoV-2 coronavirus, which was first reported as a cluster in Wuhan, China, on Dec. 31.

VA medical centers also began restricting visitors to nursing home facilities and inpatient wards, as well as spinal cord and traumatic brain injury facilities.

Later, hospitals and clinics stopped all non-essential care and, according to the OIG, started canceling appointments. From March 15 to May 1, 7.3 million appointments were canceled, and a third of those, or 2.3 million, received no follow-up.

Slightly more than 1 million were converted to telehealth appointments, mainly by telephone, the OIG noted.

Exactly how many appointments were canceled by VA staff or patients themselves is unknown: On March 22, the VHA directed employees to classify all dropped appointments as canceled by the patient unless the provider was not available, according to the OIG.

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The VHA rationalized this as reasonable, because in a national health care crisis, "It is in the veteran's best interest and there is agreement by the veteran," according to the report.

The VA reversed the guidance in April, but the classification distinction remains important. Under normal circumstances, VA medical facilities usually follow up on appointments canceled by clinics but not by patients.

The VA OIG estimates that about a third of the appointments nixed from March 22 to May 1 were classified as being canceled by the patient, leaving those patients to reschedule appointments themselves and resetting the wait to be seen.

The VA told OIG inspectors that it has instructed staff to follow up on all cancellations during the period, regardless of classification.

According to the report, VA facilities also canceled or discontinued more than a half million consults for specialty care, causing delays in care for veterans who need higher-level services.

The disparities have left some veterans, like Gary Fiffe, without reliable medical care for months.

"They've canceled probably 10 appointments on me," Fiffe told Military.com. "The Topeka VA is doing lab work in the parking lot in your car. There are people who have the best [personal protective equipment] -- masks, gloves -- in the world, and they won't let people in the hospital, only if you are on death's door. The clinic in the town where I live is basically fully staffed yet seeing a limited amount of patients."

"The hospital shutdown for a handful of people hurt countless others," wrote another Military.com reader. "The fact is, vets were turned away."

Appointment scheduling and patient wait times have long been a challenge for the VA, dating to 2012 when the Government Accountability Office noted shortcomings in the system. A scandal erupted in 2014 over patient appointment wait times and off-the-books schedules at VA medical centers and elsewhere.

The OIG expressed concern that the department will lose track of patients who need appointments at a VA facility or a referral to community care and made several recommendations, to include developing a strategy to reschedule patients, monitor facilities' progress and take follow-on action on canceled consults.

VHA officials concurred with the recommendations, saying it has completed plans and will conduct oversight.

Since the outbreak began, more than 52,000 veterans, employees and others treated at the VA have contracted COVID-19. Of those, 2,937 have died. Currently, 3,147 patients are being treated for the coronavirus in the VA health system.

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1.6 - WCSC (CBS-5, Video): Karen Pence visits Ralph H. Johnson VA Medical Center (2 September, Ann McGill, 734k uvm; Charleston, SC)

The second lady of the United States spent about two hours Wednesday at Charleston's VA hospital.

Karen Pence, who leads a task force focusing on suicide prevention among Veterans, visited the Ralph H. Johnson VA Medical Center.

Pence says that as the mother of a military son, the well-being of Veterans is very important to her.

Her visit to the facility began with a tour of the Hall of Heroes, which features portraits of Lowcountry Veterans.

She then learned about a non-invasive treatment used to help Veterans who battle depression.

Pence says on average, about 20 Veterans a day commit suicide and she wants to do what she can to stop the tragedy.

President Donald Trump implemented the task force Pence leads.

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1.7 - The White House: Second Lady Karen Pence Highlights Suicide Prevention Research in Charleston, South Carolina (2 September, Washington, DC)

Today, Second Lady Karen Pence joined by Acting Deputy Secretary of Veterans Affairs (VA) Pamela Powers, visited Charleston to learn more about veteran suicide prevention efforts.

Mrs. Pence and Ms. Powers visited the Mental Health Research Building at the Ralph H. Johnson Veterans Affairs Medical Center (VAMC) for a tour and roundtable discussion. The first stop on the tour was to view the Hall of Heroes, an exhibit of artwork created by a veteran. Following the exhibit, they viewed a demonstration of the Transcranial Magnetic Stimulation and heard from two veteran patients who have benefited from the technology. The simulation is used by VA hospitals across the country with veterans suffering from depression, suicidality, and other psychological health conditions that can lead to suicide. The tour concluded with the viewing of a virtual PTSD Treatment with physiological monitoring and meeting with a veteran who has benefited from this program. Charleston VAMC has been working to provide physiological monitoring, which helps indicate the level of response to stimuli or "triggers" as part of Veteran therapy.

Following the tour, the Second Lady participated in a roundtable discussion with South Carolina based researcher, Dr. Tracy Stecker, Scott R. Isaacks, Director and CEO, Ralph Johnson, and Associate Chief of Staff of Metal Health at the VA, Dr. Donald Myrick. Mrs. Pence delivered brief remarks, highlighting her role with PREVENTS. Dr. Stecker has been leading studies and interventions on veteran suicide and shared more on her work and research at the VA.

"Great to learn more about technology helping veterans at the Charleston VA, the VA's first National Tele-Mental Health Hub, providing evidence-based psychotherapies for Veterans from

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Maine to West Virginia." said Second Lady Karen Pence. "I am inspired by the important work of Dr. Strecker and the VAMC in providing quality mental health care for our veterans."

"The Trump administration focuses on improving Veteran care and access like no previous administration," said Acting VA Deputy Secretary Pam Powers. "After seeing VA's dedicated Charleston-area employees in action today, it's easy to see why Veterans' trust in VA reached an all-time high in April – up 19 points since President Trump took office."

On March 5, 2019, President Trump signed Executive Order 13861, establishing a three-year effort known as the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide (PREVENTS). PREVENTS recently launched their national health campaign called REACH, which aims to empower all Americans to play a role in preventing suicide. Second Lady Karen Pence serves as the Lead Ambassador. To learn more about PREVENTS, click here.

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1.8 - The Plain Dealer: Cleveland VA, Ohio State join clinical trials testing experimental COVID-19 vaccines in humans (2 September, Julie Washington, 4.6M uvm; Cleveland, OH)

Two Ohio research centers —the Louis Stokes Cleveland VA Medical Center and the Ohio State University Wexner Medical Center — are joining the hunt for a safe and effective COVID-19 vaccine.

The Cleveland VA is one of more than 120 clinical investigational sites around the world that will collectively enroll up to 30,000 participants in a vaccine trial, the VA announced in a statement. The research will collect data on the safety and immune response of the proposed vaccine BNT162b2.

The proposed COVID-19 vaccine was developed by Pfizer Inc. and the German biotechnology company BioNTech SE.

Cleveland VA trial

The Cleveland VA is the only VA hospital hosting a Pfizer vaccine trial, U.S. secretary of veterans affairs Robert Wilkie wrote in a recent opinion piece.

"The Cleveland VA Medical Center was chosen as the only VA to participate in this study because of proven success incorporating veterans into vaccine trials supported by a strong clinical research program," said Dr. Curtis Donskey, the Cleveland VA's chief of infection control. "We feel it's important to ensure our veteran population is represented in this critical effort. VA provides care for many veterans with chronic conditions that put them at a higher risk for severe outcomes due to COVID-19."

Donskey and Margaret Tiktin, clinical research center director at the Cleveland VA, will lead the study here.

The VA's Phase 2/3 study is looking to enroll non-pregnant, healthy adults ages 18-85 who are at risk for contracting COVID-19. Priority will be given to veterans, whether or not they are enrolled in VA care.

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An equal number of participants will get the vaccine and placebo during the VA's trial, the VA said.

Clinical development of new drugs or vaccines is a three-phase process, according to the Centers for Disease Control and Prevention. In Phase 1, small groups of people receive a trial vaccine. In Phase 2, the trial vaccine is given to people who have characteristics similar to those for whom the new vaccine is intended. In Phase 3, the vaccine is given to thousands of people and tested for efficacy and safety.

People interested in participating in the study through the Cleveland VA Medical Center can call 216-791-3800 ext. 65273. Once the maximum number of participants is reached, the VA will track interested participants for a potential future study, the VA Center said.

Wexner Medical Center trial

The Wexner Medical Center will be a test site for a multicenter, 30,000-person clinical trial testing an experimental COVID-19 vaccine, Ohio State announced recently.

The vaccine, called AZD1222, was co-developed by the University of Oxford and the biopharmaceutical company AstraZeneca, Ohio State said in a statement.

A large early-stage clinical trial in the United Kingdom showed this experimental vaccine is safe and prompts a strong immune response, producing both antibodies and T-cells, which find and attack virus cells, the university said.

"Time is of the essence to develop a vaccine and/or drugs that can halt the transmission of (the coronavirus) and reduce the serious health effects and deaths caused by COVID-19," Dr. Susan Koletar, director of the division of infectious diseases at Ohio State Wexner Medical Center and principal investigator of this vaccine trial, said in a statement.

About 500 adults are needed for the randomized, double-blind and placebo-controlled trial to evaluate how well the AZD1222 vaccine protects people from COVID-19.

The Wexner Medical Center study is looking for participants who are at high-risk for exposure to COVID-19, including people over 65, teachers, first responders, college students, and factory and restaurant workers.

Study participants will receive either the experimental vaccine or a placebo, have blood samples drawn and follow up with medical experts over two years. Those interested in volunteering for the AZD1222 clinical trial can apply by clicking here.

Results from the Wexner Medical Center and other clinical trials conducted through the COVID-19 Prevention Network are critical in getting a COVID-19 vaccine to market, said Dr. Rama Mallampalli, chair of the department of internal medicine at The Ohio State University College of Medicine, in a statement.

The National Institute of Allergy and Infectious Diseases created the COVID-19 Prevention Network, using the infectious diseases expertise at four of its existing clinical trials networks. This allowed the network to quickly set up COVID-19 clinical trials at sites with a long history of research and collaboration, Mallampalli said.

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University Hospitals

UH joins about 120 clinical investigational sites around the world that will collectively enroll up to 30,000 participants in a trial to test a proposed COVID-19 vaccine, the hospital system said recently. The phase 2/3 vaccine study is sponsored Pfizer Inc. and BioNTech SE.

The new study will enroll adults 18 to 85 who are not pregnant. Because of the disproportional rate of COVID-19 among people of color, UH plans to ensure that people of color are well represented in this study, the hospital system said. Call 612-524-9091 to learn how to participate.

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1.9 - FOX News: Pentagon taps Google for A.I. project to help veterans battling cancer (2 September, Nick Givas, 72.4M uvm; New York, NY)

EXCLUSIVE – Google announced Wednesday it has been chosen by a sector of the Defense Department to assist with a new U.S. health system designed to help pathologists study and identify certain types of cancers suffered by military veterans.

The Defense Innovation Unit (DIU) tasked Google with crafting a specialized artificial-intelligence model of information that could be overlayed with augmented-reality microscopes. Google's machine intelligence then helps doctors as they use the microscopes to map out the tumor, in an effort to determine its distinct makeup and cellular structure.

Vice president of the global public sector for Google Cloud Mike Daniels spoke with Fox News about the program. He said the innovations being rolled out could lead to exciting breakthroughs in cancer research, as well as general health care.

"Health care is critical to the military's force readiness," Daniels said during a phone interview. "More important than that, or equally important, is funding for certain cancer-related programs. The DHA (Defense Health Agency) spends $1.7 billion of its annual budget on cancer research.

"We are hoping by activating A.I. we are able to accomplish two outcomes," Daniels continued. "One is, better patient outcomes with respect to diagnoses, and two is to create some efficiency to help these pathologists sift through the enormous amount of data they have. It's an important practical application of A.I. at the point of care, to drive real-world outcomes that matter for our country."

The program, also aimed at helping drive down medical costs, is focusing on both active-duty military members and veterans, to be implemented at DHA treatment facilities and Veterans Affairs hospitals across the U.S.

"How it happens is, there is a limited set of military hospitals and VA facilities that have augmented-reality microscopes," Daniels explained. "We are deploying our already developed model onto those microscopes to literally be a virtual assistant for the pathologist, at the time when they are looking at these slides."

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He added that the technology "identifies areas where they might want to look closer, because of an algorithm relay match. ... Our responsibilities will include day-to-day program management, architecture, and technical implementation of that aspect."

Aashima Gupta, the director of global health care solutions for Google Cloud, also spoke with Fox News about the undertaking. She said the level of relief the program will provide practicing pathologists cannot be understated.

The program will lighten pathologists' workloads by lessening the number of hours they must spend on such dense material, freeing them to do a deeper dive into the other aspects of their advanced research, while also expediting the publishing of their findings, Gupta said.

"Looking through a pathologist's microscope and examining the tumor in a patient, that's the gold standard today," she said. "They look through the microscope and look into the tissue of the tumor. Looking at the tissue has a profound impact on most of the treatment decisions, but the task is very laborious today and pretty burdensome.

"When they're looking and analyzing tissue, small cells need to be noted and this can be used to determine the stage of the cancer," she continued. "Our hope is to limit the unidentified data by bringing this technology into the clinical workflow so that while the pathologist is doing that examination, the model overlays and identifies the areas where it may need more focus. Doctors can tell if there are certain areas where they can go deeper, or if certain segments need more attention than others."

Daniels said the world is fast approaching the perfect conditions for a substantial leap forward in terms of machine learning. He claimed society has been inching close to the day when this kind of A.I-related research will yield myriad practical applications that could end up trickling down to the public for mass-use, not unlike many discoveries of the Pentagon's DARPA (Defense Advanced Research Projects Agency) unit.

"We've just invested a ton of research and development (R&D) dollars into pathology specifically and this model is one result of that – combined with the fact that we are a pioneer in artificial intelligence and machine learning," Daniels said. "Now, because of the maturity of the technology and our cutting edge A.I. – coupled with our deep investment in pathology, it's finally at the right intersection to try to go out and practically apply this at the point of care. Which is to me, the breakthrough – a sort of 'Aha! moment' associated with this project."

He added, "To the extent that we are able to affect military readiness, to drive better outcomes for our service members and veterans – along with allowing DHA to redeploy funds to other cutting edge research areas – if we can do that, we've made an enormous impact not just medically, but for the country, We are very honored to be part of this project as we try to contribute to the DOD – and frankly to the entire nation in this way."

Initially, the program will focus on "targeted cancers," including breast, colon and prostate cancer, cervical dysplasia and lymph node metastasis.

However, from a technological perspective, the project could expand to include other types of cancers in the future and may also have the potential to yield new artificial intelligence methods, which could be used to seek knowledge outside the initiative's original focus.

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2. Improving Customer Service

2.1 - The Hill: It's time to focus on the needs of minority veterans (2 September, Rory E. Riley-Topping, 33.4M uvm; Washington, DC)

Thus far, 2020 has been a year of social unrest and, in the hopes of many, a year that will bring about systemic change.

Issues relating to social justice for minorities have taken center stage in this regard, from the aftermath of the killing of George Floyd in Minneapolis, Minn., to seeking justice for Breona Taylor in Louisville, Ken., to the most recent shooting of Jacob Blake in Kenosha, Wisc.

As the public is learning, however, often with frustration, our governmental and political institutions are often slow to embrace change. Two examples of this can be seen in the collision of how we approach legislation and policy related to minority veterans' issues.

Although the U.S. Department of Veterans Affairs (V.A.) founded its Center for Minority Veterans at the direction of Congress in 1994, and minority veterans make up nearly a quarter of the total veteran population in the U.S., in a recent report, V.A. found that racial and ethnic disparities still exist within its healthcare system.

Minority veterans, like minorities in the U.S. generally, have unfortunately faced decades of discrimination that has been reinforced through legislation and government policies.

For example, although most associate the G.I. Bill with benefits that allowed veterans to prosper after World War II, the legislation was structured in such a way that, although not specifically excluding African-American veterans, in effect prevented them from accessing its benefits.

Specifically, southern democrats, including then-Chairman of the House Veterans' Affairs Committee, John Rankin (D-Miss.), feared that returning black veterans would use their status as veterans to advocate against Jim Crow laws, and therefore advocated that the programs be administered by individual states instead of the federal government.

Similarly, some African-American veterans could not take advantage of the G.I. Bill or other V.A. benefits because minority veterans received dishonorable discharges at a much higher rate than their white counterparts.

This problem still exists today, as evidenced by recent testimony provided Lindsay Church, the Executive Director of Minority Veterans of America before the House Committee on Veterans' Affairs, which noted that: "black service members were substantially more likely than white service members to face military justice or disciplinary action, a key factor in the characterization of service of discharge paperwork."

The testimony concluded that: "Bad paper discharges compound the already unjust and inequitable social and structural conditions which categorically disadvantage minority veterans."

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Moreover, a recent survey conducted of V.A. employees found that 78 percent of union members thought that racism was a problem at V.A., and 55 percent stated that they had witnessed racial discrimination against veterans.

Although VA employees stated that they requested an Office of Inspector General Report to investigate racism at various V.A. facilities, no action was taken.

The employees also requested that Congress hold a hearing on the subject and initiate its probe into racism at V.A.

Congress, however, is also an institution that is slow to embrace change and has grappled with its issues surrounding how to implement meaningful reform given the partisanship and divisions of its current members.

Although a hearing on minority veterans' issues, as requested by the minority V.A. employees, is a good place to start, it should be acknowledged as just that, a starting point. Unfortunately, across Congress, the average number of days per hearing topic has declined from several to just one, and often to only an hour or two per subject at best, which restricts members' ability to properly assess the scope of the issue and have meaningful dialogue offering possible solutions.

Indeed, over this past Congress, hearings before the House Veterans' Affairs Committee have lasted an average of about two hours and rarely have more than a handful of witnesses.

Importantly, however, Congressional committees, including HVAC, do have other options available beyond simply holding a single hearing that may or may not lead to change.

One recent successful example is the Committee's handling of issues related to female veterans – which involved creating a bipartisan Women Veterans Task Force.

The Task Force works "to increase the visibility of the two million women who have served in the U.S. military and promote inclusivity and equitable access to comprehensive healthcare, benefits, education and economic opportunity, and other federal resources, particularly at [V.A.]."

Stakeholders have praised the Task Force for tackling head-on issues that marginalize women veterans and address the inequities they endure.

To this end, since minority veterans similarly face issues related to marginalization and inequality related to their service, and minority veterans represent a larger percentage of the current veteran population than female veterans, the Committee could create a similar task force to address issues related to minority veterans specifically.

And, finally, the Committee could take things one step further by re-evaluating their Subcommittee structure and creating a subcommittee that is specifically devoted to minority and women veterans' issues.

Currently, House Rule X limits most House Committees to five subcommittees, which the House Veterans' Affairs Committee already has. However, one of these subcommittees is an oversight subcommittee, and the rule allows for six when one of the designated subcommittees is designated explicitly for oversight. Therefore, the Committee could take action and create an

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additional subcommittee, just as it did when it created the new subcommittee on electronic health record modernization in 2018.

As recently noted by the Government Accountability Office, subject matter that has been the topic of congressional hearings and other targeted oversight activity typically make the most progress in terms of implementing its recommendations, an argument that strongly favors the Committee creating an entity specifically devoted to minority veterans' issues.

By 2040, minority veterans are projected to make up over 35 percent of all living veterans. With this perspective in mind, as well as the recent momentum acknowledging the need to correct our nation's history of systemic racism, the time is right for Congress to begin focusing on the unique needs of the minority veterans' population.

Rory E. Riley-Topping is the founder of Riley-Topping Consulting, where she continues to work with various veterans organizations. [...]

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2.2 - Politico: **Why veterans want money for the Postal Service** (2 September, Eleanor Mueller, 25.7M uvm; Arlington, VA)

The shrinking U.S. Postal Service payroll is imperiling a go-to career for military veterans, who have long relied on the agency for well-paid and secure jobs in public service.

Driven by years of financial strain and accelerated by operational changes imposed by newly installed Postmaster General Louis DeJoy, the agency has steadily reduced pay, intensified workloads and shifted toward temporary workers, resulting in a higher turnover and a steadily declining workforce at one of the nation's largest employers of vets.

The trend is a major reason why veterans groups are pushing for Congress to enact emergency funding for the agency by the end of September.

Democrats are fighting to enact more funding and reforms for the agency, something they say takes on outsize importance given the number of Americans who will have to vote by mail in the upcoming presidential election because of Covid-19. Republicans counter that any money is meaningless without an attempt to improve the agency's long-term sustainability, and should not be passed without a broader pandemic aid package.

USPS employed nearly 100,000 veterans at the beginning of 2020, according to agency data. In 2018, veterans made up 16 percent of the Postal Service workforce, per a Pew Research Center analysis — nearly three times their 5.8 percent representation in the workforce overall.

"We're promoting these jobs for veterans as these stable, good jobs to make sure our disabled veterans have gainful employment because they served their country, and now we're trying to underfund it, cut the programs, cut the way hiring processes are," said Will Attig, executive director of AFL-CIO's United Veterans Council. "Now, when a veteran comes home, they get hired as a temporary worker."

"That's kind of, in my opinion, pretty disrespectful."

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The Postal Service employed 633,108 workers as of the end of fiscal 2019, according to Pew, 30 percent below its peak in 1999. More than one in five are considered “non-career,” meaning their positions are temporary, earning lower pay with fewer benefits. In 2010, just 13 percent were non-career, according to USPS.

At the same time, overall pay has decreased: Postal Service mail carriers earned a median hourly wage of $24.67 in 2019, according to Labor Department statistics. A decade earlier, they were earning a median hourly wage of $25.10.

As the number of overall USPS employees has dropped, so too has the percentage of veterans: The Postal Service workforce was more than 31 percent vets in fiscal 1999, according to USPS’ annual report to Congress that year. Today, veterans make up about 8 percent of new hires, according to USPS.

These trends have emerged over the course of years. But the operational changes imposed — and after a barrage of criticism, temporarily paused — by DeJoy have sped the process, economists say. Since taking office in June, the former XPO Logistics executive and GOP donor has moved to limit overtime, close mail processing facilities and displace top executives, in what he says is an attempt to cut costs. Democrats and postal workers say they worry it is a well-coordinated attempt to privatize the agency.

“The idea is it will be easier to reorganize and privatize if you can try to make the whole thing nonfunctional,” said Sarah Ryan, a former USPS employee and labor professor at Evergreen State College. “It’s just a stab in the heart to make the whole thing nonfunctional.”

“It’s just intentional chaos.”

USPS officials counter that the trends, including lower salary schedules and more non-career workers, have been key in keeping costs low.

"In the 2010 round of collective bargaining, the Postal Service was able to introduce a lower salary schedule for new career hires as well as a lower-cost non-career component of the workforce, which has saved the Postal Service billions of dollars and allowed it to restrain labor cost growth relative to the private sector," USPS spokesperson David Coleman said.

"[N]on-career employees have saved the Postal Service over $11 billion over the past decade."

Coleman said the trends may also have served to drive veterans away: "The USPS Talent Acquisition Team believes the reason for the decline [in veteran workers] is there has been more of a focus on non-career hiring which may not be as attractive to our veteran population."

Many veterans have been drawn to the Postal Service's mission of public service and relatively militaristic structure. Regions are headed by postmasters; workers who don’t show up for their shifts are dubbed AWOL.

“Our soldiers want to serve, and they want stability when they come home,” Attig said. “They want to be part of something that’s not just a 9-to-5.”

Keith Combs was discharged from the U.S. Marines on May 11, 1987. On May 12, he was “knocking on the post office door, putting in an application,” Combs, now 57, said.

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"I kind of felt like it wasn't much different than the service I was already providing to the United States," said Combs, who still works for USPS as a mail processor and heads the American Postal Workers Union's Detroit chapter. As a USPS employee, "I would still be providing service to the United States."

Veterans also like the Postal Service because it allows them to live almost anywhere and take time off to serve in the National Reserve.

"A lot of our veterans when they leave the military, the majority of them try to come back to their home states, their hometowns," said Ariel De Jesus, an assistant director at American Legion. "And of course, there's always a post office over there."

The House passed a bill on Aug. 22 that would funnel $25 billion into the agency — $15 billion more than was enacted via the CARES Act, an earlier pandemic aid package, in the form of a loan. But Senate Majority Leader Mitch McConnell called the bill a "a totally piecemeal postal bill" based on "overblown conspiracy theories." The White House threatened a veto.

Veterans — historically one of President Donald Trump's most reliable voter bases — are taking note, Soltz said. They are also concerned about well-documented delays in Veterans Affairs mail-order prescriptions and veterans' disproportionate reliance on mail-in voting.

"Those three combinations of issues — our military votes by mail, the USPS is a huge hirer of veterans, and prescriptions are delivered by mail — put the president in a position he didn't understand," Jon Soltz, chair of VoteVets, said.

Trump campaign officials countered that Trump is an advocate for veterans.

"President Trump is a staunch champion for America's veterans," said Ken Farnaso, deputy national press secretary for the campaign. "President Trump will always prioritize the health and well-being of our nation's heroes while ensuring that their sacred vote is secure and counted."

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2.3 - Connecting Vets: VA secretary pushes back on USPS prescription delays but some slowdowns persist (2 September, Abbie Bennett, 10M uvm; Washington, DC)

Department of Veterans Affairs Secretary Robert Wilkie is pushing back on reports that U.S. Postal Service delays have led to slowdowns for veterans' prescription deliveries. But internal emails show some delays are ongoing.

Wilkie brushed off reported delays as "conspiracy theories" he said were being used to "score political points against the Trump administration" in an Op-Ed published in the Washington Examiner on Tuesday.

But VA previously acknowledged delays to its staff, veteran service organizations and Congress, saying that the department had seen its prescriptions mailed by USPS delayed by about 25% in 2020 so far.

VA also told Congress it planned to mitigate those delays by sending prescriptions earlier, working with USPS to ensure those packages were prioritized, switching to alternative delivery

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services such as UPS and FedEx in some cases, and asking veterans to pick up prescriptions at department pharmacies. VA told lawmakers USPS delays may have been worse in some areas, such as New York, New Jersey, Arizona and Michigan. In emails to veterans, VA advised them to preorder refills for medications as soon as they receive their latest batch.

Internal communications at the department obtained by Connecting Vets show some slowdowns continue.

At one VA pharmacy in the southeast, internal emails said that more than 100 veterans had contacted VA to complain of delayed medications.

Some prescriptions were delayed two weeks or more, including antidepressants, anti-anxiety medications, medications to treat and prevent pain and seizures and more.

Some of those medications had to be replaced because of the delays, according to the emails.

"Increases in mailing time are resulting in breaks in therapy," staff said.

Pharmacy staff worried that some of the medications could be less effective after sitting in postal storage for weeks, other internal communications show.

One VA pharmacy had to replace about 100 prescriptions by either shipping them overnight or having patients pick them up -- not new methods for the department, but efforts staff said they had to switch to in cases when USPS deliveries did not arrive as expected.

About half of those were controlled substances that are highly regulated or were refrigerated medications that are normally shipped by USPS priority mail. They were mailed the second week of August and hadn't moved by the end of the month, with no information from USPS on where they were or when they'll be delivered.

Air Force veteran Gary Fowler told Connecting Vets his medication was shipped out on Aug. 5, and he didn't receive it until Sept. 1. When he first noticed the delay in August, Fowler said he contacted VA and was able to pick up the medication at a department pharmacy, a 45-minute drive away.

"They were unable to explain the delivery delay so they allowed me to pick it up at the outpatient pharmacy," Fowler said. "I was just prescribed another med and they were able to do the same thing so I didn't have to deal with the delays again."

Fowler is just one of more than 200 veterans, caregivers and VA staff who began telling Connecting Vets of prescription delays in late July, delays ranging from a few days to weeks. Previously, many of those veterans and caregivers said they almost always received their VA prescriptions promptly within a few days. They provided documents showing those shipping delays, internal communications and more.

Wilkie argued that the reported delays, which he called "misinformation" could "cause harm to those who served this country" by casting doubt on VA's ability to reliably supply prescriptions by mail, which he said still average fewer than three days -- below the department's target of three to five days for deliveries.

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"It's only natural that some isolated problems will occur, given the volume of prescriptions we send in the mail," Wilkie wrote. "But when we see delays, we don't sit back and accept them — we find solutions. VA staff continuously monitor our delivery times, and we shift to commercial carriers if USPS is experiencing problems in certain regions of the country ... Veterans should never be given reason to doubt a system that continues to work for them at a high level, year after year."

The vast majority of VA prescriptions are fulfilled by mail from a group of seven massive, automated hub pharmacies across the country, the Consolidated Mail Outpatient Pharmacy (CMOP) system. That centralized pharmacy system processes about 80% to 90% of all VA outpatient prescriptions and most (90%) of those are shipped through USPS. The other prescriptions are typically filled at local VA medical facilities.

VA's mail-order pharmacy system processes more than120 million prescriptions per year, nearly half a million prescriptions daily and each working day, more than 330,000 veterans receive a package of prescriptions in the mail. Veterans who live further from VA medical facilities, especially in rural and remote areas of the country, often depend on mail-order prescriptions.

USPS is one of the country's largest veteran employers, with nearly 100,000 veterans on staff (about 15% of the total USPS workforce). About 60% of the veterans working at USPS have a disability rating, the agency estimates.

Given the volume of mail-order prescriptions VA has, Press Secretary Christina Noel told Connecting Vets on Sept. 1 that "there are going to be isolated reports of delays" but, "the number of reports has no increased significantly during the pandemic." VA's use of in-person pharmacies or commercial carriers such as FedEx and UPS also have not increased significantly during the pandeic, Noel added.

As reports of USPS delays grew in August, some attributed them to changes made by new Postmaster General Louis DeJoy, who took over the service on June 15. DeJoy has been a top donor to President Donald Trump, and issued a memo during his first month leading USPS announcing new policies, including that the Postal Service would now leave mail behind to ensure delivery trucks complete their routes on time.

House and Senate lawmakers -- both Democrat and Republican -- shared reports of delayed mail, including from veterans who had seen a slowdown in their mail-order prescriptions, during hearings on Capitol Hill where DeJoy was called to testify. DeJoy largely argued that the pandemic caused mail delays, not any decisions he made.

In late August, Senate Veterans Affairs Committee Chairman Jerry Moran, R-Kansas, sent DeJoy a letter asking him to prioritize veterans and troops as he considers USPS reforms.

"There is no doubt the COVID-19 pandemic has challenged postal operations as it has so many aspects of our society," Moran wrote. "In light of the difficult environment, I urge you to remain mindful that ongoing management and operational reforms do not negatively impact important functions which VA and our veterans rely."

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2.4 - Military.com: **As Veterans Battle Pandemic Isolation, Organizations Adapt to Meet Their Needs** (2 September, Alyk Russell Kenlan, 5.6M uvm; McLean, VA)

For Scott Tekesky, his time stationed at an Army base on Oahu, Hawaii, far from his family, prepared him for the isolation of sheltering in place in his suburban Atlanta home for months because of the COVID-19 pandemic.

"When you're in the continental United States and get orders to go to Hawaii, you think beaches and palm trees," said Tekesky, a former infantry officer who left the service in 2014 as a first lieutenant. "About three or four months into getting there, you had the realization you're literally on a rock, in the middle of the Pacific Ocean, thousands of miles from the next piece of land and family. In that sense, it prepared us [for COVID-19]."

Through the nonprofit group Team Red White and Blue, where he is now an area director, Tekesky has been connected to the veteran community. He's relied on that friendship to support him while sheltering in place the same way he relied on fellow soldiers to help him while in Hawaii.

COVID-19 has exacerbated feelings of isolation for many veterans. From anxiety about the future, to financial instability or limited socialization, the pandemic has caused a surge in demand for veteran mental health support organizations, said Erin Fletcher, clinical director at the Wounded Warrior Project, a Florida-based nonprofit that supports injured veterans transitioning to civilian life.

"The stigma of mental health was getting in the way pre-pandemic," she said. "Now's the time; there's help and it does work."

From March to July, WWP's phone support sessions for veterans and families increased 36%, and referrals to mental health providers increased 52%. WWP has increased its mental health services, despite reshaping its programming to be wholly digital, Fletcher said.

For instance, "Project Odyssey," a 12-week workshop that brings 15 veterans together to work through mental health concerns, pivoted to being entirely online.

"They're still receiving psycho-education to increase their resiliency and psychological well-being," Fletcher said

WWP sees increased digitization as a permanent new way to reach veterans who might not have been able to access mental health support before.

"This is providing quality resources that isn't just a Band-Aid," Fletcher said. "This is something that we're going to continue to offer."

The Department of Veterans Affairs has also seen a spike in virtual mental health services during the pandemic, with mental health providers in April experiencing an almost six-fold increase in calls compared with pre-pandemic days.

"VA has been increasing its mental health outreach since the beginning of the pandemic, including increased use of social media, blogs and paid media to increase veteran awareness of services," a department spokesperson said. "VA has also targeted veterans who may be at

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increased risk of suicide or mental illness due to COVID-19 with the development and expansion of self-help protocols, like our COVID-19 mobile app."

The pandemic ushered in a massive increase in telehealth services at the VA, even beyond mental health needs. Between February and June, the department saw a tenfold increase in clinical video visits, officials said.

While telehealth services have expanded at the VA and nonprofits, in-person veteran mental health facilities like the Boulder Crest Foundation, a nonprofit with campuses in Virginia and Arizona that helps combat veterans overcome trauma, have had to scale back some operations.

"Our Warrior PATHH [Progressive Alternative Training for Healing Heroes] program is very sought after, and we've tried to keep that running through COVID," said Ken Falke, chairman of the board at Bouldercrest.

Since the Warrior PATHH program works with groups of eight people at a time, it was possible to adapt the in-person elements to be socially distant, he said. However, Boulder Crest has stopped other programs, such as bringing family members to stay on its campus.

"Sometimes, it takes two to three months to get into one of our programs, and because we've had delays [during COVID-19,] people are waiting longer, and that adds to their anxiety," Falke said. "Isolation has gotta be one of the worst things that can happen to a human."

Tekesky fought his feelings of isolation through group fitness, which has also helped many veterans struggling with isolation and anxiety during pandemic. Team Red White and Blue is a nonprofit headquartered in Atlanta. With 192 chapters across the country, the organization builds a community for veterans through physical and social activities.

"There is a direct connection between making your physical health a priority and making sure to connect with somebody else every day, and emotional and mental health," Team RWB spokesperson Bana Miller said.

While the organization has stopped in-person activities, it has seen digital participation "skyrocket," with almost 250,000 digital event check-ins this year, she said.

"It's become an opportunity for our members to not only connect within their community but to connect across their communities," Miller said. "You might have a veteran in San Diego, who is doing a Zoom yoga session with a veteran in Virginia Beach. It's brought people closer, despite the distance, no matter where they are."

Beyond providing a sense of community during shelter-in-place orders, Team RWB has also helped people stay active when gyms closed and many spent all day at home. Its socialization and fitness programs also have worked for mental health challenges during the pandemic.

"One of the things our organization has tried to address over the last couple of years is supporting veterans as they transition away from their service," Miller said. "They're experiencing all sorts of challenges that include isolation and weight gain. And that seems to be a common experience across the country and probably around the world during this pandemic."

In March, Tekesky competed in Team RWB's digital Olympic Games. While teams competed by local chapters, the event encouraged community building within each team, rather than rivalry.

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Tekesky, who sheltered at home with his wife Chelsea and 6-month-old son Sawyer, said the mindset he developed in the military helped him manage during the pandemic.

"It's just a situation that you adapt to, and that's what makes the military community so capable in a time like this," he said. "That mindset of assessing [a situation] and accepting it. But then you have to still operate in it. You can't stop; you have to keep going."

Keeping an optimistic outlook is necessary, he said. Acknowledging his feelings of anxiety about the future and then focusing on what he could control helped him stay positive and happy during the shelter-in-place order, he explained.

"It was a really tough situation, but there were definitely some nuggets of awesomeness," he said. "We got to see [Sawyer] crawl; we got to see him say his first words. And [the pandemic] has gone on so long we got to see him take his first steps."

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2.5 - The Oregonian: **Oregon could herald a research-driven psychedelic renaissance: former Navy SEAL says psilocybin helped him cope, could aid many more if voters say yes** (2 September, Bryce Dole, 4.6M uvm; Portland, OR)

The former Navy SEAL walked into a house somewhere in California late on a December evening. Inside a large candlelit room, ominous spiritual music swelled as he approached nearly a dozen veterans seated in a circle.

It had been nearly three months since his first treatment, in Mexico. And overall, things had been better. But eighteen years of service, on missions across the world and in combat zones, had taken a toll.

He struggled with post traumatic stress disorder and often turned to alcohol and drugs to cope. Worst of all, he said, he ignored the people who loved him.

So he'd come to California to try something new: psilocybin, the psychoactive ingredient in "magic mushrooms."

A man and his two assistants walked around the room, handing out capsules of the psychedelic drug. For the next five hours, the former SEAL's mind flooded with memories of combat, his fellow soldiers, his family and friends. He listened to the stories of the other veterans and felt empathy for their struggle. Afterwards, he felt relief, like a weight he didn't know was there had been lifted off his shoulders.

"I couldn't get out of my own head, my own suffering and need," Chad Kuske, the SEAL, said in August from his home in Lake Oswego. "I knew that I wasn't there. I was pretending. I couldn't even acknowledge the PTSD or the things that affected me. I was in total denial."

The session Kuske attended in 2019 was part of a loose network of underground psychotherapy groups that have formed during what many have come to call a psychedelic renaissance.

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Studies from numerous universities have shown promising evidence that psilocybin – and other psychedelic drugs like LSD – can help people who struggle with mental illness, end-of-life anxiety, addiction and PTSD.

Today, multiple cities have decriminalized the drug. But only Oregon is looking to legalize it for therapeutic use. If passed, Ballot Measure 109 would make it the first state to make it legal to use psilocybin in the presence of a trained therapist.

Psilocybin is a naturally occurring compound found in more than 200 species of mushrooms. The hallucinatory fungi have been ingested for their mind-altering effects for hundreds and possibly thousands of years.

Scientists say psilocybin can occasion hallucinations, shifts in perception, changes in sense of time, moments of euphoria and spiritual experiences that can have longstanding positive effects.

Psilocybin research at Johns Hopkins University showed that over two-thirds of participants had "mystical experiences" that ranked among the most profound in their lives, resulting in increased well-being and life satisfaction.

Federal law, however, classifies psilocybin as a Schedule I drug, like LSD and marijuana, and the Drug Enforcement Agency cautions it may cause temporary physical or mental harm in some cases. Federal officials note that it is not addictive.

When taken in an uncontrolled setting, the drugs have been known to cause panic and anxiety. People with certain mental illnesses – like bipolar disorder or schizophrenia – are deliberately screened out of therapy by scientists, who fear it could induce psychosis.

Ingesting the wrong kind of mushroom, which may look nearly identical to a psilocybin mushroom, can cause paralysis and death.

That's why leaders of the Oregon initiative don't seek to make the drug recreational. Tom and Sheri Eckert, the husband and wife chief petitioners behind the measure who both practice therapy in Beaverton, insist that the drug be legalized only for supervised therapeutic use. Its use must be rooted in science and regulated with the guidance of scientists and health care professionals, the Eckerts say.

The initiative's focus point is one that the Eckerts believe is a national crisis that is especially dire in Oregon: untreated mental health conditions. The state has one of the highest rates of mental illness in the country, according to the Centers for Disease Control and Prevention.

"We need options. And this is a valid therapeutic option that could help thousands of people," said Tom Eckert.

But the treatment isn't only for Oregonians struggling with mental health problems. If voters pass the measure in November, anyone age 21 or older who passes a screening will be able to access the services for "personal development," the Eckerts said.

Research from the University of Amsterdam has shown that psychedelic drugs can also help healthy people, "with single doses capable of producing lasting changes in wellbeing and purpose," the study said.

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Despite the influx of positive research from prominent U.S. and British universities and elsewhere, some people remain skeptical that psilocybin should be legalized except in rare circumstances.

At least one Oregon specialist who's researched the drug's positive effects says its use should be highly regulated. Some advocates of constrained use of psilocybin worry the use of the drug will be contorted for profit.

"I don't think it's just about making people love rainbows and want to hug trees," said Chris Stauffer, an award-winning researcher and psychiatry professor at Oregon Health and Science University who studies psychedelic treatments. "It does things to the mind that are powerful. But if our motivation changes from wanting to heal to something else" that could be problematic, he said.

Kevin Sabet, a former longtime senior adviser in the White House Office of National Drug Control Policy under Presidents Bill Clinton, George W. Bush and Barack Obama, has said that legalizing psilocybin should be contingent upon science.

"Big tobacco is already involved in marijuana. I'm not surprised to see efforts to decriminalized other drugs," Sabet said in an interview with The Daily Signal after Denver decriminalized psilocybin. "Mushrooms are the next easiest argument. It's low-hanging fruit. They're not going to call for legalizing crack cocaine now. But they are not going to stop with mushrooms in Denver."

Even Michael Pollan, a journalist and professor who wrote a book on psychedelics and their benefits, "How to Change Your Mind," has expressed concerns.

"As much as the supporters of legal psilocybin hope to follow the political playbook that has rapidly changed the status of cannabis in recent years," Pollan wrote in the New York Times, "they need to bear in mind that psilocybin is a very different drug, and it is not for everyone."

NEW RESEARCH SHOWS PROMISE

Stauffer, now a Portland doctor specializing in research, became interested in studying psychedelics, trauma and addiction after a failed acting career. He quickly saw parallels.

"When you're someone's going through a (psychedelic) treatment, it's almost like a waking dream," Stauffer said. "As a researcher, you get to know the characters within them that are holding them back."

Stauffer's research began during a neuroscience fellowship at the San Francisco Veterans Affairs Medical Center. Today, he works at the Portland VA Medical Center and specializes in the treatment of PTSD and substance use disorders in veterans and LGBTQI+ populations.

Stauffer has conducted multiple therapeutic studies using psychedelic drugs, including psilocybin and MDMA. His studies, which have included combat veterans, long-term AIDS survivors and methamphetamine users, have shown overwhelmingly positive results, with significant reductions in depression and PTSD.

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Patients were also often more able to confront grief and felt a sense of connectedness to themselves, friends and families that had been lost to years of unresolved trauma, Stauffer said.

“In trauma, your mind creates these riddles and puzzles to keep your consciousness away from these things that are so overwhelming,” Stauffer said. “But when MDMA and psilocybin are on board, you go on these metaphorical journeys.”

Though his colleagues often voiced skepticism, Stauffer says that the stigma towards psychedelic drugs has shifted over the past several years. Research has made radical progress from when psilocybin was initially designated as a Schedule I drug decades ago to signify it has no accepted medical use and a high potential for abuse.

Psilocybin – like LSD and other psychedelic drugs – was tested in the 1950s and 1960s for treatment of addiction and mental illness, and often yielded positive results. Tests were also conducted by the Central Intelligence Agency and the Army to determine if the drugs could be used as truth serums, deterrent against enemy forces and mind-control.

In 1970, amid concerns of an anarchistic youth uprising fueled by psychedelics and tales of suicides, murder and psychotic breaks, the Nixon administration placed most psychedelic drugs on Schedule I. Though many horror stories eventually proved untrue, studies largely came to an end for a half-century.

In recent years, research at prominent universities like Johns Hopkins, Imperial College in London and the University of California, Los Angeles has dispelled many longstanding preconceptions of harm.

The research has proven so convincing that psilocybin was designated by the Food and Drug Administration as a “breakthrough therapy” in 2018 and 2019. The designation recognizes that the drug may have greater benefit over current depression treatments and promises to accelerate its development and review.

In guided psilocybin therapy, a therapist first gets to know the patient’s life story and prepares them for the experience. On the day of the treatment, the patient is provided with dark eyeshades and a high dose of the drug, which “blasts you off into the cosmos,” Stauffer said.

The therapist sits beside the patient as they endure the journey, helping them navigate and confront difficult moments. Without the therapist’s help and encouragement, the patient could resist the drug’s effects, resulting in anxiety and panic.

After the session, the facilitator and the patient work to distill the meaning of the experience in a process called “integration” and figure out how the patient can put the lessons learned into daily practice.

For those with unresolved trauma, Stauffer says psilocybin can prompt a reconciliation that would have been impossible for the patient to withstand on their own.

“You literally see yourself taking the chains off the locks in your own mind, which brings with it a flood of trauma memories that can be terrifying,” Stauffer said. “Our job is just to keep encouraging them to keep looking. And then, when they go back to the box, most often those chains are gone.”

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NATIONAL WAVE COULD FOLLOW

What Oregon voters decide in November could have ripple effects across the country. It wouldn't be the first time.

In 1973, just three years after federal officials classified marijuana as a Schedule I drug, the state became the first to decriminalize it, making possession of small amounts similar to a traffic ticket. Over the next five years, eleven other states would follow suit.

More recently, Oregon helped lead the nation in legalizing medical use of marijuana, and then, years later, legalized its recreational use. Other states, once again, followed suit. Oregon also was the first state to pass a bottle return law and to legalize assisted suicide. Both have spread to many other states.

"Oregon does tend to be the catalyst," Dustin Marlan, an assistant law professor at the University of Massachusetts School of Law, said.

The ballot measure contains safeguards, including a two-year period for state and local health officials to determine training, licensing, regulation and safety standards. The measure does not allow home use of psilocybin, and patients are not allowed to exit a treatment facility under its influence.

Since gaining enough signatures to qualify for the ballot, helped by $1 million from Dr. Bronner's soap company, proponents of the initiative have raised about $33,000 and spent just $4,300 since June, according campaign finance disclosures. Successful statewide ballot campaigns typically raise and spend millions.

Among the proponents are 42 doctors and nurses, 14 therapists and three elected officials, including Sen. Elizabeth Steiner Hayward, a Portland Democrat, Sen. Jeff Golden, an Ashland Democrat, and Congressman Earl Blumenauer, the Portland Democrat who has long advocated legalizing marijuana.

Chad Kuske is one of 10 veterans who've formally endorsed the campaign. Four of the 22 organizations endorsing the initiative are veteran groups.

In the Navy, Kuske was "top tier" he says. He likens it to playing for the New York Yankees but says that the pressure came with a price. The Navy medically retired him after 18 years on grounds his PTSD had become disabling.

"Living that way – being on all the time, ready all the time, judged all the time – there's no room for mistakes," Kuske said. "And when you're taken out of that, you're like 'What now? I'm lost. I don't have that mission anymore.' … It's really hard to just enjoy things anymore."

After taking psilocybin, Kuske said, he found it much easier to feel content. His awareness has improved, and when his pain and grief return, he knows how to get through it. Psilocybin has helped him overcome obstacles he never thought he could, he said.

He no longer uses hard drugs or alcohol. He meditates and does yoga daily. And every several months, he returns with his fellow veterans for another session.

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"You are shown the truth," Kuske said. "I've spent two decades wondering where I went wrong. I was always searching for something I'd forgotten about. Something that made me as angry as I was. But this medicine shows you the unclouded truth. I didn't forget anything; I just had the blinders on."

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2.6 - Task & Purpose: VA secretary dismisses mail-order prescription delays as 'conspiracy theories' despite his department confirming they were real (2 September, James Clark and Jared Keller, 1.4M uvm; New York, NY)

The top leader of the Department of the Veterans Affairs wrote in a Wednesday op-ed that reported delays in mail-order prescription deliveries due to changes at the U.S. Postal Service amounted to little more than "conspiracy theories," despite his agency confirming those deliveries have recently been delayed on average by roughly 25 percent.

Robert Wilkie, the secretary of veterans affairs, claimed in the op-ed published by The Washington Examiner that media reports of prescription delays were using veterans "to score political points against the Trump administration — this time by alleging delays in the delivery of prescription drugs by the U.S. Postal Service."

Wilkie added that these stories "falsely imply that the Department of Veterans Affairs is no longer a reliable supplier of prescription drugs through the mail."

However, Wilkie's claims are at odds with statements made by the VA.

Many learned about the issue in mid-August, after the nonprofit group Disabled American Veterans, which represents roughly 1 million wounded veterans, released a statement condemning the delays as "unacceptable" to injured veterans who depend on the mail delivery of prescriptions, claims decisions, and other critical messages from the VA.

"The VA has now confirmed to us that the United States Postal Service, which is responsible for delivering about 90% of all VA mail-order prescriptions, has indeed been delayed in delivering these critical medications by an average of almost 25 [percent] over the past year, with many locations experiencing much more significant delays," said Stephen Whitehead, DAV national commander.

In response, a VA official told Task & Purpose on Wednesday that DAV "does not speak for VA, and in this instance, the statements attributed to DAV omitted crucial context that the average number of days to deliver VA prescriptions via USPS averaged 2.86 days in July of 2020, faster than the 3-to-5 day delivery standard VA strives for," said Christina Noel, an agency spokeswoman.

Noel acknowledged the department has seen delays in deliveries, but argued they were relatively minor.

"While the average number of days to deliver VA prescriptions via USPS has increased from 2.3 days in June of 2019 to 2.86 days in July of 2020, the notion that this is somehow a major problem is not based on fact," Noel said. (A change from 2.3 days in June 2019 to 2.86 days in July 2020 amounts to a delay of nearly 25 percent).

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Todd Hunter, a DAV spokesman, told Task & Purpose that “we stand by our original statement as it was formulated based on VA-provided information.”

Though the VA says it has successfully met its benchmark of delivering medication to veterans within three to five business days on average, for those whose meds have been delayed, it can be a significant problem.

“There’s a warning label on one of my meds that if I stop taking it abruptly there’s a risk of seizures,” Tenley Lozano, a former coast guardsman in San Diego, told Task & Purpose in August.

For 73-year-old Marine veteran Richard Valdez, one of five who spoke with Task & Purpose about the issue, three of his four prescriptions — all critical to his health — were delayed by weeks.

“You start talking about 'what kind of meds would be impacted' and you've got vets with PTSD, and those with TBI, and you've got those with physical injuries from combat," Valdez said. "The whole picture really isn't being shown with regards to how this transcends the whole veteran population who are being impacted by these delays."

More than 80 percent of veterans who receive care from the VA get their prescriptions in the mail through Consolidated Mail Outpatient Pharmacies, which deliver prescriptions to some 330,000 veterans each day. The VA largely relies on the Postal Service to deliver those prescriptions — with more than 125 million prescriptions delivered in 2019 alone — though it does use commercial carriers like the United Parcel Service to handle some of its deliveries.

The Postal Service has become the latest political battleground in the run-up to the 2020 presidential election after President Trump said in August he would oppose funding for the agency in order to limit mail-in voting.

“Now they need that money in order to make the post office work, so it can take all of these millions and millions of ballots,” Trump said during an Aug. 13 interview on Fox Business Network. “But if they don’t get those two items, that means you can’t have universal mail-in voting, because they’re not equipped to have it.”

Trump’s comments sparked a renewed round of public outrage over perceived attempts to hobble the Postal Service, from planned cost-cutting measures to the removal of mail-sorting machines.

Concerns over the delays to veterans' prescriptions first gained traction last month following a series of stories by Connecting Vets' Abbie Bennett.

Although critics have focused on how reduced mail capacity could affect voting rights, lawmakers have become increasingly concerned over the potential impact on critical veterans’ benefits.

“Recent operational changes you ordered at USPS are needlessly delaying veterans’ access to life-saving prescriptions when the health and lives of Americans are already at high risk due to the COVID-19 pandemic,” a group of 31 senators wrote in an Aug. 13 letter to Postmaster General Louis DeJoy.

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Another letter signed by four congressmen was sent to DeJoy the following day.

"With local VA healthcare systems around the country experiencing medication shortages and switching to 30-day refills, which could cause additional delays and disruptions given the reliance on USPS, these delays are a real threat to our veterans, and your agencies must do everything possible to rectify the situation," lawmakers wrote in an Aug. 14 letter to both DeJoy and Wilkie.

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2.7 - WAVY (NBC-10): Local VA Union members to join nationwide COVID-19, racial justice protests Labor Day weekend (2 September, Madison Pearman, 1.4M uvm; Portsmouth, VA)

HAMPTON, Va. (WAVY) — Community members are invited to join local union members of the VA to participate in a socially distanced protest with motivations ranging from lack of protective equipment to ending systemic racism.

Union members have been taking to the streets for months protesting the VA's decision to eliminate hazard pay, shortages of personal protective equipment, calling for the passage of the HEROES Act, and an end to systemic racism at the VA.

The union says hundreds of members from the American Federation of Government Employees' National VA Council (AFGE NVAC) will hold protests across the country over the course of Labor Day weekend.

The states participating include Ohio, Virginia, Wisconsin, Nevada, Florida, Arkansas, California, Georgia, Kansas, Philadelphia, Minnesota, and possibly others.

A group in Hampton says they plan to join in the Virginia efforts on Thursday, September 3 at noon. According to a release from the group, they will be meeting outside the Hampton VA Medical Center.

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2.8 - WIVB (CBS-4, Video): VA of Western New York holds virtual birthday celebration for WWII Veteran (2 September, 699k uvm; Buffalo, NY)

The VA of the Western New York healthcare system had a virtual birthday party today for one of our local veterans.

Sydney Cole turns 106-years-old today.

He served in World War II as a former captain and pilot in the Army Air Forces.

The VA invited his friends and family to celebrate the special occasion via Zoom.

The online party was packed with lots of food, decorations, and even live-music.

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After the war, Sydney married and ran several successful businesses in downtown Buffalo.

He was recently inducted into the New York State Veterans Hall of Fame.

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2.9 - WHBQ (FOX-13, Video): Report: VA may not have followed up with millions of canceled healthcare appointments during pandemic (2 September, Samantha Manning, 649k uvm; Memphis, TN)

WASHINGTON, D.C. — The Department of Veterans Affairs may have failed to follow up with more than three million healthcare appointment cancelations during the coronavirus pandemic, according to a new watchdog report.

The report by the Office of Inspector General for the VA found that from mid-March to mid-June, the VA canceled more than 11 million face-to-face healthcare appointments.

It said more than 3 million canceled appointments did not have any indications of follow-ups.

"Because facilities do not have a tracking mechanism associated with these cancellations, such as an open consult (a referral) or a reminder to call and reschedule appointments, this poses a significant risk to patient care," the report said.

The canceled appointments were for needs like primary care, mental health care, and specialty care.

"There's a major concern especially as it relates to mental health cancelations because especially during this pandemic, mental health has been a tremendous challenge especially for veterans," said Ryan Gallucci, Director of National Veterans Service for Veterans of Foreign Wars (VFW).

The report said the VA may have lost track of vets in need of community care referrals.

"It's certainly worrisome," Gallucci said. "VA needs to make sure they're reaching out to their patients proactively especially during this crisis."

A spokesperson for the VA said the Department follows up on all canceled appointments regardless of whether it's marked in the scheduling system.

The VA said out of an abundance of caution, it started a review of all appointments canceled during the pandemic.

"Now is the time we need to make sure no veteran is slipping through the cracks and everybody is receiving care that they need," Gallucci said.

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2.10 - New Hampshire Union Leader: Al Heidenreich's Veterans Views: Manchester VA tops in my book (2 September, 575k uvm; Manchester, NH)

OK, I hear you — those who groan and whine about this and that about the Manchester Veterans hospital and the less-than pleasant experiences. I have no reason to doubt the authenticity of most complaints, as I have had a few myself.

However, as I sit and compose my thoughts in putting together my two-fingered essay, it has dawned on me that most of these issues are history and, especially in my instances, have had satisfactory conclusions.

I admit that the telephone system can be nightmarish at times but I have been assured that is a priority work in progress. As I honestly reflect on my 10-plus years of treatment for a variety of items, I will come up with an A+ rating with a special hoorah for the pleasant and caring attitude! Top shelf!

Room for improvement? Absolutely, and they appear to me to be working hard at it. A big "thank you" to ALL up on the hill! You've come a long way, baby!

In keeping with this week's subject matter regarding VA and its program offerings, I don't know how many were aware of the National American Legion Auxiliary efforts to offer veterans help and support in craft-related assistance and instruction. (I was not.) So check out the Manchester facility creative arts program, which has been available for the last couple of years and has aided in the physical and emotional needs of New Hampshire vets. The ultimate mission is to help these men and women recover from and cope with their issues on their long road back. The more I learn about this undertaking, the more excited I get, but to do it justice would take a full column at the minimum so I encourage anyone interested to call the Manchester VA at 624-4366, extension-6672 or your local American Legion post Auxiliary officer.

A veteran's personal view (or two): We don't need more laws. Just enforce those we already have. 2. Want to vote? You need a valid NH driver's license or non driver's proof of residency. 3. Defund police? OK, next time you need help, call a protester.

Finally, I had the honor of attending a beautiful ceremony at Pine Grove Cemetery on Monday and renewing friendships with a great West Side family. I will remember it as Hirschmann Strong!

Al Heidenreich is past commander of Henry J. Sweeney American Legion Post 2.

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2.11 - inewsource (Video): Kiaya Bender: 'I'm scared that what they're doing won't be enough' (2 September, Zoe Meyers, San Diego, CA)

Last October, the San Diego VA notified Kadima Neuropsychiatry Institute in La Jolla that it would not renew authorizations for veterans to receive ketamine treatments there. For Marine veteran Kiaya Bender that means he will be transferred back to the VA this November for an alternative treatment for his severe depression.

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In this second video about Bender, he and his wife, Shelby, share their uncertainty and fear as they approach the change in his mental health care.

This video includes Bender's accounts of suffering from suicidal thoughts. Those who watch it should know that help is available. Call the National Suicide Prevention Lifeline at (800) 273-8255 or the San Diego Access and Crisis Line at (888) 724-7240.

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2.12 - The Daily News: Batavia VA resident celebrates 106th birthday virtually (3 September, Brian Quinn, Batavia, NY)

Sydney Cole celebrated his 106th birthday Tuesday with not only fellow residents at the Spruce Lodge Community Living Center, but family and other well-wishers via Zoom.

The World War II veteran, who witnessed the Holocaust and flew aircraft with both the Royal Canadian Air Force and United States Army Air Corps, is a resident of the VA Western New York Healthcare System's Batavia site.

"He was very touched that, even during this COVID environment that we're in, he was well appreciated and honored and respected. He enjoyed being the center of attention today for his birthday and celebrated with five or six residents," said Terry McGuire, VA public affairs specialist. They were probably eight to 10 people who called in as well-wishers.

"It was a great way to celebrate a legendary veteran who is well-known and well-recognized throughout the VA Western New York healthcare system," McGuire said. "From 100 going forward, he had crowds that would come that would get bigger and bigger every year. Well over 100 guests would come and go to visit him. A lot of times, it would be packed.

"This one was a lot lower-key than a typical year." McGuire said of Tuesday's celebration, before adding, "He (Cole) fully understood the restrictions of the COVID-19 pandemic."

From his days in the military, Cole earned The War Medal for 28 days of service to Canada between Sept. 3, 1939 and Sept. 2, 1945, according to a 2017 press release from Congressman Brian Higgins' office. Cole earned several awards from his service in the United States Army, including the American Defense Service Medal; American Campaign Medal; European-African-Middle Eastern Campaign Medal with two bronze service stars; World War II Victory Medal; Honorable Service Lapel Button World War II; Air Medal; Purple Heart Medal, for injuries sustained in action while serving in World War II; Bronze Star Medal, awarded to members of the military distinguishing themselves by heroic service while engaged in an action against an armed enemy; and Prisoner of War Medal, awarded to members of the U.S. Armed Forces taken prisoner during armed conflict.

"He was shot down in Belgium on and was taken prisoner for six months," McGuire said. "The Russians were the ones that freed his camp as they swung west toward Germany."

VA Public Affairs Officer Evangeline Conley said earlier Tuesday that the VA was excited for Cole.

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"The VA Western New York Healthcare System recreation therapist, Sarah Stephens, coordinated with his family and friends and leadership at the Batavia VA to ensure a great celebration and a safe environment," she said.

Conley said Rockin Robin was planning to perform for Cole. Another group planning to participate was Pin Ups for a Cause.

"That's a group that has been performing for our veterans at the Community Living Center in Batavia on a regular basis," Conley said of Rockin Robin. "The Pinups for a Cause support veterans and they know Sydney and visited him at the Buffalo site when we had visitation ..."

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3. Business Transformation

3.1 - KAUZ (CBS-6, Video): Veterans will no longer have to go to Sheppard for medical care (2 September, Ebonee Coleman, 43k uvm; Wichita Falls, TX)

The Oklahoma City VA Health Care System is opening a new VA clinic in Wichita Falls at the end of September 2020.

The facility is 16,500 square feet where they will offer medical services for primary care, mental health behavior, social work and have an onsite pharmacist.

The clinic also will include 16 primary care exam rooms, four mental health consultation rooms, one in-house lab and one physical therapy area.

The OKC Health Care System says they hope to see around 80 veterans a week. They also believe that having an offsite clinic will make access to medical care easier for veterans.

"Right now we're trying to expand some specialty care tow of the services I know we're actively recruiting for right now are dermatology and cardiology but we're still working through that right now." said Adrian Carter, Project Lead at the Oklahoma City VA Health Care System, Wichita Falls VA Clinic.

The current Wichita Falls VA Clinic is located at Sheppard Air Force Base, but because of COVID-19 veterans are having to wait in long lines and sign in family members in order to get inside to receive medical care.

Once the new clinic opens it's doors, the clinic at Sheppard Air Force Base will close and the building will be demolished.

All staff and patients will be transferred from the old clinic to the new one so that veterans will be able to keep their same doctors.

Any veterans currently getting care within the OKC VA Health Care System who would like to move their care to the Wichita Falls clinic will need to call (940) 257-000.

For new veterans that wish to enroll for care at the Wichita Falls clinic, call (405) 456-3072.

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3.2 - The Timberjay: Work set to begin on Ely VA Clinic expansion (2 September, Keith Vandervort, 7k uvm; Tower, MN)

ELY - A multi-million dollar expansion project begins later this month that will double the space used by the Veterans Affairs Community Medical Clinic at the city-owned "Sato" building in the Ely business park on Miner's Drive.

Work on the $2.8 million project could be completed by the end of next summer, according to Clerk-Treasurer Harold Langowski, who provided a recent update to the Ely Economic Development Authority.

Langowski represented the city late last month in design work and project discussions with the architects and contractor, and VA officials approved the majority of the design work. He anticipated the VA would grant final approval this week on the building addition that would increase the clinic's capacity to 7,450 square feet.

"It was a good process and I'm glad I went," Langowski said. "We were able to, in real time, revise the drawings, and the designer, who was based in Colorado, was able to take every revision we discussed before lunch and have the (new) drawings available after lunch."

Langowski related several "stumbling blocks" in moving the project forward.

"Materials gathering is seemingly a little difficult. Even with lumber, the pricing has gone up for trusses and those sorts of things," he said.

The city is completing an infrastructure grant application to the Department of Iron Range Resources and Rehabilitation to help pay for required site improvements.

"Our hope is to be under construction for the site utilities in September, building construction in October, and have it all dried in before winter sets in so then the carpenters can work on the inside throughout the winter," Langoski said. "Late next spring we want them to occupy the new space and then we will remodel the existing space so we are complete some time next August. It is a pretty busy schedule."

The medical clinic expansion project comes with the VA agreeing to a ten-year lease with the city earlier this summer that could be extended for an additional ten years, according to Langowski.

"We will finance the (expansion) project and be paid by the VA at occupancy and over the first ten years of the term to pay for the financed improvements."

With the 3,500 square-foot expansion, new medical services will be available for the area's many veterans.

Other business

[...]

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4. DOD Cooperation / Electronic Health Records / MISSION Act Implementation

4.1 - Forbes: **VA Expands Aid To Cover Vietnam Vets' Caregivers** (2 September, Stephenie Overman, 86.9M uvm; New York, NY)

An 18-year-old American soldier who went to fight in Vietnam in 1968 — the year of peak deployment —is now 70 years old. In addition to the usual health problems affecting that age group, many Vietnam veterans struggle with Post-traumatic stress disorder (PTSD) and the effects of Agent Orange.

All of this puts them at higher risk of serious illness if they contract Covid-19, and puts a tremendous strain on the family members who want to care for them at home.

Fortunately, the U.S. Department of Veterans Affairs (VA) is about to increase the scope of its Program of Comprehensive Assistance for Family Caregivers (PCAFC) to include eligible veterans who suffered serious injury in the line of duty on or before May 7, 1975. Benefits of the program include monthly stipends, medical training and health insurance. The expansion is set to go into effect Oct. 1.

The program originally covered only the approximately 20,000 veterans who left the service after Sept. 11, 2001. As part of the VA Mission Act of 2018, eligible veterans of all eras will eventually be covered.

With the pandemic raging, this expansion is arriving at a crucial time.

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5. Suicide Prevention

5.1 - WCSC (CBS-5, Video): **Second Lady Karen Pence visiting downtown Charleston VA Medical Center** (2 September, Summer Huechtker and Riley Bean, 734k uvm; Charleston, SC)

The second lady of the United States says she is visiting the Ralph H. Johnson Veterans Affairs Medical Center in downtown Charleston.

Karen Pence will be joined by the Acting Deputy Secretary of Veterans Affairs, Pamela Powers and South Carolina first lady, Peggy McMaster in her visit Wednesday, officials say.

The VA Public Affairs Officer Tonya Lobbestael said the ladies are coming to highlight what the Ralph H. Johnson Veterans Affairs Medical Center is doing to prevent suicide in veterans.

"With September being suicide prevention month, this is a prime time for them to come and help shine the spotlight on the public health issue of amongst veterans as well as among the general

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population," Lobbestael said. "So I think this is a great opportunity for everyone to learn more about what they can do.

The Second Lady is the lead ambassador for a commission called PREVENTS that works to address suicide in veterans in the United States, and Pence says she's chosen the Charleston VA as one of her stops on her tour of premier programs in the country.

"I think that one of the things that we really need to focus on is veterans do have some very complex clinical issues that they're dealing with that are wounds of war," Lobbestael said. "And we all know that suicide in the United States is a public health crisis."

Pence says she is coming to learn about a method that the Ralph H. Johnson Veterans Affairs Medical Center is using on patients with severe depression called Transcranial Magnetic Stimulation.

Lobbestael said it's a non-invasive process used to help veterans who suffer from depression and psychological health conditions.

A lot of the research for this program was done at the Ralph H. Johnson Veterans Affairs Medical Center, and Lobbestael said it's being spread across the VA system nationwide.

The VA will also give an overview of its virtual PTSD treatment, which Lobbestael said is a program they had before the pandemic. She said it was already running, but they have enhanced the program in order to keep patients on their treatment schedules.

Lobbestael said doctors and patients will also get to share stories about their programs and treatment in a round table discussion with Pence, Powers and McMaster. The roundtable will also include researchers from the VA and MUSC, Lobbenstael said.

"Having these ladies come certainly focuses even more attention on what is a national public health issue that really needs to be addressed," Lobbestael said. "So I'm very thankful to have them come here and to see some of the really groundbreaking work that we're doing and to learn even more about how we can care for our veterans."

About 80,000 patients receive care from the Ralph H. Johnson Medical Center and all of their outpatient clinics along the South Carolina and Georgia coastline, Lobbestael said.

The event starts at 10:45 a.m., and the VA says they hope it brings more awareness on veterans who struggle with PTSD and depression, especially while September is Suicide Prevention Month.

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5.2 - WCIV (ABC-4): Local VA leaders to show nation-leading veteran suicide prevention efforts to 2nd Lady (2 September, Brooke Schwieters, 473k uvm; Mount Pleasant, SC)

CHARLESTON COUNTY, S.C. (WCIV) -- Even before a global pandemic created the need for doctors visits over the computer, veterans and VA medical professionals throughout the Lowcountry were already ahead of the game.

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"We were already a national leader," explained Dr. Hugh Myrick M.D., Ralph H. Johnson VA Medical Center's Associate Chief of Staff for Mental Health. "We were doing about 42,000 patient encounters per year via telehealth."

Dr. Myrick explained, teleheath was originally the VAMC's way of reaching out to rural veterans to get the care they needed.

"So when the COVID pandemic hit, it was a very easy transition and we were able to maintain their level of care," he said.

But the innovations in veteran care, particularly in suicide prevention efforts, at Ralph H. Johnson, go beyond that, and top U.S. leaders are taking notice.

On Wednesday Morning, Second Lady Karen Pence will be touring the Ralph H. Johnson VA Medical Center and taking part in a roundtable discussion with local VA medical leaders.

"I think she's coming to look at some of the unique things we're doing here," Dr. Myrick said.

The VAMC Associate Chief of Staff for Mental Health emphasized the importance of public-private partnerships that go into the VAMC's operation and patient success.

This, along with the center's 300-plus staff and strategic programs that separate Ralph H. Johnson as a leader, like same-day access clinics, screening technology, and safety planning.

"The most vulnerable period for a patient is the first 30 days after that person is hospitalized," said Dr. Myrick. "So those patients will be seen within one week after discharge and contacted four times to help with post-discharge engagement."

Implementations, Dr. Myrick added, are crucial in light of climbing veteran suicide rates.

According to Dr. Myrick, From 2005 to 2017, the United States saw a 43 percent increase in suicides. In the latter year, studies estimate 17 veterans commit suicide every day.

"But in that 17 per day, 11 are not in VA care," explained Dr. Myrick. "And that's what we're trying to change right now, how do we get veterans not in VA care in VA care?" he explained.

The veteran mental health leader and advocate said he hopes the Second Lady's visit Wednesday aids outreach efforts for veterans in need of help.

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5.3 - WFXR (FOX-27): Salem Veterans Administration: There is help at your fingertips during Suicide Prevention Month (2 September, 250k uvm; Roanoke, VA)

SALEM, Va. (WFXR) — September is Suicide Prevention Month, and saving a life can be as simple as making a phone call and asking: "How are you?"

That is one of the things the U.S. Department of Veterans Affairs says we should be doing to help make a difference in the lives of veterans who may be experiencing difficult times.

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The Salem Veterans Affairs Health Care System explains that looking for indicators of suicide or self-harm is important to getting veterans the help they need before it is too late.

The Salem VA HCS reports that the suicide rate for veterans is 1.5 times the rate it is for non-veterans.

There are some simple actions that can be taken to make a difference in the lives of veterans in crisis.

The VA suggests texting veterans, visiting them, cooking them dinner, or just calling to ask them how they are doing.

To learn more about how to prevent suicide, or to seek help, the VA has set up a Veterans Crisis Line website.

The VA also suggests watching the free S.A.V.E. training video to learn how to respond with compassion if someone indicates they are having thoughts of suicide.

There is also help for local families of veterans who may have lost a loved one. The Salem VAMC offers a Healing Grief Group for veterans. The number for more information is (520) 982-2463 Ext. 4247.

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5.4 - WCBD (NBC-2, Video): Second Lady Karen Pence participates in roundtable discussion on Veteran Suicide Prevention efforts (2 September, Olivia Parsons, 249k uvm; Mount Pleasant, SC)

CHARLESTON, S.C. (WCBD) – Second lady Karen Pence will make her way to the Lowcountry on Wednesday to highlight suicide prevention efforts in Charleston.

Acting Deputy Secretary of Veterans Affairs Pamela Powers will join Second Lady Pence in a tour and roundtable discussion. Per a press release, 'the tour will consist of viewing the Hall of Heroes exhibit, a demonstration, an overview of an evidence-based virtual PTSD treatment program, and meeting veteran patients.'

The roundtable discussion will include remarks from both Mrs. Pence and Ms. Powers, but will also include stories from veterans. South Carolina based researcher and MUSC professor Dr. Tracy Stecker will also participate in the discussion as she's been leading studies and interventions on veteran suicide.

Dr. Stecker's work is focused on getting individuals who need treatment into treatment. She said her work is completely done by phone and she's noticed that has been a method that works really well, but she wants to push for more resources.

"Why don't we have a system where people can actually call and talk to a provider? asked Dr. Stecker. "Talk about all their ambivalence. Talk about their concerns. Talk about what kind of treatments are available. Talk about what type of treatments they prefer and get that set up before coming in."

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She said this would help people who are deciding whether if treatment is right for them to make the decision with the help of support services.

Wednesday's tour of the Veterans Affairs Medical Center gets underway starting at 10:45 a.m. followed by the roundtable starting at 11:45 a.m.

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5.5 - Alabama Political Reporter: VA encourages support for veterans as suicides increase (2 September, Eddie Burkhalter, 152k uvm; Montgomery, AL)

High rates of veteran suicides across the country, and especially in Alabama, were seen before the COVID-19 pandemic, and have only gotten worse since the public health crisis, but there's work underway to bring awareness and aid.

The Central Alabama Veterans Health Care System's Be There campaign aims to remind veterans and their loved ones that small actions can make a big difference. September is Suicide Prevention Month.

"We understand that these unprecedented times can cause additional stress and hardship. And that is just one of the reasons why CAVHCS is committed to being there for Veterans in need," said Amir Farooqi, CAVHCS interim director, in a statement. "We need everyone to get involved. This September, and all year, I encourage everyone to be there for Veterans and others in need. Suicide is a complex national public health issue that affects us all."

According to a report by the U.S. Department of Veterans Affairs in Alabama in 2016, the last year for which data is available, veterans died by suicide at a rate of 34.2 percent per 100,000 people. That's compared to the national average of veteran suicides of 30.1 percent.

Alabama had the 15th highest rate of veteran suicides in the nation in 2016, according to the report. Nationally, an average of 20 veterans kill themselves every day in the U.S.

A report released in June by the Meadows Mental Health Policy Institute projects that a five percent increase in the unemployment rate results in an additional 550 veteran suicides annually. That same five percent increase in unemployment is also projected to add 20,000 additional cases of veterans abusing substances to cope, the report states.

CAVHCS's Be There campaign suggests several actions that can help make a difference for a Veteran to include:

- Learning about the warning signs of suicide, found on the Veterans Crisis Line website.
- Watching the free S.A.V.E. training video to learn how to respond with care and compassion if someone indicates they are having thoughts of suicide.
- Contacting VA's Coaching Into Care program where a licensed psychologist or social worker will provide loved ones with guidance for motivating Veterans to seek support.
- Sharing stories of hope and recovery from VA's Make the Connection.
- Reaching out to the Veterans in your life to show them you care by sending a check-in text, cook them dinner or simply asking, "How are you?"

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For more information and resources visit BeThereForVeterans.com.

If you or someone you know is having thoughts of suicide, contact the Veterans Crisis Line to receive free, confidential support and crisis intervention available 24 hours a day, 7 days a week, 365 days a year. Call 1-800-273-8255 and Press 1, text to 838255, or chat online at VeteransCrisisLine.net/Chat.

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6. Women Veterans / Homelessness / Benefits / Cemeteries

6.1 - USA Today: Confusion over CARES Act eviction ban leaves some families on the brink of homelessness (2 September, Brenda Wintrode, Amy DiPierro, Ryan Little, et al., 61.6M uvm; McLean, VA)

This story was supported by grants from the Pulitzer Center, the Scripps Howard Foundation and the Park Foundation. It was a collaboration by the Howard Center for Investigative Journalism at the University of Maryland, Big Local News at Stanford University, the University of Arkansas and Boston University.

Yochebed Israel was the kind of person Congress had in mind when it voted in March to impose a temporary moratorium on many evictions as the coronavirus spread.

First, the furnace in her Tampa, Florida, apartment broke and her electric bill rose above $460 a month for five months. She fell behind on rent, forced to choose between keeping the lights on or paying the landlord.

Then she contracted COVID-19 in April, she said, missing two months of work without full sick pay as a certified nursing assistant at a long-term care center.

And then, in May, she came home to find an eviction order attached to her door.

"It makes me feel the anxiety of being homeless," she said.

The federal CARES Act, enacted March 27, was supposed to protect Israel and people in up to 20 million other rental households from just that fate. It barred landlords whose properties got federal benefits from filing to evict tenants for 120 days.

But a two-month investigation by the Howard Center for Investigative Journalism at the University of Maryland found that cracks in the federal law appeared immediately.

Confusion about the moratorium's language, which played out in conflicting guidance from federal agencies and the courts, led to selective enforcement. Landlords were expected to determine for themselves whether their property was covered by the law. And renters had virtually no legal help to fight back if wrongfully evicted.

Israel's property manager, Tzadik Management, said through a spokesperson that it didn't know the property in Hillsborough County, Florida, was secured by a federal loan. Court records show

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Tzadik has since asked to dismiss all 24 evictions identified by the Howard Center, including Israel's, that it filed during the federal moratorium.

The Howard Center focused on eviction filings in 10 counties that are home to Memphis, Tennessee; Tulsa and Oklahoma City in Oklahoma; Atlanta and Savannah in Georgia; Tampa and St. Petersburg in Florida; New Orleans and Milwaukee – all areas hit hard by the coronavirus. Prior to the pandemic, at least 20% of renters in those counties spent half or more of their income on rent, and all had eviction filing rates well above the U.S. average.

The eviction moratorium expired July 24, and the Senate left Washington three weeks later without an agreement with the House to extend it. The Trump administration signaled late Tuesday that it would halt evictions for all renters through the end of the year to stop the spread of the coronavirus. The moratorium, which does not include money to help tenants in arrears, takes effect Friday, according to a draft in the Federal Register.

Emily Benfer, a law professor at Wake Forest University and chair of the American Bar Association's COVID-19 Task Force Committee on Eviction, praised the administration's action as a "tremendous intervention that promises to protect the health and safety of millions of renters." But she also warned in an email Tuesday night that it is only a "half measure."

"Without rental assistance to cover the mounting debt, it only delays eviction and its devastating consequences," she wrote.

The CARES Act eviction moratorium only covered rentals with mortgages backed by federal programs such as the Federal Housing Administration, the Department of Veterans Affairs and the Federal National Mortgage Association, also known as Fannie Mae; properties that received Low-Income Housing Tax Credits, and people who got federal housing assistance, such as vouchers, to help pay the rent.

Confusion on the ground
Eric Dunn, director of litigation for the National Housing Law Project, said Congress should have passed a blanket moratorium covering all evictions.

"What we got was a moratorium for nonpayment of rent from some housing, which is complicated and difficult to figure out," he said.

Landlords and property managers in four of the 10 counties examined by the Howard Center filed at least 101 evictions that violated the federal moratorium, a review of court and other public records found. The total is conservative because court data in some counties lacked key details needed to confirm CARES Act violations.

Courts or plaintiffs have since moved to dismiss all of them.

The federal moratorium placed the burden on landlords not to evict tenants in covered properties. In an effort to reinforce that, high courts in Georgia, Oklahoma and Tennessee ordered landlords to sign affidavits saying their property was not covered by the federal law. But even in those states, the Howard Center found wrongful evictions.

Confusion also existed around federal housing subsidies, such as Section 8 vouchers.

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The CARES Act said that if a landlord accepted subsidies for even one tenant in a property, it could not evict the rest of the tenants living there. But a Department of Housing and Urban Development FAQ said the agency "does not have the authority to extend jurisdiction over unassisted tenants."

Michael Scaljon is general counsel for Ventron Management, which operates rental properties in Florida and Georgia. He said the company interprets the CARES Act to protect the tenants receiving Section 8 assistance but not their neighbors, and has filed evictions accordingly.

A Nebraska district court reached a different conclusion. In a June ruling, the court rejected the HUD guidance, saying the CARES Act language was "clear and unambiguous" that if one household receives federal assistance, then all tenants in the property are protected from eviction.

In Florida, meanwhile, two neighboring county clerks differed in their interpretations of the Florida Supreme Court's order to suspend the issuance of all eviction notices, called writs of possession.

The Pinellas County clerk stopped issuing the writs, but neighboring Hillsborough County did not.

Impact on tenants

The only way tenants could find out whether their building was covered by the federal moratorium was to search online databases, some of which only a mortgage holder could access.

Challenging a landlord's assertion that an eviction was valid could be difficult even when a tenant had a lawyer. Court records showed the vast majority of renters being evicted had none.

Yet tenants bear the burden of wrongful filings, even if cases are dismissed.

"Once an eviction is filed, it immediately results in a scarlet E for a tenant or a renter," said Emily Benfer, a law professor at Wake Forest University and chair of the American Bar Association's COVID-19 Task Force Committee on Eviction. "It plummets credit scores and creates barriers to future housing opportunities."

A New Orleans court dismissed an eviction filing in June against 35-year-old Ernest George because his landlord accepted Section 8 vouchers from other tenants at the property, according to his lawyer. For the ironworker and his family, legal representation and the CARES Act provided a safety net.

Evictions hit minority communities harder even before the pandemic. George's majority Black neighborhood in Orleans Parish had an eviction rate five times higher than the national average in 2017, according to a study of New Orleans eviction data.

Eviction moratoriums haven't closed the gap. For example, in Hillsborough County, home to Tampa, eviction filings dropped 77% in white neighborhoods but 68% in nonwhite neighborhoods after the CARES Act took effect.

Impact on landlords

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When landlords don't receive rent, it ripples into the local economy. From the landscaper to the plumber, people lose business and income, said Florida property manager Dave Sigler.

"It's important that these rents get paid," he said. "Not just to keep the owners having their houses, but it keeps the whole economy going on such a larger scale."

Landlords did not receive direct assistance from the CARES Act, but their federally backed mortgages were protected from foreclosure. The law provided up to 90 days of forbearance for multifamily properties and as much as a year for properties with four or fewer units.

In Tulsa, the city and nonprofits launched a massive effort to pay landlords months of back rent with private funds when courts reopened in June. If landlords accepted payments from the Landlord Tenant Relief Program, they had to agree not to evict tenants for nonpayment of rent for the next 90 days.

But organizers said landlords in less than 15% of eligible eviction filings took the offer. They didn't want to give up their right to evict.

What's next?
Housing experts had warned that the scope of evictions would start to show in September; landlords were supposed to wait 30 days after the federal moratorium expired to file evictions. Trump's decision to extend and broaden the eviction moratorium could put off that reckoning until January – at least for some.

Ashley Fitzgibbon could be one of them. Fitzgibbon, an Oklahoma City single mother of six, said she thought she was "finally getting it together" before she lost her house-cleaning and babysitting jobs at the end of March.

"It was just such a hard hit," she said.

Fitzgibbon's rental house was not covered by the CARES Act and Oklahoma never instituted a statewide eviction moratorium. When the courts reopened in May, her property manager served her with a summons and has done so every month through August.

So far, the 35-year-old has managed to get the cases dismissed by borrowing money, adding a third roommate in her five-bedroom rental house and working odd jobs such as dog sitting and errand running to make rent each month.

"I'm so incredibly thankful that there were people that, like, had that safety net, and it sucks that I wasn't one of them," Fitzgibbon said.

She's made the tough decision to sell her 2016 Ford Expedition. The proceeds, she said, will give her a financial buffer through the rest of the year.

And besides, she said she wasn't using it much anyway. She doesn't have the money for gas.

Clara Longo de Freitas, Arya Hodjat, Julia Lerner and Victoria Daniels from the University of Maryland, Abby Zimmardi and Mary Hennigan from the University of Arkansas and Noemi Arellano-Summer, Anoushka Dalmia and Nick McCool from Boston University contributed reporting for this story. Roxanne Ready, Big Local News Data Analyst Justin Mayo and Howard Center Data Editor Sean Mussenden provided data analysis.

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DiPierro reported for Big Local News at Stanford. Wintrode, Perez, Canham-Clyne, Ahmed reported for the University of Maryland and McGoey and Pottiger gathered and analyzed data for Maryland.

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6.2 - KCRW (NPR-89.9, Audio): Could the West LA VA's tent city be a model for bringing relief to LA's unhoused? (2 September, Steve Chiotakis, 334k uvm; Santa Monica, CA)

On one of the lawns at the West LA VA, there are rows of camping tents for veterans experiencing homelessness. It's an alternative to sleeping on the sidewalk. The VA provides tents, bathrooms, meals, medical care, and social services.

KCRW reporter Anna Scott recently visited this site and found that for some, it's a refuge. And now, some city officials are looking at starting their own government-run homeless encampments. Here are a few key questions about the possibility:

What is the West LA VA, and why is it operating a sanctioned encampment?

The U.S. Department of Veterans Affairs' Greater Los Angeles Healthcare System campus in Brentwood is a 388-acre complex of medical offices, old buildings and open space, serving military veterans. Portions of the land are also leased to private and outside entities. Many veterans experiencing homelessness receive services there, and some camp on the sidewalks surrounding the property.

In April, amid the pandemic, the VA turned one of its parking lots into a makeshift campground with 25 tents to allow homeless veterans to shelter in place. The program, which is called the Care, Treatment and Rehabilitative Services Initiative (CTRS), is specifically for health care-eligible veterans and provides hot meals, bathrooms, security, health care and social services. The idea is to provide a low barrier place to begin exiting homelessness.

Is it working?

According to a spokesperson for the VA Greater Los Angeles Healthcare System, 220 veterans have participated in CTRS so far, and the vast majority have remained engaged in services. A little less than half (46%) have moved into transitional or temporary housing with case management. About 10% have been discharged to receive higher level medical care, while smaller numbers have left to live with family, entered a residential program on the campus or walked out with no notice.

The VA is in the process of expanding CTRS. Over the past few months, it has grown from 25 to 50 tents, and now officials have made space for 100.

Could this be done in other parts of LA?

At least two LA City Councilmembers are actively exploring potential sites for service-connected, sanctioned campgrounds. Spokespeople for Mike Bonin, who represents much of the Westside and Venice, and Joe Buscaino, who represents San Pedro, told KCRW they are looking into it.

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Buscaino is specifically considering a parking lot on the campus of Los Angeles Harbor College, according to spokesman Branimir Kvartuc, but only if he can resume sanitation cleanups of nearby street encampments.

A spokesman for LA Mayor Eric Garcetti, Alex Comisar, told KCRW in an email: "Sanctioned encampments are not the solution to homelessness, and they are far from ideal. But bringing people into areas with security and services is better than leaving them out on our sidewalks. We're taking nothing off the table."

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6.3 - Times-Herald: **Construction resumes at Mare Island Preserve and Naval Cemetery** (2 September, Thomas Gase, 69k uvm; Vallejo, CA)

The Department of Defense's Innovative Readiness Training (IRT) Program has resumed construction at the Mare Island Preserve and Naval Cemetery.

The work began Tuesday and requires a closure of the preserve until the project is complete. The IRT project includes grading, installation of drainage systems, minor restoration of burial sites, and fence repair throughout the area. It is anticipated that the preserve will reopen to the public on Oct. 9.

The cemetery is the oldest naval cemetery on the West Coast and has been designated as a National Historic Landmark.

It has three Congressional Medal of Honor recipients — James Cooney, Alexander Parker and William Halford. Also, Halford's great grandson, Ralph, was on hand at the ceremony and brought a compass that was used by William.

The IRT suspended their work in March 2020 due to COVID-19, and the preserve was reopened in May for limited public access every Friday, Saturday, and Sunday.

The city of Vallejo closed the Mare Island Preserve in October 2019 after a series of wildfires burned over 40 acres. Since the fire, Vallejo staff has addressed various wildfire-related issues on the open space, including shoring up burned areas and addressing safety issues resulting from severe fire damage. Due to the COVID-19 pandemic, repairs for the cemetery have been slowed down.

Sine then the Mare Island Naval Cemetery has gone through a major restoration over the past year. Many trees that used to surround the cemetery have been removed, as well as a portion of the white picket fence that surrounded it, although portions of the fence will be but back after the drainage system is repaired.

"Fixing the drainage system, that's the biggest item," longtime Mare Island Naval Cemetery advocate and veteran Nestor Aliga told the Times-Herald on Wednesday. "It's the biggest I believe because it's causing the most damage. There are sinkholes because of the drought and when the nearby old golf course had it's own draining system damaged, the rain from the golf course would flow all the way down the cemetery. This caused some headstones to topple over."

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Rep. Mike Thompson, D. St. Helena, announced over the summer that his legislation to transfer control of the Mare Island Naval Cemetery to the Department of Veterans Affairs was included in the National Defense Authorization Act.

This provision allows for the cemetery to be properly repaired and maintained as the final resting place for hundreds of our nation's heroes.

"Proud that today my legislation to repair and maintain the Mare Island Naval Cemetery was included in a bill funding our nation's defense. This will ensure that this national sanctuary can be preserved for generations to come," said Thompson in July. "This sacred space must be upheld to the highest standards to honor our service members buried there and I will continue working to find every possible solution to get this done for our veterans."

The verdict will most likely come in September if and when H.R.6039 is combined with other Veterans Affairs bills and packaged into one big omnibus bill, and then voted by the House via unanimous consent. The Senate will then combine S.2983 (Senator Dianne Feinstein companion bill for Mare Island) with other Veterans Affairs bills and packaged into one big omnibus bill, and then voted by the Senate via unanimous consent.

Aliga said a lot of steps would have to take place but he's optimistic this can all happen by 2023. He's also hoping for new space for burial ground in Vallejo.

"Only 20 percent of all veterans get buried at national cemeteries," Aliga said in July. "The reason that it's 80 percent not buried is because the place they would be buried is too far away. The rule is that it has to be within 75 miles. But in Oakland or San Francisco, 75 miles in traffic is a long way to go. When a loved one dies, part of the grieving process is that you should be able to visit them every day if needed. If we could have more people buried at Mare Island, then Vallejo would become another option and you wouldn't need to go as far as Dixon or Monterey."

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7. Other

7.1 - Smithsonian Magazine: The Paralyzed World War II Veterans Who Invented Wheelchair Basketball (2 September, David Davis, 6.3M uvm; Washington, DC)

On an unremarkable Wednesday evening in the spring of 1948, 15,561 spectators flocked to New York's Madison Square Garden to watch two teams of World War II veterans play an exhibition basketball game.

The servicemen who took to the hardwood that night were as extraordinarily ordinary as any group of veterans. They could have been the "mud-rain-frost-and-wind boys" from Ernie Pyle's Pulitzer Prize–winning columns, or "Willie and Joe" from Bill Mauldin's Pulitzer Prize–winning cartoons. They were your brother, your neighbor, your best friend from high school.

Except, they were different. The home team consisted of paralyzed veterans from Halloran hospital on Staten Island. The visitors were paralyzed veterans from Cushing hospital in Framingham, Massachusetts. All of the players rolled onto the court in shiny wheelchairs.

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Behind the sharp-shooting wizardry of Jack Gerhardt, a wiry paratrooper who was wounded at Normandy, Halloran took a 12-9 edge at halftime before cruising to a 20-11 victory. But the final score didn't seem to matter much to the boisterous crowd; they cheered both teams with equal fervor because they knew they were watching something special.

To that point in time, wheelchair sports did not exist. The Paralympics had not yet been invented. These veterans were sports trailblazers.

They were medical miracles as well.

Before World War II, paraplegia was considered to be a virtual death sentence. The life expectancy of soldiers who suffered traumatic spinal-cord injuries during World War I was estimated at 18 months. Most died from sepsis or infection. The "dead-enders" and "no-hopers" who survived were shunted off to institutions or hidden from view by their families. They were stigmatized for their disability and considered unlikely prospects for employment or marriage: How could they start or support a family, the logic went, when they couldn't control their own bladders?

This stigma extended all the way to the office of the president of the United States. Franklin D. Roosevelt used a wheelchair after he was stricken with polio in the early 1920s. He did not hide his affliction after he was first elected president in 1932, but he rarely appeared in public in a wheelchair and took extreme measures to avoid being photographed that way.

World War II would prove to be a game-changer for the public's perception of paraplegia. The war unleashed, along with new weapons, innovative medical practices and drugs that saved soldiers' lives. The discovery of penicillin in 1928, and the ability to produce large quantities of the "wonder drug" in the early 1940s, dramatically reduced fatal infections, especially among those with spinal cord injuries. So did the use of sulfa powder and tablets. The collection and distribution of plasma allowed for life-saving blood transfusions, while advances in anesthesia enabled surgeons to save lives on the operating table. Field hospitals and portable surgical units situated close to the battlefield enabled doctors to treat the wounded expeditiously.

Thanks to faster evacuation and transportation methods, including transport planes and hospital ships, injured service-members could return home sooner and in better health.

Once stateside, an estimated 2,500 U.S. paralyzed veterans regained their health and equilibrium in one of the seven newly opened spinal-cord injury centers within the Veterans Administration hospital system.

Ernest Bors in California and Howard Rusk in New York were among the doctors who helped popularize treatments in which paralyzed veterans used recreation to repair their damaged bodies and to adjust to their "new normal" condition. Veterans and their doctors experimented with several sports, including seated volleyball and wheelchair baseball, but none caught on until a physical education instructor at Birmingham VA hospital in Van Nuys, California, created a new sport: wheelchair basketball.

That P.E. teacher, Bob Rynearson, was a coach's son who grew up playing sports in the San Fernando Valley. At the Birmingham VA, he noticed that the paralyzed veterans liked to play a crude form of pickup basketball after the non-disabled players abandoned the court. He began organizing practices for the wheelchair crew and then wrote the first set of rules for the sport.

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Rynearson's goal was twofold: maintaining the speed of the game without jeopardizing the players' safety. Players were allowed two pushes on their wheels while in possession of the ball, after which they were required to pass, dribble, or shoot. Incidental contact between wheelchairs was allowed, although ramming into an opponent on purpose resulted in a personal foul.

While watching the men wheel up and down the court and jockey for position, Rynearson arrived at his most perceptive insight: that the wheelchair should be considered an extension of the athlete's body. In this he was aided by the new-fangled wheelchair models being produced in Southern California, which the rising aviation industry had turned into an engineering capital.

Wheelchair "technology" had long been mired in Civil War-era design. Old-school chairs were all-wooden, rigid-frame models that were essentially pieces of bulky furniture, with all of the maneuverability of an aircraft carrier. That changed in the late 1930s, when engineers Herbert Everest and Harry Jennings started to fashion something more maneuverable.

Everest, an engineer who broke his back in a mining accident, had become discouraged with the cumbersome models, and proposed creating a device that would become the first truly modern wheelchair. Everest & Jennings' easy-to-propel, transportable wheelchairs were made of lightweight steel aircraft tubing and weighed around 45 pounds. They were designed for the paraplegics' comfort and ease-of-use. And, as it turned out, the E&J chairs worked well for basketball action.

At about the same time the games were getting underway in California, paralyzed veterans rehabbing at Cushing VA hospital in Framingham, Massachusetts, started to play their own version of the sport inside the hospital's gymnasium. Soon, wheelchair basketball squads with names like the Rolling Devils, the Flying Wheels, and the Gizz Kids were barnstorming the nation and filling arenas with cheering fans. They routinely trounced non-disabled professional and college teams who borrowed wheelchairs for the occasion, including the New York Knicks, the Boston Celtics, and the Harlem Globetrotters.

For a short while, they became media darlings. A photo of Halloran star Jack Gerhardt, sitting in his wheelchair while holding a basketball, was featured on the cover of Newsweek. Seemingly every publication covered their exploits, from Women's Home Companion to Popular Mechanics to the Daily Worker. Hollywood came calling to make a feature film about them, The Men, which marked the Hollywood debut of Marlon Brando.

America's wounded warriors-turned-playmakers were joined by their British counterparts at Stoke Mandeville Hospital outside London. There, the vets started with archery and then netball (a cousin of basketball that is played without a backboard and with a lowered rim). The brainchild of these games was Dr. Ludwig Guttmann, a German-born Jewish neurologist who fled the Nazis for England just before the war. There, Guttmann took charge of the spinal-cord injury ward at Stoke Mandeville and, like Bors and Rusk, incorporated recreation into the veterans' rehabilitation regimen.

Guttmann launched the Stoke Mandeville Games and was not modest about his goals: he wanted to turn the event into "the disabled men and women's equivalent of the Olympic Games." His ambition came to fruition in Rome in 1960, when he orchestrated what is today considered to be the first official Paralympic Games. Their birth inspired countless other previously unimaginable events and activities for people with disabilities.

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The pioneering wheelchair athletes didn't just revolutionize the possibility of sport, but their public presence also helped reduce the stigma of disability outside the gymnasium. If people with paraplegia could play an exciting and exacting brand of basketball—basketball!—they couldn't possibly be considered "wheelchair-bound" or "confined to a wheelchair." Given the chance, they were obviously capable of doing everything non-disabled veterans could do.

"The years to come are not going to be wasted in self-pity or vain regrets," the New York Times editorialized in 1948, after another early wheelchair basketball contest. "They are going to be participants."

They proved to be more than "participants." In 1946, as they were rehabbing in the VA hospitals, they banded together to form the Paralyzed Veterans of America organization. The PVA was an early and vocal leader in the protracted fight for human rights for those with disabilities. Its members raised money for scientists to research paraplegia; lobbied Congress for legislation that addressed accessibility, employment, housing, and transportation; advocated for the principles of independence and self-determination; and refused to be treated as objects of pity.

In demonstrating that ability matters more than disability, these veterans fired the first shots in what would become the protracted fight for disability rights in this country.

David Davis is a Los Angeles-based journalist and the author of Wheels of Courage: How Paralyzed Veterans from World War II Invented Wheelchair Basketball, Fought for Disability Rights, and Inspired a Nation.

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7.2 - WMUR (ABC-9, Video): Republican candidates for Senate spar over veterans' health care, pandemic response (2 September, Kirk Enstrom, 1.1M uvm; Manchester, NH)

The two major candidates vying for the Republican nomination for U.S. Senate in New Hampshire sparred on veterans' health care, how best to deal with the COVID-19 pandemic and who would be most effective in Washington in a debate that aired Tuesday.

Candidates Corky Messner and Don Bolduc come from similar backgrounds. Both grew up in working-class families. Messner served in the military before making his career in law, while Bolduc started in law enforcement before becoming a highly decorated general in the U.S. Army.

Because of the COVID-19 pandemic, the WMUR debate was structured differently than in previous years. The candidates were in separate rooms at the New Hampshire Institute of Politics, while the moderator and questioners were at WMUR's studios.

For much of the debate, the candidates didn't directly engage with each other. Messner often touted his endorsement from President Donald Trump while portraying himself as a political outsider who could defeat U.S. Sen. Jeanne Shaheen, who he called a career politician.

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Bolduc said he has concrete ideas to get the federal government out of the way and allow for solutions to the country's problems to come from the bottom up. He said that will be the way to address the COVID-19 crisis.

"I believe in personal responsibility. I believe in trusting people," Bolduc said. "We need to streamline the systems that we're going to use to get people help. And first and foremost, we've got to put millionaires and public servants at the end of the line when it comes to getting help. We've got to put the people who need it the most upfront."

Messner said the government has helped people and businesses affected by the pandemic, but it's important that aid be targeted directly.

"Granite Staters are being innovative, and we in Washington, D.C., must do what needs to be done to provide help to small businesses and people without jobs on a very specific, targeted basis," Messner said. "We need to empower Granite Staters. We need to make sure individual liberty is protected. We need to make sure that career politicians don't bog down the help that is needed."

As Congress has failed to pass another stimulus bill to help businesses and residents cope with the pandemic, Bolduc said he's not sure another stimulus is needed, pointing to the money that has already been allocated and not spent.

"I think we really need to look at bottom-up solutions," he said. "What are the communities saying that they need? And, oh, by the way, why does it always have to be the federal government that solves everyone's problems? That's why we're in this mess."

The candidates were challenged on some of their past statements related to the pandemic. Bolduc was asked about his statements that COVID-19 probably began as a biological warfare agent engineered in a Chinese lab.

"Sure, I believe it's in a lab, and I have 18 to 21 U.S. intelligence agencies that actually confirmed that," he said. "It was made by China. It was in a lab. It was either accidentally released, which is the best case, and in the worst case, it was intentionally released."

Scientists have cast serious doubt on the claim that COVID-19 originated in a lab, though there is a facility that conducts research on viruses in Wuhan, the city that was the epicenter of the initial outbreak. Scientists said the genetic sequences of the coronaviruses being researched at the lab do not match COVID-19.

Messner was asked about statements he made after Trump mused about injecting disinfectant as a way to fight COVID-19. Messner said he was misinterpreted as saying that the suggestion was Trump's attempt to be "inspirational."

"I went on to talk about what President Trump is doing, and I went on to say that sometimes, generally, President Trump talks in aspirational terms," Messner said. "It wasn't intended to be specifically referring to anything he said."

The biggest clash between the candidates came as they talked about health care for veterans. Bolduc said he gets his health care from the Manchester Veterans Affairs Medical Center, and his experience has led him to believe that the whole system should be privatized.

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"The bureaucracy in Washington, D.C., is broken, and it needs to be fixed, but more importantly, we need to get the VA out of the primary health care system, because they can't manage it properly," he said. "We need to privatize all of that for our veterans, and that will increase the care, it will decrease wait times, and it will get at the root causes of the extremely high suicide rate."

Messner said New Hampshire veterans he has spoken with like getting their medical care from the VA, a statement that got chuckles from Bolduc.

"I've heard from veterans from their mouth that they like the care they get at the VA. I've also heard from veterans that they like choice. I've heard from veterans they don't like the care that they get from the VA," Messner said. "What I am saying is provide more choice for those who don't like the care and those who like it can continue to get the care there. It doesn't have to be one or the other."

He also said other organizations that help veterans need more help from the federal government, but bureaucracy has gotten in the way.

Both candidates departed from the Trump administration on their enthusiasm for a vaccine for COVID-19. Trump has often stated that he believes a vaccine will be available before the end of the year, and the government has eased some restrictions and made moves to speed up the development process.

But Bolduc said the government agencies tasked with reviewing and approving vaccines aren't maintaining the proper standards.

"I do not believe that the current CDC and NIH and any other government medical facility which has standards on this is being held to the proper standard for any vaccine," he said. "I think those need to be improved, first and foremost.

Messner said the government has to be transparent about how any vaccine is developed and how safe and effective it is.

"I think it is incumbent upon the government to fully disclose once a vaccine is developed, how it was developed, what testing has been done, what are the implications of the vaccine on individuals, and so there is a clear and transparent disclosure about all the details with respect to that vaccine," he said.

Bolduc also disagreed with the president's move to pull 12,000 troops out of Germany. He said each member of NATO should do its part to support the alliance, but he believes those troops should stay in Europe.

"Repositioning is one thing, but keeping the forces that we have there, we have reduced from 300,000 down to the number that we have today, and that number that we have today does a variety of things, not only in Europe, but in Africa, and we need that flexibility, and we need that structure in place so that if something happens, we have something to fall in on," Bolduc said. "I've studied this, I've worked with it, I've lived it. I know exactly the footprint that we need. We have it just about right."

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Commenting on the protests over police brutality that have marked the past summer, both candidates said they do not believe systemic racism exists in the country. But they agreed that steps could be taken to improve police training or provide better leadership.

"The first thing that needs to happen is to help law enforcement throughout the country," Messner said. "Sen. Tim Scott in the Senate proposed a reasonable bill to help law enforcement, to give more money for training, to have a system where there's better reporting, and the career politicians in the U.S. Senate, the Democrats, would not even vote to allow that bill to come to debate."

As a former police officer, Bolduc said that if he was there when a Minneapolis police officer was kneeling on George Floyd's neck for 9 minutes, he would have stopped it. He said police officer's need to help each other deescalate situations.

"Now we need leadership to kick in, and we need leadership to take over. and we need to hold people accountable for their actions," he said.

Votes will be counted on Sept. 8 to determine which candidate will go on to face Shaheen in the general election.

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7.3 - Keweenaw Report: Oscar G. Johnson VA Medical Center Ready to Help Vets in Need (1 September)
September is Suicide Prevention Month, and the Oscar G. Johnson VA Medical Center wants you to know they're ready to help you or your loved ones.

The "Be There" campaign, reminds everyone that small actions can make a big difference for veterans going through a rough patch.

Sharon Anastas, suicide prevention coordinator said "It is very important we recognize that we can all have an impact on the lives of others in need. Asking the important questions and offering those resources can have a great impact in reducing veteran suicide."

The "Be There" campaign has several tips that can make a difference in a veteran's life including learning about the warning signs of suicide, found on the Veterans Crisis Line webiste, sharing stories of hope and recovery from the VA's Make The Connection website and simply asking a vet how they're doing?

Links to resources to help you help a veteran in need, are available here, here and here.

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7.4 – WXXV 25 - Gulf Coast Veterans Health Care System "Suicide Prevention Month" (2 September, Grace Boyles)
The U.S. Department of Veterans Affairs announced its September Suicide Prevention Month "Be There" campaign yesterday.

The slogan is meant to remind veterans and their loved ones of the importance of small acts of support. A few of the simple actions that can help make a difference in a veteran's life who is

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experiencing thoughts of suicide include learning about the warning signs of suicide and reaching out to veterans in your life to see how they are.

Gulf Coast Veterans Health Care System's Lead Suicide Prevention Coordinator Dawn Mucha-Johnson highlights the importance of raising awareness specifically about veteran suicide. "From 2007 to 2017 60,000 died by suicide. There's a huge stigma that prevents our veterans from talking about their thoughts and feelings and emotions, especially around suicide. So it is important that we get the word out there and we encourage those conversations, so that everyone decreases the stigma and has a more relaxed conversation and we get more assistance for our veterans."

If you or a veteran you know is having thoughts of suicide contact the 24/7 veterans crisis line at 1-800-273-8255 and press 1.

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7.5 – WWMT 3: West Michigan VA wants community to check in on veterans during suicide prevention month (2 September, Trisha McCauley)
BATTLE CREEK, Mich. — Battle Creek Veterans Association leaders said the COVID-19 pandemic was increasing isolation, depression and loneliness for many people. They were especially concerned about how those feelings were impacting local veterans.

The U.S. Department of Veterans Affairs said about 20 U.S. veterans took their life every day. They reported veterans ages 18 to 34 had the highest suicide rate.

The Battle Creek VA said exposure to trauma and financial issues were some factors that could lead to suicide.

The Battle Creek VA launched a campaign called Be There during September, to encourage people to check in with the veterans in their lives.

Battle Creek VA Suicide Prevention Coordinator Derik Van Baale said taking a few minutes to catch up with a quick phone call or text could make all the difference.

"If you think somebody is acting a little bit off and maybe down or depressed, one of the biggest things you can do is ask them, 'Are you thinking of taking your life? Are you thinking of committing suicide?' and know where to go. A crisis line is a great place to go to get help," Van Baale said.

Raising awareness for veteran suicide
Learn the warning signs of suicide
Respond with care and compassion
Know how to seek help for a veteran
Share stories of hope and recovery
Warning signs of suicide
Appearing frequently sad or depressed
Feelings of anxiety, agitation, sleeplessness or mood swings
Portraying excessive guilt, shame or sense of failure
Showing rage, anger or violent behavior
Engaging in risky activities without thinking
Losing interest in hobbies, work or school

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Neglecting personal welfare, deteriorating physical appearance
Withdrawing from family and friends
Getting affairs in order, such as writing a will or giving away prized possessions
Talking about death, dying or suicide

Van Baale said service members often have a hard time asking for help.

"For help with something like a mental health issue, kind of goes against the grain of what most service members are taught and actually it takes courage to ask for help and try to include it in normal conversations," he said.

The Battle Creek VA Medical Center is hosting a virtual 5K on Sept. 19 to raise awareness for veteran suicide.

If you or someone you know has thoughts of suicide, contact the Veterans Crisis Line at 1-800-273-8255 to get free, confidential support. You can also text 838255 or chat online for help.

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From: Tucker, Brooks
Sent: Tue, 15 Sep 2020 09:46:26 +0000
To: Syrek, Christopher D. (Chris)
Subject: Fwd: [EXTERNAL] Failures by the Atlanta VA to provide support to Pregnant Veteran
Attachments: Executive Summary Response Regarding Veteran Sylla.docx

This is where we are on this case.
I note this one section.

Maternity Care:

On August 16, 2020, the Veteran contacted our Women's Health Clinic for maternity case management. The medical records indicate that she wanted

(b)(6)

Get Outlook for iOS
From: (b)(6) va.gov>
Sent: Monday, September 14, 2020 8:37:13 PM
To: Tucker, Brooks (b)(6) @va.gov>
Subject: Fwd: [EXTERNAL] Failures by the Atlanta VA to provide support to Pregnant Veteran

Sending as situational awareness. I have not reviewed completely and will do so tomorrow to ensue all issues addressed.
Get Outlook for iOS
From: Brown, Ann R. <(b)(6) @va.gov>
Sent: Monday, September 14, 2020 7:18:28 PM
To (b)(6) @va.gov>; Oshinski, Renee <(b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; (b)(6) @va.gov>
Cc (b)(6) (VHATAM) (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) @va.gov>
Subject: FW: [EXTERNAL] Failures by the Atlanta VA to provide support to Pregnant Veteran

Good evening all – please see the attached summary of concerns regarding the Veteran's care.

Please note, we have assigned a single POC for this Veteran and will ensure there is regular outreach to her to anticipate and address any concerns.

Please let me know if there are any further questions or inquiries.

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Thanks.

Ann

From: Brown, Ann R.
Sent: Monday, September 14, 2020 6:44 PM
To: (b)(6) VHATAM) <(b)(6) @va.gov>
Cc: (b)(6) @va.gov>; (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>; (b)(6) @va.gov>
Subject: RE: [EXTERNAL] Failures by the Atlanta VA to provide support to Pregnant Veteran

(b)(6) – would you like me to forward this to (b)(6) Renee, (b)(6) and (b)(6)

Ann

From: (b)(6) @va.gov>
Sent: Monday, September 14, 2020 7:48 AM
To: Brown, Ann R. <(b)(6) va.gov>
Cc: (b)(6) @va.gov>; Oshinski, Renee (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov> (b)(6) (VHATAM) (b)(6) @va.gov>; (b)(6) (b)(6) @va.gov>
Subject: Re: [EXTERNAL] Failures by the Atlanta VA to provide support to Pregnant Veteran

Good morning. Thank you all very much for your coordination and efforts here.

Much appreciated, (b)(6)

(b)(6)

From: Brown, Ann R. <(b)(6) @va.gov>
Sent: Monday, September 14, 2020 6:32 AM
To: (b)(6)
Cc: (b)(6) Oshinski, Renee; (b)(6) (VHATAM); (b)(6)
Subject: Re: [EXTERNAL] Failures by the Atlanta VA to provide support to Pregnant Veteran

Thanks (b)(6)

We'll follow up on our open items and be prepared to discuss this morning.

Ann

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From: (b)(6) @va.gov>
Sent: Sunday, September 13, 2020 4:06 PM

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To: Brown, Ann R.
Cc: (b)(6) Oshinski, Renee; (b)(6)
Subject: Fwd: [EXTERNAL] Failures by the Atlanta VA to provide support to Pregnant Veteran

Good evening. Sharing for your situational awareness.

We will talk with Brooks tomorrow and will follow-up post discussion.

(b)(6)

(b)(6)

From: Tucker, Brooks (b)(6) @va.gov>
Sent: Sunday, September 13, 2020 8:26 AM
To: (b)(6)
Cc: Syrek, Christopher D. (Chris)
Subject: Fwd: [EXTERNAL] Failures by the Atlanta VA to provide support to Pregnant Veteran

(b)(6) and (b)(6) i: I'd like to huddle on this with you tomorrow morning. I'm concerned on multiple levels.

Brooks

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From: Powers, Pamela <(b)(6) @va.gov>
Sent: Saturday, September 12, 2020 8:15:30 PM
To: Tucker, Brooks <(b)(6) @va.gov>
Subject: Fwd: [EXTERNAL] Failures by the Atlanta VA to provide support to Pregnant Veteran

FYI
Get Outlook for iOS

From (b)(6) @tutanota.com <(b)(6) @tutanota.com>
Sent: Saturday, September 12, 2020 6:17 PM
To: (b)(6) Powers, Pamela
Cc: (b)(6) ; Brown, Ann R. (b)(6) Davis, Lynda; (b)(6)
(b)((HOU)
Subject: [EXTERNAL] Failures by the Atlanta VA to provide support to Pregnant Veteran

Dr (b)(6)

Thank you for your phone call and your email. As I indicated to you today when we spoke a short while ago on the phone, I have absolutely no confidence in the Atlanta VA healthcare system given the ongoing issues I have experienced in my attempts to receive (b)(6) health care, referrals for maternity care, and primary care.

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Given that I am six months pregnant and battling a (b)(6)
(b)(6)

In fact, I fear the stress the Atlanta VA is causing me to just obtain basic care and accurate information is worsening my (b)(6)
(b)(6)

The ongoing issues I have dealt with since only April include:

- Failure to receive timely and appropriate (b)(6)
- Attempts by your staff to discourage me to use my VA maternity benefits
- Difficulties in receiving the information needed to necessitate my referral to maternity community care
- Failure to take appropriate and timely action on my (b)(6) referral to community care and subsequent requests in that regard
- Repeated recent issues with the mailing of my (b)(6) health prescription medications
- Falsification of my appointment records to indicate appointments were cancelled by me when in fact they did not take place because of provider technology issues or when the appointments were made without my consent
- Violations of my patient privacy

Moreover, I find today's attempts by the Atlanta VA to resolve my prescription concerns illustrative of the overall incompetence, lack of professionalism, and poor service I have experienced since affilating with the Atlanta VA.

I spoke with Dr. (b)(6) prior to 11am and explained to her how simple it would be for someone to contact the Atlanta VA pharmacy and verify the ceritifed mail receipt number prior to the post office closing here in my area.

Neither you or Dr. (b)(6) took any prompt action to do so. If either one of you had done so this likely could have led to the resolution of my prescription issue instead of its current unresolved status. It also would have avoided the necessity of my repeat email this morning to Acting Deputy Secretary Powers or the Chief of Staff.

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In addition, I would not have had to suffer hours of additional stress and anxiety as I am not only six months pregnant and battling a (b)(6)
(b)(6)

Your first call to me today was at 1:49pm.

You did not attempt to contact me again until 4:42pm, nor did you take the time to respond to the email that I sent you at 12:09pm. You or Dr. (b)(6) could have easily obtained and provided me the correct ceritifed receipt number; a number which you are aware I read back to you on Friday to verify and you confirmed as correct.

In addition, this morning and afternoon I made numerous phone calls to the Atlanta VA pharmacy to verify the certified mail receipt number myself and was hung up on several times, on several occasions I was forwarded to a voicemail, and on the final occasion I was on hold for more than an hour without any pharmacy representative coming to the phone. (See attachment above.)

In fact, the only time I was not hung up on was when when I called from an unidentified number.

I also asked you on Friday and you have yet, as to what is the appropriate protocol if for some reason I fail to receive my medications via mail in a timely manner.

I have received my prescription medications without incident via USPS mail in April, May, June, and July and it is my intent to continue to receive my prescriptions to my post office box for security reasons.

What is most concerning is as the following articles indicate, I am not and have not been the only veteran the Atlanta VA has failed:

https://sofrep.com/news/suicides-ant-infestations-and-hazardous-waste-the-atlanta-va-shows-how-were-failing-vets/

https://www.google.com/amp/s/www.ajc.com/news/breaking-news/atlanta-quality-drops-one-the-worst-the-nation/AO9UmFuyN5y3eIJnzpJCQK/%3foutputType=amp

https://www.google.com/amp/s/www.ajc.com/news/reckoning-atlanta-hospital-after-years-problems/Y6NLfXQf2N2sGpQ75rnGeM/%3foutputType=amp

R/
(b)(6)

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Sep 12, 2020, 12:05 by (b)(6) @tutanota.com:

Dr. (b)(6)

As the Director of the Atlanta VA pharmacy you have a professional, ethical, and moral obligation to ensure that appropriate procedures are in place to ensure that both inpatient and outpatients veterans receiving care from the Atlanta VA receive prescribed medications in a timely fashion.

As I am currently aware, you have failed in this obligation not once but twice within a short span of time, it it is my intent to file a complaint against the Atlanta VA pharmacy facility and you individually with the Georgia Board of Pharmacy and the Joint Commission.

R/
(b)(6)

Sep 10, 2020, 18:01 by (b)(6) @tutanota.com:

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Background

The facility received a copy of a letter from a concerned Veteran sent to Acting Deputy Secretary Powers on September 9, 2020. The Veteran, who is (b)(6)

(b)(6)

Prescription Delays

- (b)(6)

s

- (b)(6)
-

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(b)(6) Health Care

(b)(6)

1. Failure to receive timely (b)(6) support for veteran with (b)(6)
(b)(6)

(b)(6)

2. Atlanta (b)(6) health staff obstructing my access to complete information regarding the full scope of (b)(6) health services

(b)(6)

3. (b)(6) using intimidation and false statements about lack of information to coerce me to discontinue needed (b)(6) health medications, including

(b)(6)

(b)(6)

4. Falsifying my (b)(6) health appointment records, to include indicating appointments were cancelled by the Veteran when in fact appointments were cancelled due to alleged technical issues reported by provider staff:

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(b)(6)

5. **Incomplete and inaccurate provider notes by Atlanta VA providers**:

(b)(6)

6. **Repeated violations of patient confidentiality by Atlanta VA medical staff**:

(b)(6)

Maternity Care:

(b)(6)

Community Care for (b)(6) **Testing:**

(b)(6)

Service Recovery:

(b)(6)

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(b)(6)

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